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

DEPT: Behavioral Health And Recovery Services | BOARD AGENDA # B-7 (B)

Urgent ☐ Routine ☒ | AGENDA DATE June 17, 2014

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

SUBJECT:

Approval to Adopt the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2014-2015 and Three-Year Program and Expenditure Plan and Authorize the Behavioral Health Director to Submit the Annual Update to the Mental Health Services Oversight and Accountability Commission; and Related Actions

STAFF RECOMMENDATIONS:

1. Adopt the Fiscal Year 2014-2015 Mental Health Services Act (MHSA) Annual Update and Three-Year Program and Expenditure Plan.

2. Authorize the Behavioral Health Director to sign and submit the Fiscal Year 2014-2015 MHSA Annual Update and Three-Year Program and Expenditure Plan to the Mental Health Services Oversight and Accountability Commission (MHSOAC).

(Continued on Page 2)

FISCAL IMPACT:

Services under this plan are funded through the State Mental Health Services Act. Appropriations and estimated revenue in the amount of $21,623,641 will be included in the Department's Rollover Budget Year 2014-2015. The recommended adjustments will be submitted as part of the Department's Final Budget request for Budget Year 2014-2015.

(Continued on Page 2)

BOARD ACTION AS FOLLOWS:

No. 2014-296

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

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

MOTION:

Christine Ferraro

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

STAFF RECOMMENDATIONS: (Continued)

3. Authorize the Auditor-Controller to sign the Annual Update and Three-Year Program and Expenditure Plan certifying that the fiscal requirements on the certification form have been met.

4. Authorize funding for California Mental Health Services Authority (CalMHSA) for Statewide Prevention and Early Intervention Programs in the amount of $232,931.

5. Authorize the Behavioral Health Director, or her designee, to sign the agreements discussed in this agenda item, and any amendments to add services and payment for services up to $75,000 per agreement, budget permitting, throughout Budget Year 2014-2015.

FISCAL IMPACT: (Continued)

This Annual Update includes funding for the following:

- $232,931 for California Mental Health Services Authority for Statewide Prevention and Early Intervention (PEI) Programs,
- $125,000 for PEI – Health/Behavioral Health Integration
- $150,000 for PEI - School Behavioral Health Consultation Projects
- $125,000 for PEI - Early Psychosis Intervention/LIFE Path
- $200,000 for WET – College Stipend Program
- $200,000 for Technology Needs – Computer Hardware and/or Software
- $158,000 for the design costs for the Crisis Stabilization Unit (CSU)
- $230,000 for CSS – Expand Transition TRAC Services to Psychiatric Health Facility
- $167,000 for CSS – Peer Navigators/Support personnel
- $1,587,931 Total use of MHSA funding.

There is no General Fund impact associated with this request.

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 to provide services to children, adults, transition age youth, and seniors;
- Prevention and Early Intervention;
- Innovative Programs;
- Capital Facilities and Technological Needs; and
- Workforce Education and Training.

Stanislaus County was the first county in California to submit its MHSA Plan and implement the Community Services and Supports component in 2006. Since that time, all remaining components have been implemented. MHSA regulations require counties to submit an update to their plans on an annual basis that includes outcomes from the previous fiscal year and any planned changes for the upcoming fiscal year. Assembly Bill 1467, chaptered on June 27, 2012, contains language requiring that:

- Updates are required to be adopted by the County Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after adoption; and

- All plans and updates are required to include:
  - Certification by the county mental health director to ensure county compliance with pertinent regulations, laws and statutes of the Act, including stakeholder engagement and non-supplantation requirements, and,
  - Certification by the county mental health director and the County Auditor-Controller that the county has complied with any fiscal accountability requirements and that all expenditures are consistent with the Act.

Behavioral Health and Recovery Services (BHRS) held Representative Stakeholder meetings on March 17, 2014 and April 1, 2014 to review the content of the Annual Update and Three-Year Program and Expenditure Plan to determine stakeholder approval of the proposals. The Annual Update was then posted for public review on April 23, 2014. A Public Hearing was held by the

Mental Health Board on May 22, 2014. There were no comments submitted during the review period or during the Public Hearing.

The Department uses the Results Based Accountability (RBA) framework to measure program outcomes. This framework is designed to answer the question "Is anyone better off?" by measuring how much was done, how well it was done, and what was the outcome. The attached report details outcomes in this format by each MHSA program.

The table below highlights three specific outcomes of the four intensive full service partnership programs, which are the highest level of intervention. All of the percentages reported below exceed the reductions reported in the last Annual Update. They are:

Days Homeless*:

Program	# Days 12 Months Prior to Enrollment	# Days Post Enrollment (annualized)	% Reduction
Homeless Outreach	14,504	1,299	91%
Integrated Forensics	1,736	62	96.4%
High Risk & Sr. Access	2,447	75	96.9%
Totals	**18,687**	**1,436**	**94.8%**

* Homelessness is not tracked for the juvenile justice program.

Days Incarcerated:

Program	# Days 12 Months Prior to Enrollment	# Days Post Enrollment (annualized)	% Reduction
Homeless Outreach	2,026	335	83.5%
Juvenile Justice	1,267	667	47.4%
Integrated Forensics	2,991	176	94.1%
High Risk & Sr. Access	216	0	100%
Totals	**6,500**	**1,178**	**81.2%**

Days Hospitalized (psychiatric)*:

Program	# Days 12 Months Prior to Enrollment	# Days Post Enrollment (annualized)	% Reduction
Homeless Outreach	2,324	429	81.5%
Integrated Forensics	389	24	93.9%
High Risk & Sr. Access	969	29	97.1%
Totals	**3,682**	**482**	**90.8%**

* Days Hospitalized (psychiatric) were not tracked for the juvenile justice program

The proposed Annual Update and Three-Year Program and Expenditure Plan includes funding to expand several currently operating programs as well as startup funding for two new projects.

The current Community Services and Supports program proposed for expanded funding is the Stanislaus Homeless Outreach Program, operated by Telecare, Corporation, to allow expansion of the discharge follow-up services to the new Psychiatric Health Facility (PHF). These discharge teams are part of the Strategic Plan for 24/7 Secure Mental Health Services, approved by the Board on November 13, 2012. The current Prevention and Early Intervention (PEI) programs proposed for augmentations are Early Psychosis Intervention/LIFE Path, Health/Behavioral Health Integration, and School Behavioral Health Integration. The proposed new funding for the Workforce Education and Training (WET) component of MHSA will allow BHRS to offer additional financial incentives for the upcoming school year to students to increase the diversity of the workforce. The proposed additional funding for the Technological Needs component is to be used for computer hardware and/or software. Lastly, one year of continued funding for the statewide Prevention and Early Intervention projects is proposed. This funding supports statewide efforts to reduce stigma and discrimination against those with mental health challenges, to enhance and expand suicide prevention efforts, and to support a school mental health initiative. Stanislaus County has benefited from the State's efforts in all three areas.

The two new start-up projects include the design phase of a new Capital Facilities project and a proposal to add Peer Navigator/Support staff to the Warmline staffing to provide additional resources for outreach to unserved and underserved individuals in areas that are often frequented by these individuals.

Ongoing funding for both of these efforts will be part of the MHSA Plan Update, which is currently being discussed with MHSA stakeholders.

The Capital Facilities project involves the remodeling of a wing of the Stanislaus Recovery Center residential treatment facility for a Crisis Stabilization Unit (CSU). This wing is no longer being used due to the loss of funding for residential substance use treatment in Fiscal Year 2011-2012. The CSU will complete the implementation of the three goals of the Strategic Plan for 24/7 Secure Mental Health Services by creating a full service, "front door" to avoid inpatient psychiatric hospitalization for adults. The MHSA Capital Projects component will fund the entire remodeling project. Although at this time only the design portion, totaling $158,000, is proposed for approval, the stakeholders have approved the use of MHSA funds for a CSU. The remainder of the capital facilities project cost and the ongoing funding for the operation of the CSU will be part of the funding proposal that will be included in the MHSA Update. MHSA stakeholders are currently working on this update, which is anticipated to be presented to the Board of Supervisors for consideration in September 2014.

The addition of Peer Navigator/Support staff to provide outreach and engagement of individuals with severe mental health challenges is designed to promote early intervention or essential follow up care. These individuals are often difficult to make contact with prior to a major event such as a psychiatric inpatient hospitalization or an arrest. Peer navigators and/or peer support staff are people with lived experience either as a consumer or a family member. These individuals can be stationed in a variety of locations, including a CSU, or be mobile to the various locations, e.g., homeless shelters, to engage individuals prior to an event or to ensure that they are following up with necessary care. An augmentation of the Turning Point Warmline contract by $167,000 is proposed to begin a Peer Navigator program.

POLICY ISSUE:

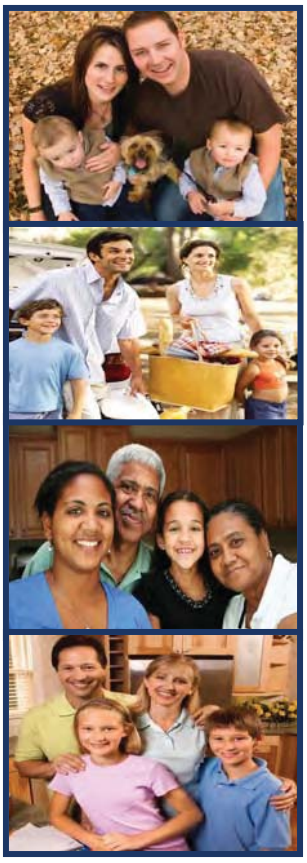
Approval of this item supports the Board of Supervisors' priorities of A Healthy Community and Efficient Delivery of Public Services by providing continued and improved access for constituents to appropriate behavioral health services.

STAFFING IMPACT:

Staff from Behavioral Health and Recovery Services is available to support this plan and monitor the contracts and capital facilities project. There are no additional staffing requests with this agenda item.

CONTACT PERSON:

Madelyn Schlaepfer, PhD, Behavioral Health Director. Telephone 525- 6225.



StanUp for Wellness!

Support Mental & Emotional Health

Stanislaus County
Behavioral Health and Recovery Services

Mental Health Services Act
Program and Expenditure
Three-Year Plan FY 14-15, FY 15-16, FY16-17
Annual Update FY 2014 -15
June 2014

WELLNESS • RECOVERY • RESILIENCE

TABLE OF CONTENTS

Stanislaus County Behavioral Health and Recovery Services (BHRS)

MHSA Planning Office

800 Scenic Drive

Modesto, CA 95350

Phone: (209) 525-6247 Fax: (209) 558-4323

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Stanislaus

☒ Three-Year Program and Expenditure Plan
☒ Annual Update

Local Mental Health Director	Program Lead
Name: Madelyn Schlaepfer, Ph.D.	Name: Dan Rosas
Telephone Number: 209-525-6205	Telephone Number: 209-525-5324
E-mail: MSchlaepfer@stanbhrs.org	E-mail: drosas@stanbhrs.org
Local Mental Health Mailing Address: 800 Scenic Drive, Modesto, CA 95351	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____.

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.

All documents in the attached annual update are true and correct.

Madelyn Schlaepfer, Ph.D.
Local Mental Health Director (PRINT)

_____
Signature

_____
Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Stanislaus

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Madelyn Schlaepfer, Ph.D.	Name: Lauren Klein, CPA
Telephone Number: 209-525-6205	Telephone Number: 209.525-5673
E-mail: mschlaepfer@stanbhrs.org	E-mail: kleinl@stancounty.com
Local Mental Health Mailing Address: 800 Scenic Drive, Modesto, CA 95351	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Madelyn Schlaepfer, Ph.D. _____ _____
Local Mental Health Director (PRINT) Signature Date

I hereby certify that for the fiscal year ended June 30, 2013, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 2013 for the fiscal year ended June 30, 2013. I further certify that for the fiscal year ended June 30, 2013, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Lauren Klein, CPA _____ _____
County Auditor Controller / City Financial Officer (PRINT) Signature Date

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

Message from the Director

"He who has health, has hope. And he who has hope, has everything."
– Proverb

Stanislaus County Behavioral Health and Recovery Services (BHRS) is thankful for the many consumers and family members who contributed to this year's Mental Health Services Act (MHSA) Annual Update by sharing their stories of health and hope.

In addition, BHRS wishes to recognize the MHSA Stakeholders Committee, the Mental Health Board, and representatives of partner agencies and community based organizations. Their support, assistance, and enthusiasm helped guide the development of the planning process and the creation of our plan. We also want to acknowledge the work of our BHRS employees for their steadfast dedication to carry out the department's vision and mission highlighted in this MHSA report.

Like the metamorphosis of a butterfly, MHSA has allowed us to transform how we provide mental health services in Stanislaus County. It is truly client driven and family focused. Through our ongoing recovery driven work, we are transforming lives to bring good health and hope to residents to make a true difference in our community.

Sincerely,

Madelyn Schlaepfer, Ph.D, CEAP
Director

Overview of the Mental Health Services Act

California voters passed Proposition 63, the Mental Health Services Act (MHSA), in November 2004 to expand and improve mental health services in the state. Enacted into law on January 1, 2005, the measure places a 1% tax on personal income above 1 million dollars with funds distributed to counties for local allocation.

The goal is to transform the mental health system and improve the quality of life for Californians living with a mental illness.

To do that, MHSA is made up of 5 components:

- Community Services and Support (CSS)
- Prevention and Early Intervention (PEI)
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CF/TN)
- Innovation (INN)

Stanislaus County BHRS is working to expand mental health services using a "help first" approach that enables community members to access services before they are in crisis, and invest dollars in services that comprise a full continuum of care.

In partnership with the community, our mission is to provide and manage effective prevention and behavioral health services that promote our community's capacity to achieve wellness, resiliency, and recovery outcomes. MHSA services require five essential elements: community collaboration, cultural competence, consumer and family driven systems of care, a focus on wellness, recovery, and resiliency, and integrated services experiences for consumers and families.

Overview of Annual Update and Three Year MHSA Plan

An Annual Update is required by MHSA statute (W&I Code 5847).

This report summarizes Stanislaus County's progress in implementing services funded by the Mental Health Services Act (MHSA) and highlights activities during the period July 1, 2012 through June 30, 2013. In addition, the report provides an overview of programs and expenditures that make up the scope of services for each of the MHSA components. It also includes budget projections for FY 14-15, FY 15-16, and FY 16-17.

All California counties must prepare and submit a Three-Year Program and Expenditure Plan for FY 2014-2015 through FY 2016-2017. Each component of MHSA must include its own expenditure projections per year.

Each plan must also be developed with feedback from community stakeholders. It must also include a public review/comment period and a public hearing conducted by the Mental Health Board.

The completed documents must be submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after adoption by the Stanislaus County Board of Supervisors.

Demographic Profile of Stanislaus County

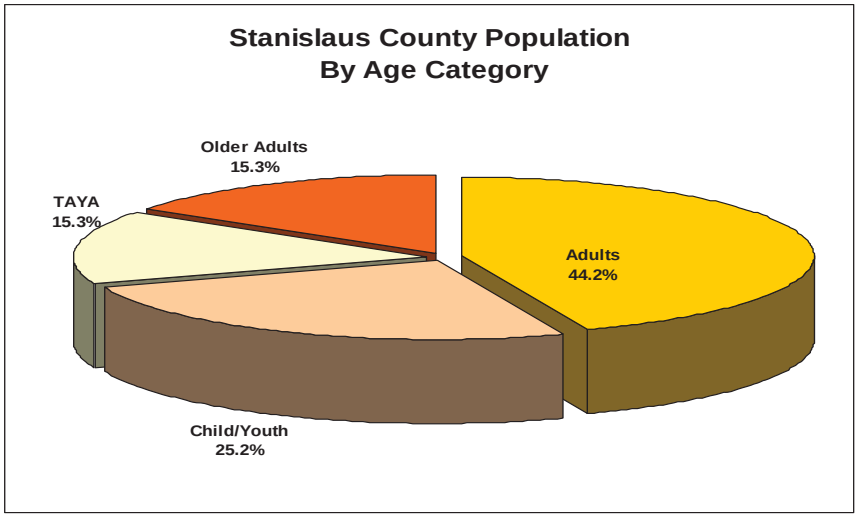
Named for the Stanislaus River in the Central Valley, Stanislaus County is located in the heart of California's Central Valley. It encompasses more than 1,500 square miles in size with a mix of rural, agricultural areas and urban communities along the Highway 99 and Highway 5 corridors. The city of Modesto is the county seat and the largest city in the county.

According to the 2010 Census, Stanislaus County is home to 514,453 residents making it the 16th largest county in California. It includes the cities of Ceres, Turlock, Oakdale, Riverbank, Patterson, Hughson, Newman, and Waterford.

Age

Stanislaus County has 44.2% adults, ages 26-59, and 15.3% make up transition age young adults (TAYA) ages 16-25. Children/youth, ages 0-15, account for 25.2% of the county's population. Older adults ages 60+ make up 15.3%.

The average age in Stanislaus County increased from 29.2% in 1980 to 32.8 years of age in 2010. Residents here are younger, overall, than California residents where the median age is 35.2.

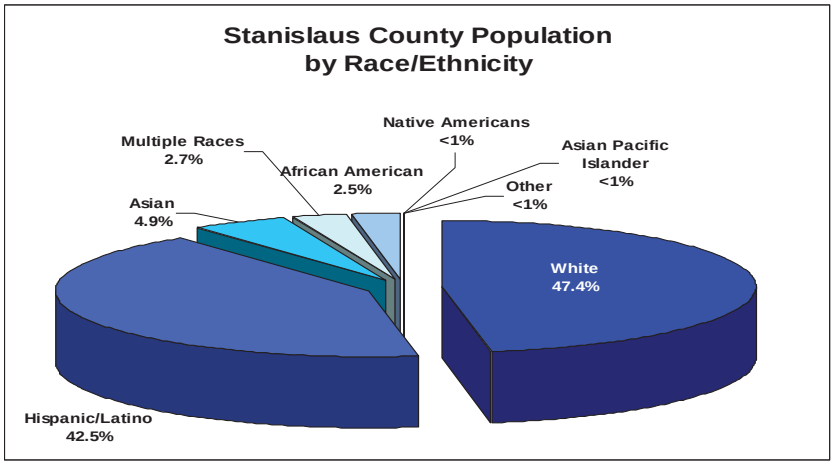


Source: California Department of Finance, Demographic Research Unity, 2010 Census Detailed by Race/Hispanic Origin by Gender

Race and Ethnicity

Stanislaus County is home to a diverse population of races/ethnicities. Census Bureau figures for 2010 found the following racial makeup: White (47.4 %), Hispanic/Latino (42.5%), Asian (4.9%), African American (2.5%), and other races (less than 1 %).

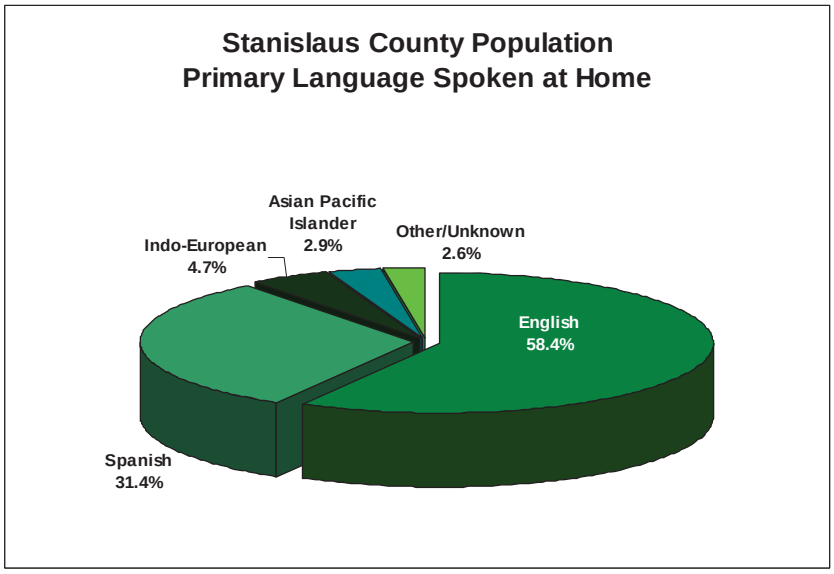
The population growth of Hispanic/Latinos grew from 15% in 1980 to 41.9% in 2010.



Source: U.S. Census Bureau American FactFinder, Profile of General Population and Housing Characteristics: 2010

Primary Language

English is the primary language for 58.4% of the population. 41.6% of residents speak a language other than English at home with Spanish being the single threshold language.
Of those that speak another language, 31.4% speak Spanish, 4.7% speak other Indo-European languages, and 2.9% speak Asian or Pacific Islander languages.



Source: U.S. Census Bureau, 2009-2011 American Community Survey, Language Spoken at Home

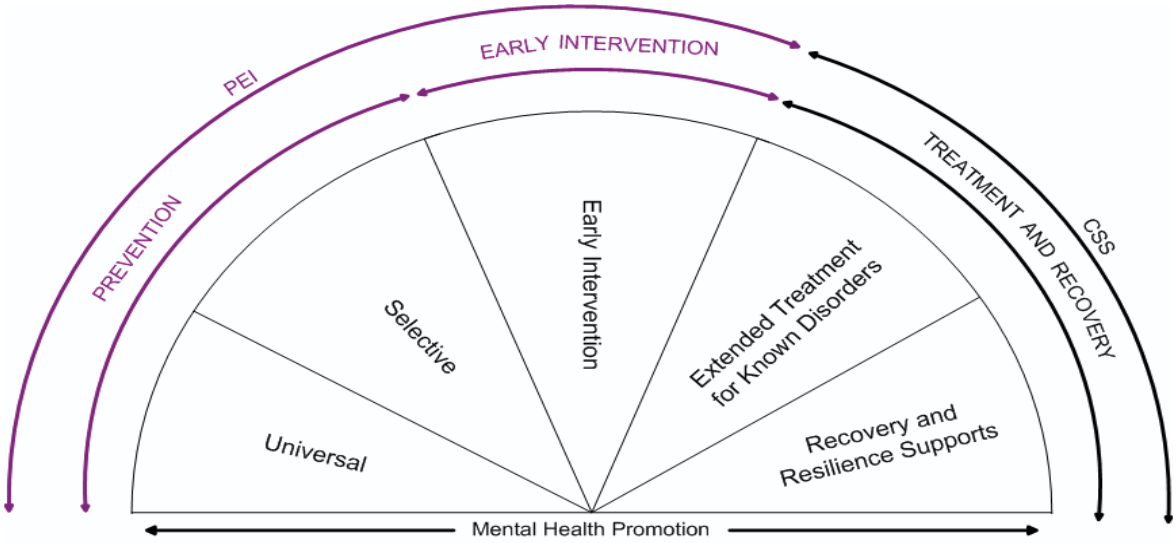
Stanislaus County photos courtesy of David Jones

MHSA Funding Summary

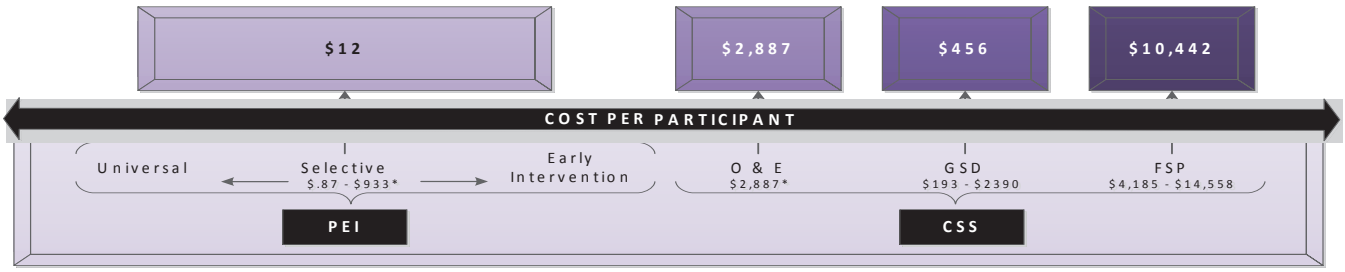
Integrated Plans for MHSA:

By statute (W&I 5847), each county shall prepare and submit a three year plan that is based on existing approved plans. BHRS has developed a local approach to show how MHSA programs are integrated into the county behavioral health system. We have incorporated the Mental Health Intervention Spectrum Diagram initially adapted from Mrazek and Haggerty (1994) and Commonwealth of Australia (2000). BHRS previously used the model to showcase the continuum of mental health intervention in Prevention and Early Intervention (PEI) planning. The diagram below now shows the spectrum of services and MHSA components that reach across the entire system. It illustrates levels of behavioral health care currently available from universal prevention, treatment, and recovery. The MHSA components CSS and PEI are shown in relationship to the levels of service. Cross-system components that support all services are shown across the entire spectrum; WE&T and CFTN support essential infrastructure; and INN supports learning and contribution to new and better practices.

The diagram also highlights the cost per participant along the service continuum from PEI and INN to the most intensive services in CSS programs. The PEI average cost per participant is $12. The CSS average cost per participant ranges from $456 to $10,442.



Workforce Education & Training - Capital Facilities/Technological Needs - Innovation



Calculations based on FY12-13 actual expenditures
***Range of cost per participant for programs in each category**

Stanislaus County Innovation projects are not currently providing direct services.

Focus on Results:

BHRS continues its work to refine data systems, reporting methods, and develop learning structures to align with the framework of Results Based Accountability (RBA). The focus on results is not solely to collect data but to determine priority measures to learn from the data collection and ultimately improve programs.

A number of BHRS and contracted programs have already begun using the RBA framework to assess their work and impact, and improve participant results. In future annual updates, data and outcomes will continue to be presented in this framework.

Fiscal Sustainability:

Beginning in FY12–13, the distribution of Mental Health Services Act funds takes place on a monthly basis (W&I Code Section 5892(j)(5)). Counties are responsible for ensuring that funds are spent in compliance with W&I Code Section 5892(a) - 20% for Prevention and Early Intervention programs, 80% for Community Services and Supports (System of Care), 5% of total funding shall be utilized for Innovative programs. Annually, based on an average of the past five years allocation, up to 20% of CSS funds may be used for any one or a combination of Workforce, Education and Training; Capital Facilities/Technological Needs or Prudent Reserve.

Counties now receive monthly payments from the California State Controllers office based on a cash available basis. The Mental Health Services Act is a volatile funding source driven by the state of the economy and the way in which state taxes are paid. Cash flow issues are a possibility and BHRS will continue to allocate MHSA funds based on the recommendations set forth by California Mental Health Director's Association's fiscal consultant.

This Annual Update includes three year expenditure plans for all MHSA funded programs. The number of individuals to be served in FY15-16 and FY16-17 will be based on approved program targets, fiscal sustainability, and stakeholder input.

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2014/15 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	12,028,448	5,121,811	1,636,229	539,209	1,552,639	
2. Estimated New FY2014/15 Funding	14,346,876	3,586,719	943,873			
3. Transfer in FY2014/15[a/]	(558,000)			200,000	358,000	
4. Access Local Prudent Reserve in FY2014/15						0
5. Estimated Available Funding for FY2014/15	25,817,324	8,708,530	2,580,102	739,209	1,910,639	
B. Estimated FY2014/15 MHSA Expenditures	12,159,807	4,575,610	1,269,801	500,157	1,351,981	
C. Estimated FY2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	13,657,517	4,132,920	1,310,301	239,052	558,658	
2. Estimated New FY2015/16 Funding	12,300,000	3,100,000	810,000			
3. Transfer in FY2015/16[a/]	0					
4. Access Local Prudent Reserve in FY2015/16						0
5. Estimated Available Funding for FY2015/16	25,957,517	7,232,920	2,120,301	239,052	558,658	
D. Estimated FY2015/16 Expenditures	12,602,809	3,577,306	707,944	311,720	915,806	
E. Estimated FY2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	13,354,708	3,655,614	1,412,357	(72,668)	(357,148)	
2. Estimated New FY2016/17 Funding	12,300,000	3,100,000	810,000			
3. Transfer in FY2016/17[a/]	0					
4. Access Local Prudent Reserve in FY2016/17						0
5. Estimated Available Funding for FY2016/17	25,654,708	6,755,614	2,222,357	(72,668)	(357,148)	
F. Estimated FY2016/17 Expenditures	12,956,813	3,631,210	51,774	323,729	915,307	
G. Estimated FY2016/17 Unspent Fund Balance	12,697,895	3,124,404	2,170,583	(396,397)	(1,272,455)	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	500,000
2. Contributions to the Local Prudent Reserve in FY 2014/15	0
3. Distributions from the Local Prudent Reserve in FY 2014/15	0
4. Estimated Local Prudent Reserve Balance on June 30, 2015	500,000
5. Contributions to the Local Prudent Reserve in FY 2015/16	0
6. Distributions from the Local Prudent Reserve in FY 2015/16	0
7. Estimated Local Prudent Reserve Balance on June 30, 2016	500,000
8. Contributions to the Local Prudent Reserve in FY 2016/17	0
9. Distributions from the Local Prudent Reserve in FY 2016/17	0
10. Estimated Local Prudent Reserve Balance on June 30, 2017	500,000

Pursuant to 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 total average amount of funds allocated to that County for the previous five years.

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. FSP-01 Westside Stanislaus Homeless Outreach*	4,380,254	3,463,228	858,712			58,314
2. FSP-02 Juvenile Justice	486,716	300,341	100,456			85,919
3. FSP-05 Integrated Forensic Team	1,360,864	1,197,816	157,236			5,812
4. FSP-06 High Risk Health & Senior Access	2,300,374	1,641,744	368,716			289,914
Non-FSP Programs						
1. O&E-02 Peer Support Team*	338,177	290,107				48,070
2. O&E-02 Housing Program - Garden Gate Respite	1,192,321	1,009,137		45,847		137,337
3. O&E-02 Employment - Garden Gate Restpite	435,518	304,300		65,218		66,000
4. GSD-01 Transition Age Young Adult Drop in Center	939,055	787,607	111,810			39,638
5. GSD-02 CERT/WarmLine*	736,479	736,479				
6. GSD-04 Families Together	197,725	141,534				56,191
7. GSD-05 Consumer Empowerment Center	285,267	207,545	69,899			7,823
CSS Administration	2,148,005	2,079,969				68,036
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	14,800,755	12,159,807	1,666,829	111,065	0	863,054
FSP Programs as Percent of Total	70.1%					

* One-time funding allocation

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. FSP-01 Westside Stanislaus Homeless Outreach	4,387,221	3,470,195	858,712			58,314
2. FSP-02 Juvenile Justice	509,508	323,134	100,455			85,919
3. FSP-05 Integrated Forensic Team	1,402,144	1,239,096	157,236			5,812
4. FSP-06 High Risk Health & Senior Access	2,388,247	2,005,510	368,716			14,021
Non-FSP Programs						
1. O&E-02 Peer Support Team - Garden Gate Respite	248,745	200,675				48,070
2. O&E-02 Housing Program - Garden Gate Respite	1,220,661	1,037,477		45,847		137,337
3. O&E-02 Employment - Garden Gate Restpite	454,409	323,191		65,218		66,000
4. GSD-01 Transition Age Young Adult Drop in Center	980,117	828,669	111,810			39,638
5. GSD-02 CERT/WarmLine	689,564	689,564				
6. GSD-04 Families Together	205,418	149,227				56,191
7. GSD-05 Consumer Empowerment Center	285,282	207,560	69,899			7,823
CSS Administration	2,196,547	2,128,511				68,036
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	14,967,863	12,602,809	1,666,828	111,065	0	587,161
FSP Programs as Percent of Total	68.9%					

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. FSP-01 Westside Stanislaus Homeless Outreach	4,398,611	3,481,585	858,712			58,314
2. FSP-02 Juvenile Justice	533,429	347,055	100,455			85,919
3. FSP-05 Integrated Forensic Team	1,445,481	1,282,433	157,236			5,812
4. FSP-06 High Risk Health & Senior Access	2,480,164	2,097,427	368,716			14,021
Non-FSP Programs						
1. O&E-02 Peer Support Team - Garden Gate Respite	259,841	211,771				48,070
2. O&E-02 Housing Program - Garden Gate Respite	1,250,411	1,067,227		45,847		137,337
3. O&E-02 Employment - Garden Gate Restpite	474,241	343,023		65,218		66,000
4. GSD-01 Transition Age Young Adult Drop in Center	1,023,215	871,767	111,810			39,638
5. GSD-02 CERT/WarmLine	710,250	710,250				
6. GSD-04 Families Together	213,494	157,303				56,191
7. GSD-05 Consumer Empowerment Center	285,298	207,576	69,899			7,823
CSS Administration	2,247,432	2,179,396				68,036
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	15,321,867	12,956,813	1,666,828	111,065	0	587,161
FSP Programs as Percent of Total	68.4%					

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Prj 1-Community Capacity Building	1,157,844	1,156,437				1,407
2. Prj 2-Community Awareness & Support	169,613	169,613				
3. Prj 4-Child & Youth Resillency	213,581	213,581				
4. Prj 9-PEI Statewide Initiatives *	232,931	232,931				
PEI Programs - Early Intervention						
11. Prj 1-Community Capacity Building	75,000	75,000				
12. Prj 3-Childhood Adverse Experience Intervention*	729,952	654,469	51,765			23,718
13. Prj 5-Adult Resiliency and Social Connectedness	102,887	102,887				
14. Prj 6-Older Adult Resiliency and Social Connectedness	312,000	312,000				
15. Prj 7-Health/Behavioral Health Integration*	500,360	500,360				
16. Prj 8-School/Behavioral Health integration*	436,463	436,463				
PEI Administration	759,580	721,869				37,711
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	4,690,211	4,575,610	51,765	0	0	62,836

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Prj 1-Community Capacity Building	1,048,722	1,047,315				1,407
2. Prj 2-Community Awareness & Support	136,249	136,249				
3. Prj 4-Child & Youth Resillency	134,948	134,948				
PEI Programs - Early Intervention						
11. Prj 1-Community Capacity Building	75,000	75,000				
12. Prj 3-Childhood Adverse Experience Intervention	612,657	537,174	51,765			23,718
13. Prj 5-Adult & Older Adult Resiliency	104,931	104,931				
14. Prj 6-Older Adult Resiliency and Social Connectedness	312,000	312,000				
15. Prj 7-Health/Behavioral Health Integration	210,360	210,360				
16. Prj 8-School/Behavioral Health integration	270,463	270,463				
PEI Administration	786,577	748,866				37,711
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	3,691,907	3,577,306	51,765	0	0	62,836

* One-time funding allocation

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Prj 1-Community Capacity Building	1,059,957	1,058,550				1,407
2. Prj 2-Community Awareness & Support	138,909	138,909				
3. Prj 4-Child & Youth Resillency	136,383	136,383				
PEI Programs - Early Intervention						
11. Prj 1-Community Capacity Building	75,000	75,000				
12. Prj 3-Childhood Adverse Experience Intervention	620,747	545,264	51,765			23,718
13. Prj 5-Adult & Older Adult Resiliency	107,078	107,078				
14. Prj 6-Older Adult Resiliency and Social Connectedness	312,000	312,000				
15. Prj 7-Health/Behavioral Health Integration	210,360	210,360				
16. Prj 8-School/Behavioral Health integration	270,463	270,463				
PEI Administration	814,914	777,203				37,711
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	3,745,811	3,631,210	51,765	0	0	62,836

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. INN 02 - Art for Freedon-Peer Recover Art Project	99,763	99,763				
2. INN 03 - Beth & Joanna/Friends in Recovery	23,337	23,337				
3. INN 07 - Families in the Park - WKK	137,250	137,250				
4. INN 11 - Collective Wisdom Tranformation	410,838	410,838				
5. INN 12 - Garden Gate Alternate Respite	534,282	534,282				
INN Administration	86,545	64,331				22,214
Total INN Program Estimated Expenditures	1,292,015	1,269,801	0	0	0	22,214

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. INN 11 - Collective Wisdom Tranformation	81,535	81,535				
2. INN 12 - Garden Gate Alternate Respite	555,641	555,641				
INN Administration	92,982	70,768				22,214
Total INN Program Estimated Expenditures	730,158	707,944	0	0	0	22,214

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs*						
INN Administration	73,988	51,774				22,214
Total INN Program Estimated Expenditures	73,988	51,774	0	0	0	22,214

* To be determined following community program planning process in FY 14-15.

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce, Education and Training*	505,356	500,157				5,199
WET Administration	0					
Total WET Program Estimated Expenditures	505,356	500,157	0	0	0	5,199

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce, Education and Training	314,319	311,720				2,599
WET Administration	0					
Total WET Program Estimated Expenditures	314,319	311,720	0	0	0	2,599

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce, Education and Training	323,729	323,729				
WET Administration	0					
Total WET Program Estimated Expenditures	323,729	323,729	0	0	0	0

* One-time funding allocation

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. CF-01 Crisis Stabilization Unit Design Fees *	158,000	158,000				
CFTN Programs - Technological Needs Projects						
11. SU-01 Electronic Health Record	586,071	578,126			7,945	
12. SU-02 Consumer Family Access	101,065	96,371			4,694	
13. SU-03 EH Data Warehouse	175,861	160,443			15,418	
14. SU-04 Document Imaging	173,968	159,041			14,927	
15. SU-05 Computer Equipment and Software - EHR *	200,000	200,000				
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	1,394,965	1,351,981	0	0	42,984	0

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
CFTN Programs - Technological Needs Projects						
11. SU-01 Electronic Health Record	541,969	534,024				7,945
12. SU-02 Consumer Family Access	93,242	89,373				3,869
13. SU-03 EH Data Warehouse	162,250	146,832				15,418
14. SU-04 Document Imaging	160,504	145,577				14,927
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	957,965	915,806	0	0	0	42,159

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
CFTN Programs - Technological Needs Projects						
11. SU-01 Electronic Health Record	533,378	533,378				
12. SU-02 Consumer Family Access	91,545	91,545				
13. SU-03 EH Data Warehouse	159,298	145,978				13,320
14. SU-04 Document Imaging	157,583	144,406				13,177
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	941,804	915,307	0	0	0	26,497

* One-time funding allocation

COMMUNITY STAKEHOLDER PLANNING AND LOCAL REVIEW

Stanislaus County Behavioral Health and Recovery Services (BHRS) conducted community program planning and local review processes for this Annual Update in accordance with Title 9 of the California Code of Regulations, sections 3300 and 3315, and WIC 5838. 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 stakeholders are welcome to participate in MHSA planning processes, there is a Representative Stakeholder Steering Committee (RSSC). The role of the RSSC includes giving important input on all plans and updates as well as sharing information about MHSA plans with other members of their represented community or group. BHRS was very pleased to have a significant number of consumers, both youth and adult, attend the meetings this year.

MHSA COMMUNITY PLANNING TEAM

Preparation for the community planning to develop the MHSA Annual Update FY 2014-2015 and Three-year Program and Expenditure Plan began in October 2013. Given that there remained some one-time MHSA funding that must be expended by the end of June 2015, a decision was made to focus on projects that would involve one-time expenditures or start-up costs. Another stakeholder planning process will begin in late May or June 2014 to consider ideas and make further decisions, mostly about sustainable MHSA funding. This planning process will result in an MHSA Plan Update to be developed in the late summer or early fall of 2014.

To prepare the document for publication, a BHRS planning team was assembled to begin the work. It was comprised of Dan Rosas, Manager of MHSA Policy and Planning, Christi Golden, Manager of Human Resources, Kirsten Jasek-Rysdahl, MA, MSW, Outcomes Manager, Karen Hurley, MFT, Innovation Program Monitor, Tiffany Kern, Administrative Clerk, and Andrea Kiep, Accountant.

While the planning process for the Annual Update was a standing agenda item on weekly BHRS Senior Team Leader meetings, the ultimate endorsement of the proposed plans resided with the RSSC. A Gradients of Agreement[1] approach was used to determine whether or not there was sufficient agreement among members to move forward. All members present endorsed the proposed plans, most fully, with a few members expressing minor points of contention.

COMMUNITY STAKEHOLDERS AND ACTIVITIES

The MHSA Representative Stakeholder Steering Committee (RSSC) provides guidance and input on MHSA related planning matters. It was comprised of all required local diverse stakeholders from various sectors and communities in Stanislaus County BHRS community partners and consumers also played important roles on the committee.

On November 5, 2012, the RSSC approved expansion of MHSA services in two areas: Community Services and Supports (CSS) and Capital Facilities/Technological Needs (CF/TN). On January 29, 2013, a Plan Update was submitted and approved by the Stanislaus County Board of Supervisors. The board action approved increased appropriations and estimated revenue in the BHRS/MHSA budget units in the amount of $956,267 for expanded MHSA services in CSS and CF/TN. The board action number is 2013-50. The Plan Update was submitted to the Mental Health Services Oversight and Accountability Commission (MSOAC) on February 5, 2013 and the document was approved. On June 11, 2013, the Stanislaus County Board of Supervisors approved funding agreements for two innovative projects: Garden Gate Innovative Respite Project operated by Turning Point Community Programs, Inc., in the amount of $560,429 and the Stanislaus County Wisdom Transformation Initiative run by the Center for Collective Wisdom in the amount of $352,073.

[1] Community at Work developed the initial version of the Gradients of Agreement. Luminescence Consulting has refined this toll and BHRS uses it to facilitate deliberative processes.

Regarding the MHSA Annual Update 14-15 and Three-Year Program and Expenditure Plan, the following activities were held as part of the stakeholder process:

February 28, 2014 – Highlights from the Workforce Education and Training (WE&T) component of MHSA were presented to the Workforce Council and Training Committee. The group recommended a sustainability plan that includes the continuation of BHRS Workforce Development trainings, the Targeted Financial Incentives to Increase Workforce Diversity program (MSW, MS, and BA stipend program at CSU, Stanislaus) and Consumer Family Member Training and Support program (California Association of Social Rehabilitation Agency, CASRA, at Modesto Junior College).

March 17, 2014 – RSSC convened for first meeting to review outcomes of all MHSA funded programs from FY 2012-2013. Future funding priorities and planning relating to spending one time MHSA state augmentation funds was also shared with the group. Members were asked to consider the proposals, provide input on the meeting as well as additional information that they felt pertinent to the discussion, and return on April 1, 2014 for a more detailed discussion and final decisions.

April 1, 2014 – RSSC convened for a second meeting to consider specific proposals for spending the one-time MHSA state augmentation funds. Members were also given a survey to complete which included demographic information and opportunities to express their priorities for future funding and Innovation (INN) projects. This data will be used to prepare for community planning meetings beginning in May 2014. As noted above, the outcome of this meeting was an agreement to move forward with the proposals and submission of the MHSA Annual Update FY 14-15 and Three-Year Program and Expenditure Plan.

The RSSC approved the following projects for one-time funding:

I. PEI/Statewide Campaign (Stigma and Discrimination Reduction, Suicide Prevention, and Student Mental Health) - $232,931

II. PEI Expansion:

PEI/Adverse Childhood Experience Intervention Project - Early Psychosis Intervention/LIFE Path - $125,000
PEI/Health/Behavioral Health Integration - $125,000
PEI/School-Behavioral Health Integration - $150,000

III. One-time Transfer of CSS Funds to WE&T and CF/TN

WE&T/Targeted Financial Incentives to Increase Workforce Diversity - $200,000
TN/Electronic Health Record-Computer Hardware and/or Software - $200,000
CF New Project/Design Costs for Crisis Stabilization Unit - $158,000

IV. CSS Expansion

CSS/FSP-01-Stanislaus Homeless Outreach Program - Expand Transition TRAC Services to Psychiatric Health Facility - $230,000
CSS/O&E-02 - Peer Navigator/Support - $167,000

Local Review Process

This Annual Update and Three-Year Program and Expenditure Plan were posted for 30-day public review and comment April 23, 2014 – May 22, 2014. Notification of the start of public review and access to copies of the update was available through the following methods:

- ✓ An electronic copy was posted on the County's MHSA website: www.stanislausmhsa.com
- ✓ Paper copies were sent to Stanislaus County Public Library resource desks 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
- ✓ Representative Stakeholder Steering Committee, Mental Health Board members, Advisory Board for Substance Abuse Programs as well as other stakeholders were sent notice informing them of the start of the 30-day review, and how to obtain a copy of the annual update
- ✓ Public notice posted in nine newspapers throughout Stanislaus County including a newspaper serving the Spanish speaking community. The notice included reference to www.stanislausmhsa.com and a phone number for requesting a copy of the annual update.
- ✓ BHRS Cultural Competency Newsletter

An informational outreach meeting to learn more about the Annual Update and Three-Year Program and Expenditure Plan was held May 6, 2014, from 2 - 3 pm, at the BHRS Main Conference Room located at 800 Scenic Drive in Modesto.

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The Stanislaus County Behavioral Health and Recovery Services Annual Update FY 2014-15 and Three-Year Program and Expenditure Plan were posted for Public Review and Comment for 30 days, April 23, 2014 - May 22, 2014. A Public Hearing was held on May 22, 2014 at the Mental Health Board meeting. No comments were received during the Public Hearing or during the Review and Comment period.

Executive Summary

Transformation – the act of changing in form, appearance, or structure.

Through the Mental Health Services Act (MHSA), Behavioral Health and Recovery Services is building a "help first" system of care in Stanislaus County and transforming lives in the process.

Our mission is to eliminate disparities, promote wellness, recovery and resiliency, and ensure positive outcomes for people living with mental illness and their families.

Their stories are included in this Annual Update and Three-Year Program and Expenditure Plan which highlights the five integral components of MHSA. Plans for each component are the result of robust community planning and stakeholder input. The programs work together to create a continuum of services that address gaps in order to better meet the needs of our diverse community. They cover a wide range of services including homeless outreach and stabilization programs, family education, crisis intervention, and prevention.

The Annual Update also includes a three-year expenditure plan for MHSA funded components. The plan features expenditure projections for each component per year.

Highlights

Community Services and Supports (CSS) has 9 programs that provide several levels of mental health services to children and adults. Some outcomes of these services include the following:

- A total of 314 people were served through the Stanislaus Homeless Outreach Program and 973 individual therapy contacts were made with individuals. A total of 489 group therapy contacts were made through the program.
- There was a 92.3% decrease in homelessness among individuals in Full Service Partnership (FSP) programs. The programs provide integrated mental health services to the most unserved or underserved at high risk for homelessness, incarceration, and hospitalization.
- A Transition TRAC Discharge Team linked 198 individuals who were discharged from the hospital to mental health services. And out of 596 subsequent crisis contacts made with these individuals, 305 (53%) of the crises did not result in hospitalization.
- A total of 247 depression screenings were completed in Stanislaus County during National Depression Screening Day.
- A total of 1,069 individuals received services through Warm Line, a mental health telephone assistance program that provides peer support, referrals, and follow up contacts.
- Mental health support services were provided to 147 families through collaboration between parents and mental health service providers.

Prevention and Early Intervention (PEI) has 8 projects and 18 programs that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. Some outcomes from these programs include:

- A total of 199 Community Promotores were recruited and more than 9,000 individuals attended activities to promote mental health and increase protective factors.
- Behavioral health assessments were provided in a primary care setting to 1,394 individuals - 85% were Hispanic.
- A total of 1,218 students participated in a program to prevent school failure and early onset of mental illness.
- A total of 190 senior citizens were screened for mental health services.
- A total of 485 at risk youth received guidance and training to develop their leadership skills.

Workforce Education and Training (WE&T) has 6 programs designed to help address the shortage of professionals in the local mental health field and increase workforce diversity. Among the outcomes:

- A total of 57 trainings were attended by 1,793 BHRS, contractor staff, and community members.
- A total of 12 Master's Level MS/MSW students placed in clinical supervision internships.
- A total of 74 BHRS volunteers contributed 9,908.25 hours with a total dollar value of $215,900.76 ($21.79 an hour).

The **Capital Facilities/Technological Needs** (CF/TN) component has 4 projects in stages of implementation to modernize information systems. CF/TN increases consumer/family empowerment by providing the tools for secure access to health and wellness information. Among the outcomes:

- A total of 288 BHRS and contractor staff completed training in treatment plans.
- An Electronic Health Record and a home page for doctors were completed. Assessments were also implemented.

Innovation (INN) includes 9 unique projects aimed at learning from new practices to increase mental health access, improve services, and develop better interagency collaboration. Among the highlights:

- More than 500 people participated in community art activities designed to help reduce the stigma of mental illness.
- A total of 32 people participated in a unique peer support program to help improve the recovery experience and quality of life.
- A total of 18 youth graduated from a mentoring program that integrated school, community, and family support.

Community Services and Supports (CSS)

Community Services & Supports (CSS) programs help transform lives by providing mental health services to individuals of all ages in Stanislaus County. There are three levels of service under Adult/Older Adult, Forensic and Children's Systems of Care: (1) Full Service Partnership (2) General System Development (3) Outreach and Engagement.

CSS, the largest component, makes up 80% of county MHSA funding. It provides funds for direct services to individuals with severe mental illness and children with serious emotional problems. The culturally competent services are focused on wellness, recovery, and resiliency while integrating the service experience for clients and families. Long term supported housing is also part of CSS funding.

Full Service Partnership (FSP) funded programs provide integrated services to the most unserved or underserved and those at high risk for homelessness, incarceration, hospitalization, and out-of-home placement. MHSA mandates that the majority of CSS funding must be used for services to this population. Strategies are considered a "wraparound" approach to engaging service recipients as partners in their own self-care, treatment, and recovery. In doing so, they can achieve and sustain stability in medical and psychiatric well-being and help end their homelessness. Program results include reductions in incarceration, homelessness, psychiatric hospitalizations, and emergency medical services/hospitalization.

FY 12-13 Programs:

- 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 (GSD) funded programs were established to increase capacity to provide crisis services, peer/family supports, and drop-in centers for individuals with mental illness and serious emotional disturbance. These programs are focused on reducing stigma, encouraging and increasing self-care, recovery and wellness, and accessing community resources. The goal is to increase overall well-being and decrease the need for more intensive and expensive services.

FY 12-13 Programs:

- 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 (O&E) funded programs focus on special activities needed to reach diverse underserved communities. Strategies include community outreach to diverse community based organizations. Crisis-oriented respite housing was also established to avoid unnecessary incarceration, provide short-term housing, and linkage to services.

FY 12-13 Programs:

- O&E-02 - Garden Gate Respite

Program Budget

FY 2012-13 Actual	FY 2013-2014 Budgeted	FY 2014-15 Projected	FY 2015-16 Projected	FY 2016-17 Projected
$9,451,738	$14,372,680	$12,159,807	$12,602,809	$12,956,813

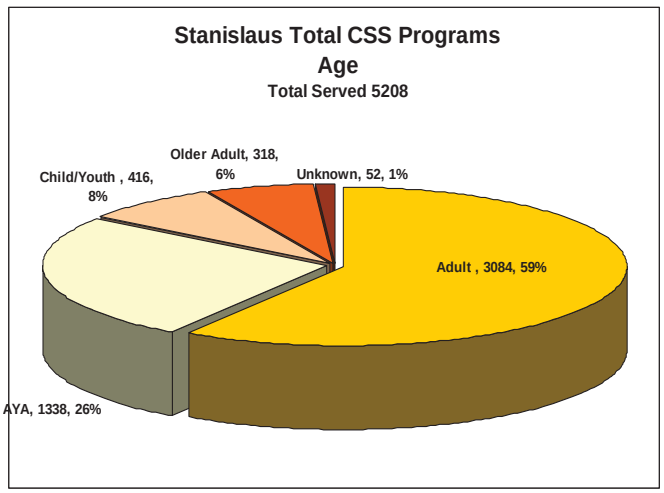
CSS Demographics

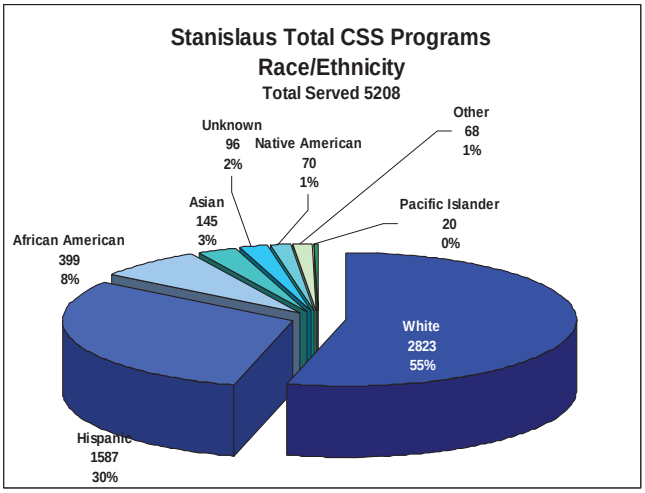
BHRS collects data on all programs and individuals who receive services. This is done largely through billing processes for direct services provided.

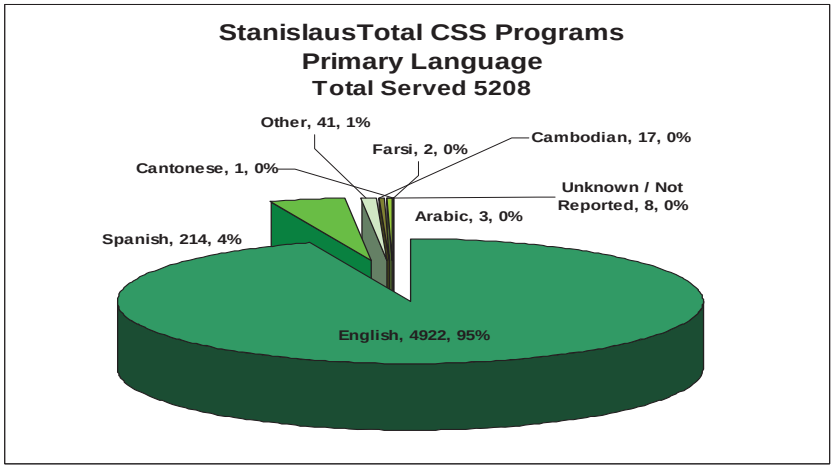
MHSA data collection and reports focus on how many individuals were served and whether programs were meeting service targets. Data collected provides an indication of how programs are doing in reaching unserved/underserved and diverse populations.

Note: The data collected across all CSS programs will be reported with client duplications as clients may receive services in multiple programs. Within each CSS program and across its level of care the data reported for clients served will be unduplicated.

All percentages shown in graphs are rounded to the nearest percent and therefore may not equal 100%.

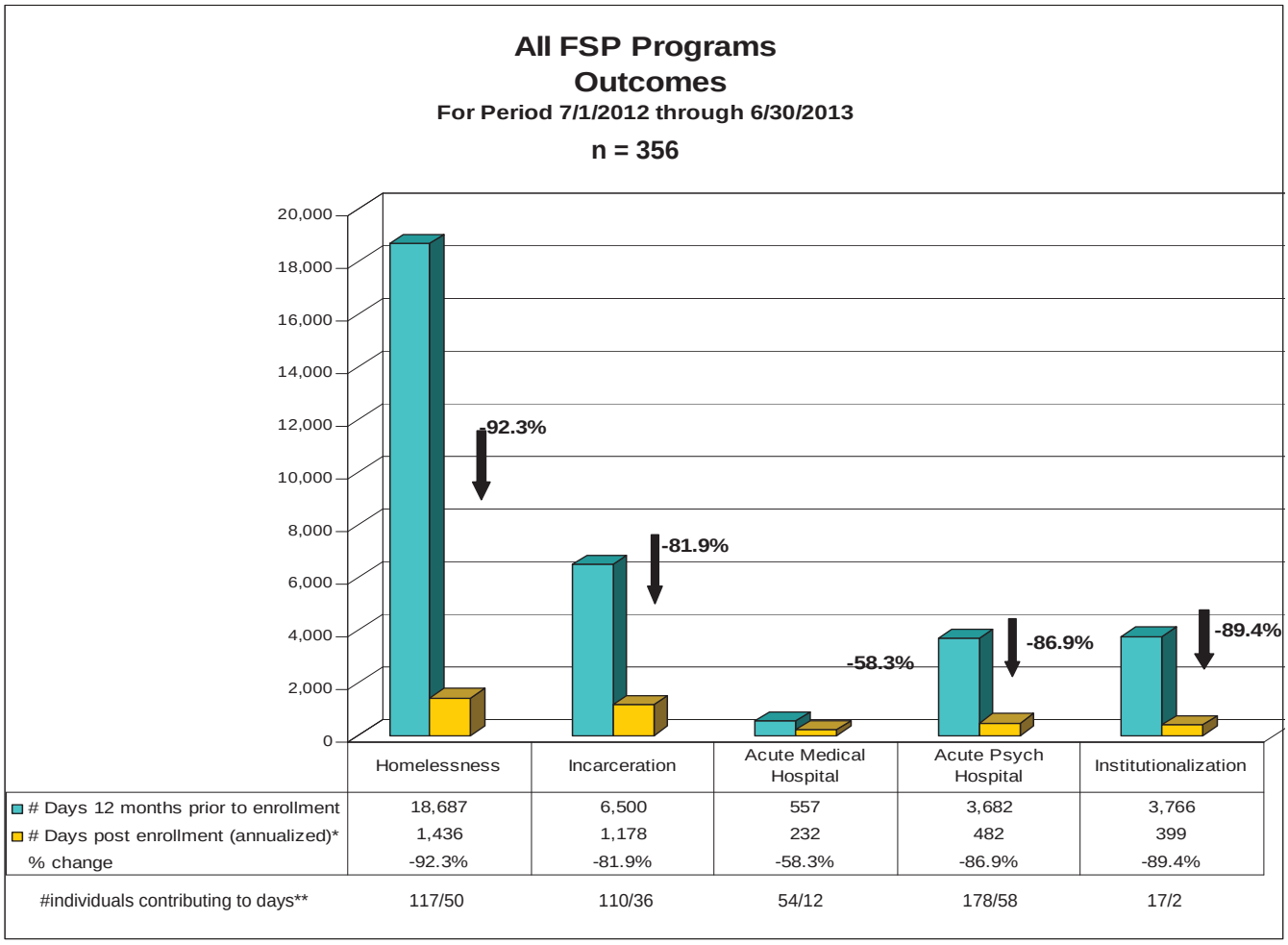






All graphs showing ages served are based on the following categories; child/youth 0-15 years, transition age young adults 16-25 years, adults 26-59 years and older adult 60+ years.

Highlights



	Homelessness	Incarceration	Acute Medical Hospital	Acute Psych Hospital	Institutionalization
# Days 12 months prior to enrollment	18,687	6,500	557	3,682	3,766
# Days post enrollment (annualized)*	1,436	1,178	232	482	399
% change	-92.3%	-81.9%	-58.3%	-86.9%	-89.4%
#individuals contributing to days**	117/50	110/36	54/12	178/58	17/2

*In order to compare one year historical data to post data, a computation called annualization must occur. Annualization is determined by taking the # of days of the calendar year and dividing into the # of days enrolled.
**Number of individuals contributing to days – Individuals 12 months prior/Individuals post enrollment
Note: Institutionalization represents a combined count for State Hospital and Long Term Hospital

Proposed CSS Expansion in FY 2014-2015

CSS/FSP-01 Stanislaus Homeless Outreach Program (SHOP) - Additional Transition TRAC Staff:

As in the prior expansion that was part of the MHSA Plan Update FY 12-13, 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. Currently, the Transition TRAC Discharge Team is focused on discharges from the acute psychiatric inpatient hospital in Stanislaus County.

The proposed expansion will allow Transition TRAC to add staff that will focus on the discharges from the new Psychiatric Health Facility (PHF). As with the current Transition TRAC program, this team will include: 1) Tracking individuals who are not open to behavioral health services prior to hospitalization, 2) Engagement with individuals who are not open to services post-hospitalization in an effort to connect them to resources to help prevent re-admissions to inpatient psychiatric services. As noted in the description above, this program has successfully avoided hospitalization in more than half of the crisis contacts that they have had with individuals that they are following post-discharge. This represents a substantial cost savings and improved quality of life.

To accomplish this augmentation of Transition TRAC staffing, the stakeholders endorsed adding an additional $230,000 to the Stanislaus Homeless Outreach Program to address the absence of discharge follow-up after an admission to the PHF.

Proposed Outreach & Engagement Expansion

CSS/GSD-02 CERT/Warm Line - Peer Navigator/Support:

Given the successful efforts to connect individuals being discharged from the psychiatric inpatient hospital with resources to handle crisis situations and prevent a cycle of readmissions, an expansion of outreach and engagement is being proposed with a broader focus. Navigators have been utilized by general acute care hospitals for some time to assist patients post-discharge from the hospital with their recovery. A related concept, which is growing, is to use peer navigators to provide similar services for those with mental health challenges.

Peer navigators and/or peer support staff are individuals with lived experience either as consumers or family embers. These individuals can be stationed in a variety of locations or be mobile to the various locations. For instance, peer navigators are often associated with crisis stabilization programs to assist individuals and families with resources and contacts to avoid hospitalization. Peer navigators can also be located at sites that typically serve individuals who are at high risk of a crisis, such as homeless shelters and respite centers.

The concept of peer navigators generated considerable interest at the stakeholder meetings. Stakeholders believed that using one-time funds as start up funding for a Peer Navigator Outreach and Engagement project would be a good use of these funds.

The next round of stakeholder meetings in May or June would focus in part on the further development of this concept. Suggestions for ongoing funding included possible innovation projects using youth peer navigators. Ultimately, peer navigators provide a path to employment for consumers that is empowering and recovery focused. After much discussion, stakeholders endorsed committing $167,000 toward start up funding for a Peer Navigator program.

CSS - Stanislaus Homeless Outreach Program (SHOP) – FSP- 01

Operated on Contract to Telecare Corporation within BHRS Adult System of Care

Stanislaus Homeless Outreach Program (SHOP) provides services to transitional aged young adults (TAYA), adults, and older adults who have co-occurring issues of mental health and substance abuse. They're also uninsured or underinsured and involved with other agencies. The goals are to reduce the risk for emergency room use, contact with law enforcement, homelessness, and psychiatric hospitalization.

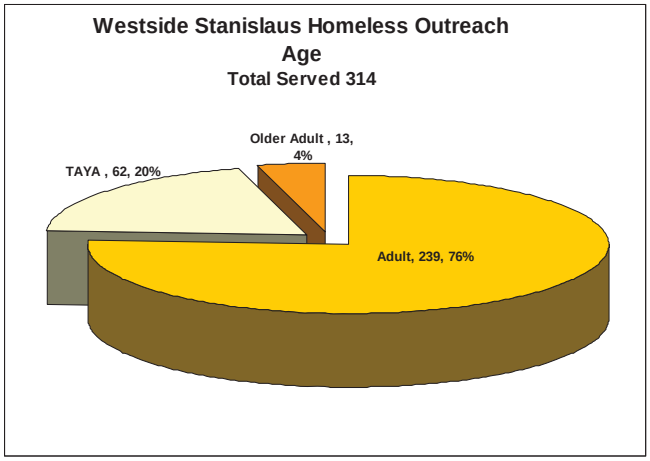
SHOP offers 3 levels of care: 1) Full Service Partnership (FSP) 2) Intensive Support Services and 3) Wellness/Recovery. This approach allows individuals to enter the program at an appropriate level of service for their needs and then move to a lesser or greater level of care as needed.

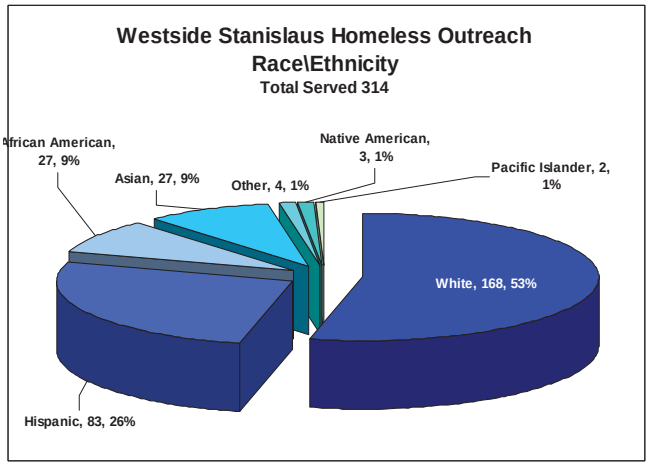
The FSP level of care has 4 tracks: 1) Westside SHOP, 2) Partnership Telecare Recovery Access Center (Partnership TRAC), 3) Josie's Telecare Recovery Access Center (Josie's TRAC) and 4) Modesto Recovery Services Trac (MRS TRAC). Full service partnership strategies include integrated, intensive community 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.

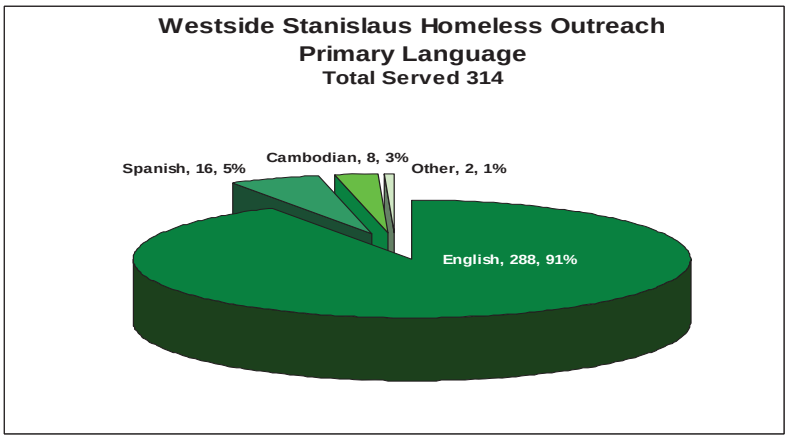
Intensive Support Services has 1 track. It's called the Fast TRAC and is funded by General System Development dollars. The Wellness/Recovery level of care has the Wellness TRAC. Group supports led by clinical service staff are offered to individuals, as are peer-led wellness/recovery support groups. All levels of care include a multi-disciplinary approach. In January 2013, community stakeholders recommended a program expansion in an MHSA Plan Update. During the implementation phase, it became clear that an additional track (MRS TRAC) was needed to serve the population.

The estimated number of individuals to be served in FY14-15 is 294; 164 in Full Service Partnership and 130 in Intensive Support Services and Wellness/Recovery. Estimates of individuals served in FY15-16 and FY16-17 will be based on existing program targets, fiscal sustainability and stakeholder input.

Demographics







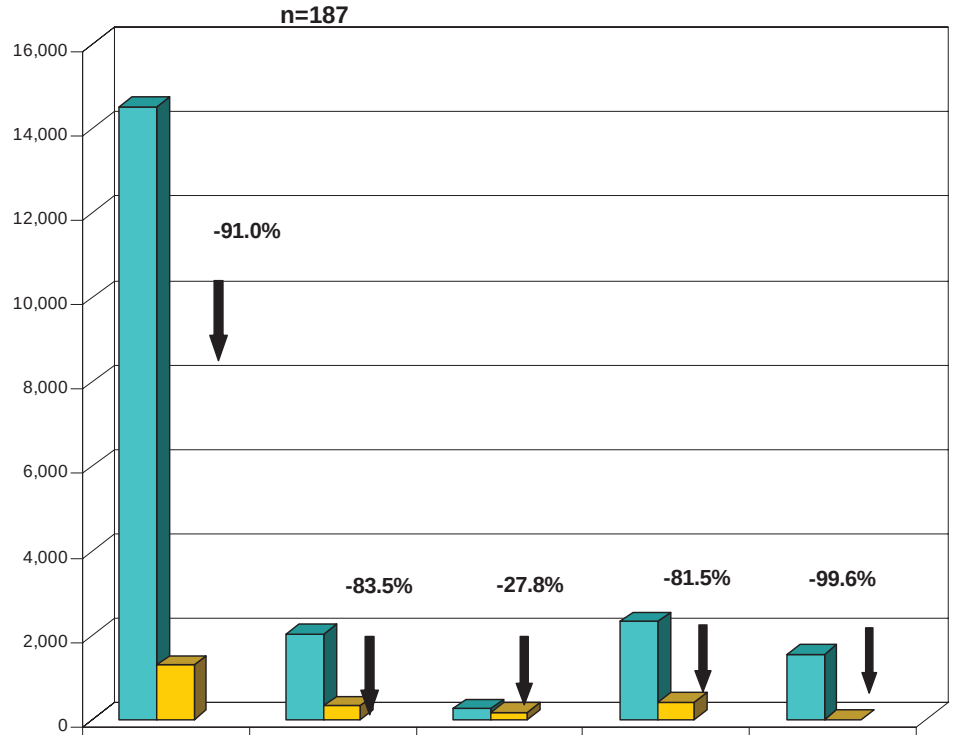
All graphs showing ages served are based on the following categories; child/youth 0-15 years, transition age young adults 16-25 years, adults 26-59 years and older adult 60+ years.

Highlights

One success was related to program expansion. After MHSA funding increased in March 2013, the program was able to serve an additional 12 transitional age young adults and 24 adults. Also, in FY 12-13, a Transition TRAC Discharge Team was established to serve individuals who are admitted to a psychiatric hospital. The team links patients to appropriate resources and oversees them to help prevent a repeating cycle of hospital admissions. At full operation, the team was able to link 198 individuals to services in the community. And out of 596 crisis contacts, 305 individuals avoided hospitalization.

Another highlight is the continuing collaboration with county alcohol and drug treatment centers in the Adult System of Care. As witnessed last fiscal year, there is still an increased need for services to individuals that are uninsured and those with both a mental health and alcohol or drug diagnosis. SHOP staff continues to be successful in getting qualified uninsured individuals benefited or self-sufficient within a six month period.

SHOP, Partnership TRAC, and Josie's TRAC
Program Outcomes
For Period 7/1/2012 through 6/30/2013



	Homelessness	Incarceration	Acute Medical Hospital	Acute Psych Hospital	Institutionalization
# Days 12 months prior to enrollment	14,504	2,026	261	2,324	1,552
# Days post enrollment (annualized)*	1,299	335	189	429	6
% change	-91.0%	-83.5%	-27.8%	-81.5%	-99.6%
# individuals contributing to days**	88 / 41	47 / 19	34 / 8	122 / 45	11 / 1

*In order to compare one year historical data to post data, a computation called annualization must occur. Annualization is determined by taking the # of days of the calendar year and dividing into the # of days enrolled.
**Number of individuals contributing to days – Individuals 12 months prior/Individuals post enrollment
Note: Institutionalization represents a combined count for State Hospital and Long Term Hospital

Challenges

The prevalence of increased and repeated psychiatric hospitalizations for uninsured individuals with both mental health and alcohol and drug diagnosis continues to be challenge. Individuals who require re-admittance have had no prior contact with the mental health system.

Another ongoing challenge is to engage diverse cultures to help de-mystify the mental health stigma and acknowledge the need for services.

Program Results	
• 314 individuals were served (across all levels of care combined) • 973 individual therapy contacts were made • 489 group therapy contacts were made Examples of groups offered: Harm reduction in the area of substance and sexual activity, Spirituality, Stress Management, Seeking Safety, and "Healthy Lifestyles"	**How Much?**
• 135% of annual targeted number was met (314/233) • 16 months - average length of treatment in highest levels of care • 25 months - average length of treatment in lower levels of care • 88% (118/134) of surveyed participants were satisfied with services • 89% (40/45) of surveyed participants indicated that "Staff believed I could change"	**How Well?**
• 76% (34/45) of surveyed participants indicated that they deal more effectively with daily problems as a result of services • 60% (26/43) of surveyed participants indicated that they feel they belong to their community as a result of services	**Is Anyone Better Off?**
How Lives Have Changed	
"Becky" received services from the Transition TRAC in March of 2013 after 6 hospitalizations in 2012. She had mental health issues compounded by alcoholism and domestic violence. She got help from the Stanislaus Recovery Center and the Adult Residential Treatment Program. She was later admitted to Nirvana, a drug and alcohol treatment center in Modesto. At Nirvana, she was able to continue her treatment as counselors guided her toward recovery. She has had no further hospitalizations.	

CSS - Juvenile Justice (FSP- 02)
Operated by Behavioral Health and Recovery Services in the Children's System of Care

Juvenile Justice is part of Stanislaus County's mental health system. All of the youth served have a diagnosis of serious mental illness or a serious emotional disturbance. They're either on formal or informal probation. Many are victims of trauma and have not successfully been engaged by traditional methods of treatment.

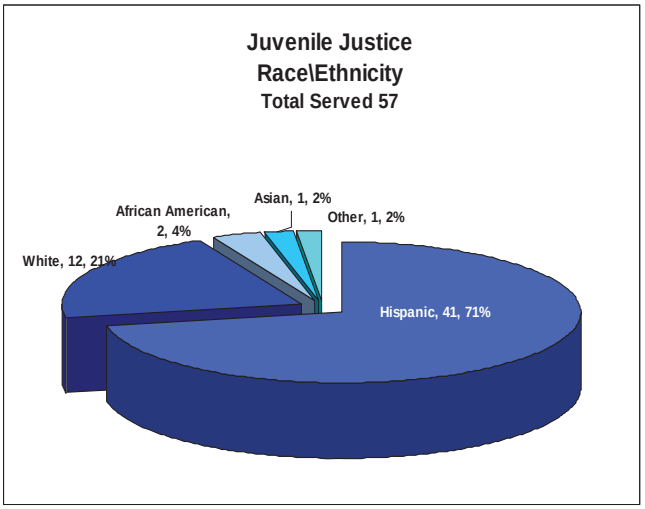
Strategies include 24/7 crisis response services. Half of these services are provided outside of the office in nine cities throughout Stanislaus County. Creative methods are employed to engage youth and build trust.

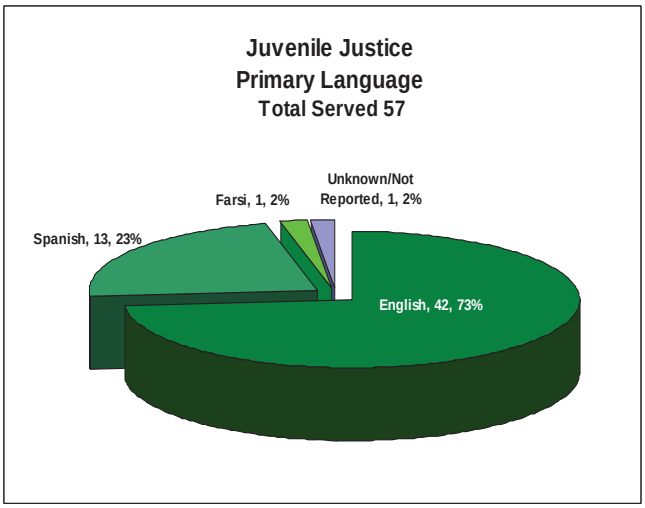
A parent support group is offered to families who seek help in navigating the juvenile justice system or to improve parenting skills. Three staff members are bilingual and bicultural in Spanish which supports outreach and service to families and youth from underserved diverse cultures.

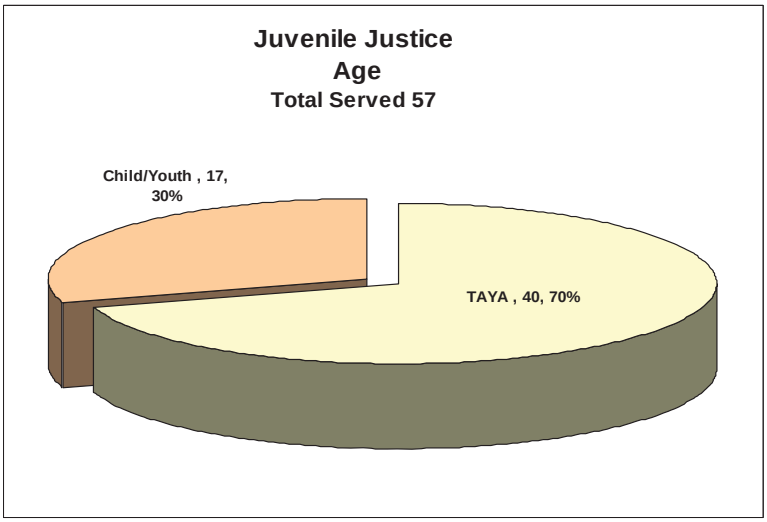
In FY13-14, there were no changes in the population to be served and strategies to be used. In the 2012 MHSA stakeholder planning process, a program restoration was recommended to increase staff capacity to provide peer and family support services to this target population effective February 2013.

The estimated number of individuals to be served in FY14-15 will be a total of 25; 13 child/youth and 12 transition age young adults. The estimated numbers of individuals to be served in FY15-16 and FY16-17 will be based on approved program targets, fiscal sustainability, and stakeholder input.

Demographics







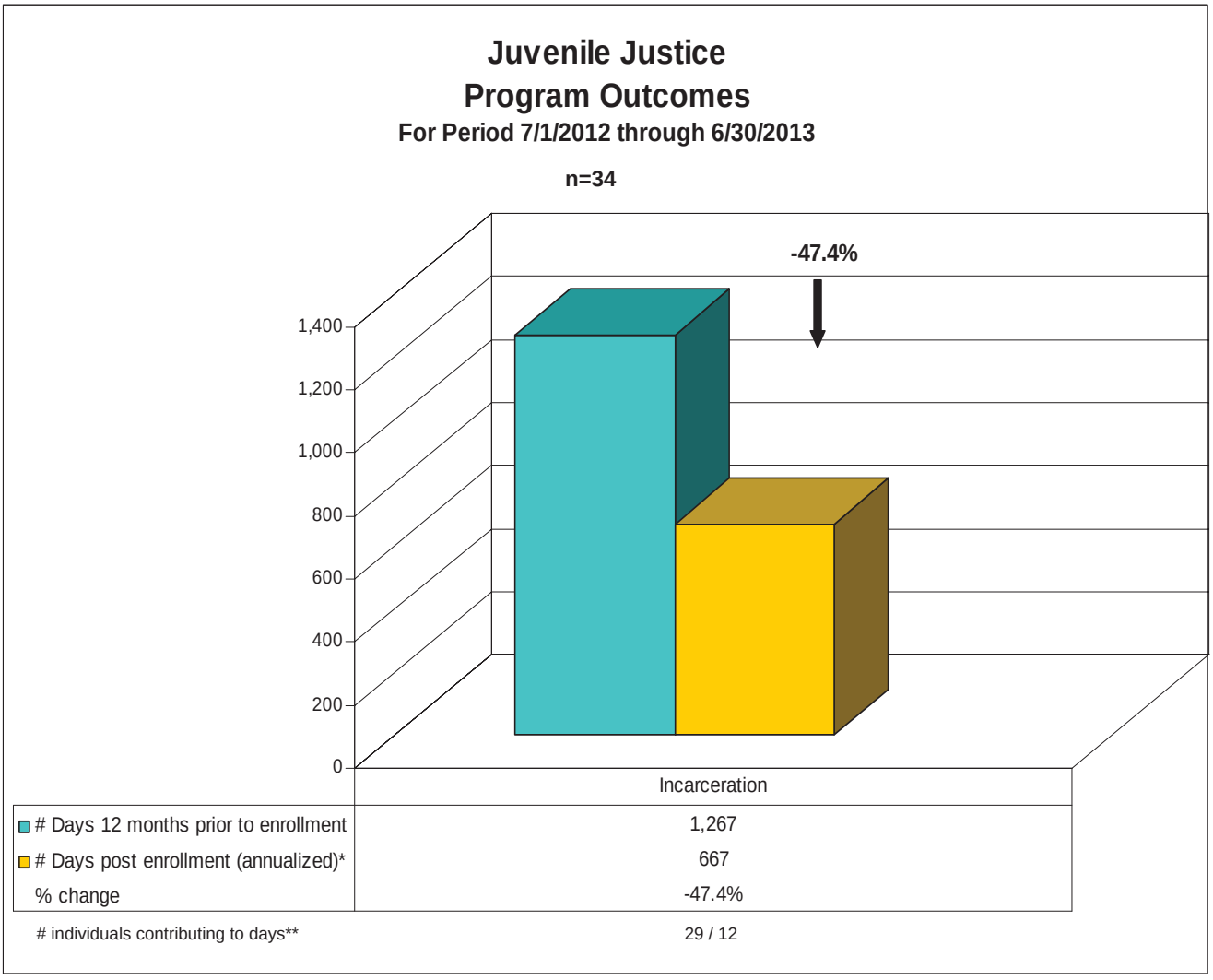
All graphs showing ages served are based on the following categories; child/youth 0-15 years, transition age young adults 16-25 years, adults 26-59 years and older adult 60+ years.

Highlights

Youth leadership at Juvenile Justice has begun to develop since the hiring of a Youth Leadership Specialist. Youth have access to support that encourages the development of leadership skills. Youth in Mind, a state mental health advocacy group recently chartered in Stanislaus County, is a collaboration of community youth leaders and youth leadership clients. It's become an important meeting avenue for clients in the local juvenile justice system.

In addition, a total of nine youth who were on informal/formal probation were successfully dismissed after meeting their goals and having no further contact with the law.

The Parent Support Group has given parents/grandparents an opportunity to gain a better understanding of the Juvenile Justice system. It's also a place for parents to support each other and share their experiences. Two parents and a set of grandparents were presented with certificates to commemorate their year long commitment in attending the group. They have continued to attend and are "giving back" by providing needed support to incoming families.



*In order to compare one year historical data to post data, a computation called annualization must occur. Annualization is determined by taking the # of days of the calendar year and dividing into the # of days enrolled.
**Number of individuals contributing to days – Individuals 12 months prior/Individuals post enrollment

Challenges

While there has been some limited success with parent participation, adult distrust of the legal system continues to be a challenge. This limits the ability of Juvenile Justice to fully engage families who have been underserved and are not familiar with services being offered when youth enter the legal system.

It takes time to engage families and provide the immediate support needed. Parents have suggested that there be parent partners in the engagement process who can share their personal experiences. “Parent Partners” would be adults who have successfully gone through the Juvenile Justice system with their youth. They could provide an important “been there” perceptive to assist new families. Plans are underway to implement this into the program.

Program Results	
• 57 individuals were served (unduplicated number of participants) • 14 individuals participated in three ART (Aggression Replacement Training) group sessions • The average number of clinical services and case management contacts was two contacts per week (phone and face to face)	**How Much?**
• 228% of annual targeted number was met (57/25) • 15.1 months – Average length of treatment • 24% of clients are from primary Spanish speaking family and received services from Spanish speaking staff • 72% of clients engaged have some form of gang affiliation, either personally or through family • 100% (9/9) surveyed participants and caregivers were satisfied with services • 100% (9/9) surveyed participants and caregivers indicated that they participated in treatment • 83% (5/6) of participants in ART successfully completed the program	**How Well?**
• 100% (9/9) of ART participants did not pick up any new charges • 100% (9/9) of ART participants reported increase use of pro-social skills and reduction of overall aggression • 9 clients were dismissed from probation due to a positive change in behaviors	**Is Anyone Better Off?**
How Lives Have Changed	
“Lucy” is a 17 year old Hispanic female who has been receiving services for about two years. Lucy was initially very difficult to engage. She was quiet and withdrawn. Her family has traditional Mexican values and struggled to understand her depression, isolation, and lack of motivation. She refused to attend school. Her family was provided information about mental health and support. Through support from her family and Juvenile Justice counselors, Lucy was able to turn her life around, This year she returned to school determined to complete the credits she needed to graduate. And she obtained her high school diploma. She has applied to Modesto Junior College with plans to continue her educational studies. At home, her relationship with her family has vastly improved.	

CSS - Integrated Forensic Team (FSP- 05)

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

The Integrated Forensic Team (IFT) partners closely with the Stanislaus County Criminal Justice System to serve transition age young adults (18 – 25 years), adults (26 - 59 years) and older adults (60+ years) who have a serious mental Illness or co-occurring substance abuse issues. It's a population also at risk for more serious consequences in the criminal justice system.

Strategies include a multidisciplinary team that provides a "wrap around" approach that includes 24/7 access to a known service provider, individualized service planning, crisis stabilization alternatives to jail, re-entry support from a state hospital, and linkages to existing community support groups. Both service recipients and family members are offered education regarding the management of both mental health issues, benefits advocacy, and housing support. Culturally and linguistically appropriate services are provided to diverse consumers.

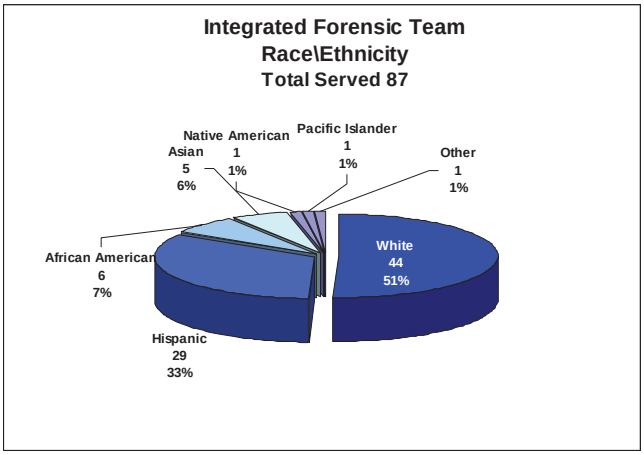
Partner collaboration is central to reducing disparities and achieving an integrated service experience for consumers and family members. In addition to law enforcement agencies and probation, collaboration occurs with agencies including Turning Point Community Programs, Salvation Army, United Samaritans Homeless Services, and Golden Valley Health Clinics (a Federally Qualified Health Clinic).

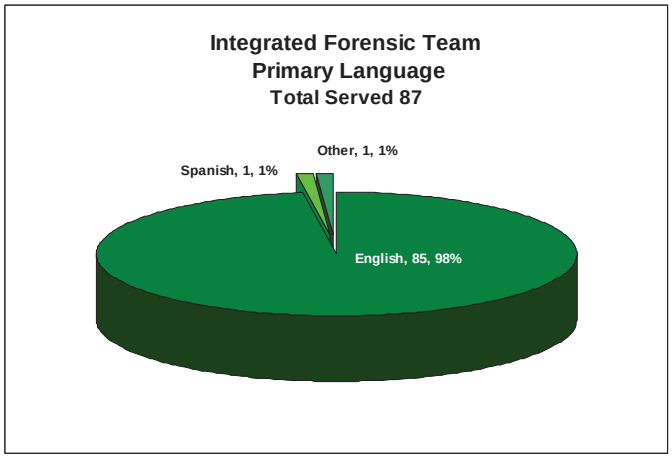
A combination of Full Service Partnership (FSP) and General System Development (GSD) funds provides 3 levels of care: Full Service Partnership, Intensive Support Services, and Wellness/Recovery.

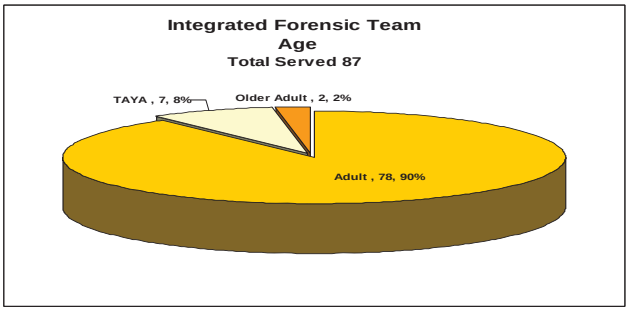
In FY13-14, there are no proposed changes in the population to be served and strategy to be used. In the 2012 MHSA stakeholder planning process, a program expansion was recommended which included the following: serve an additional 12 transition age young adults and adults in FSP, increase staff capacity to provide Intensive Services and Support level services, and enhance peer support team for this target population beginning in February 2013.

The estimated number of individuals projected to be served in FY14-15 is 92; 52 full service partnership level and 40 in intensive support services or wellness/recovery levels. The estimated numbers of individuals to be served in FY15-16 and FY16-17 will be based on approved program targets, fiscal sustainability, and stakeholder input.

Demographics



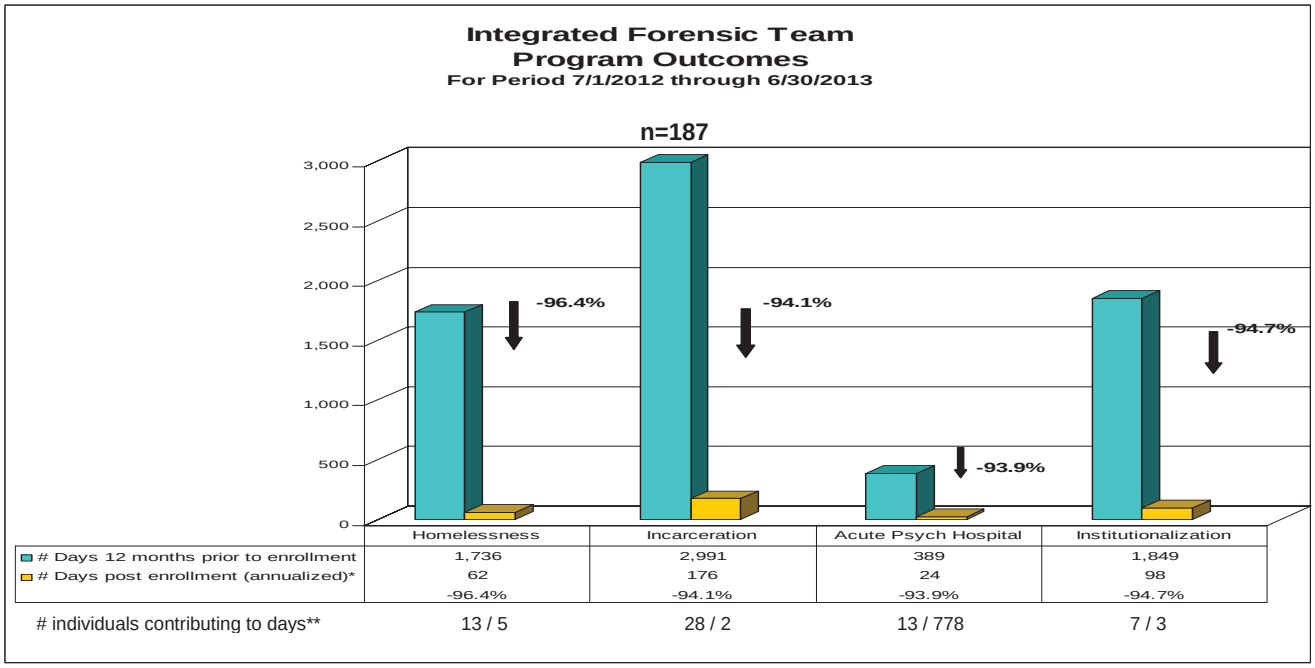




All graphs showing ages served are based on the following categories; child/youth 0-15 years, transition age young adults 16-25 years, adults 26-59 years and older adult 60+ years.

Highlights

A big program success was the addition of mental health clinicians from the Forensic System of Care. The extra staff allowed for a continuum of services for clients in and out of jail. Continuing a trend from FY 11-12, capacity in FY 12-13 has improved as a result of the Criminal Justice Realignment Act of 2011, AB 109. It allowed for the expansion of services, staff, and peer support groups. Many clients have successfully transitioned to a lower level of care.



	Homelessness	Incarceration	Acute Psych Hospital	Institutionalization
# Days 12 months prior to enrollment	1,736	2,991	389	1,849
# Days post enrollment (annualized)*	62	176	24	98
	-96.4%	-94.1%	-93.9%	-94.7%
# individuals contributing to days**	13 / 5	28 / 2	13 / 778	7 / 3

*In order to compare one year historical data to post data, a computation called annualization must occur. Annualization is determined by taking the # of days of the calendar year and dividing into the # of days enrolled.
**Number of individuals contributing to days – Individuals 12 months prior/Individuals post enrollment
Note: Institutionalization represents a combined count for State Hospital and Long Term Hospital

Challenges

Helping people find a better life can be a delicate balancing act as service recipients navigate the different levels of care in their recovery. For the IFT team, the challenge is moving clients through the system as indicated by retention numbers in the program. The co-location of the IFT teams, however, can help address the challenges of moving clients to lower levels of care as appropriate.

Program Results	
• 87 individuals were served (unduplicated number across all levels of care combined) • 47 unduplicated individuals were served by the FSP. • 5 groups a week are offered by IFT	**How Much?**
• 109% of annual targeted number was met (87/80) • 48 months - average length of treatment in the highest level of care	**How Well?**
• 96.4% decrease in homelessness days of participants • 94.1% decrease in incarceration days of participants • 93.9% decrease in psychiatric hospitalization days of participants	**Is Anyone Better Off?**
How Lives Have Changed	
Before he received services through IFT, “Daniel” had 13 crisis contacts and 11 psychiatric admissions. After receiving services, Daniel had fewer contacts and admissions. What changed? He says he became part of a peer recovery group where he received counseling and support. Slowly, with help and encouragement, he developed a group of peers and friends. Daniel is now in the process of finding independent or transitional housing. He credits the services he received at IFT in helping turn his life around.	

CSS - High Risk Health & Senior Access (FSP- 06)
Operated by Behavioral Health and Recovery Services in the Managed Care/Older Adult Services

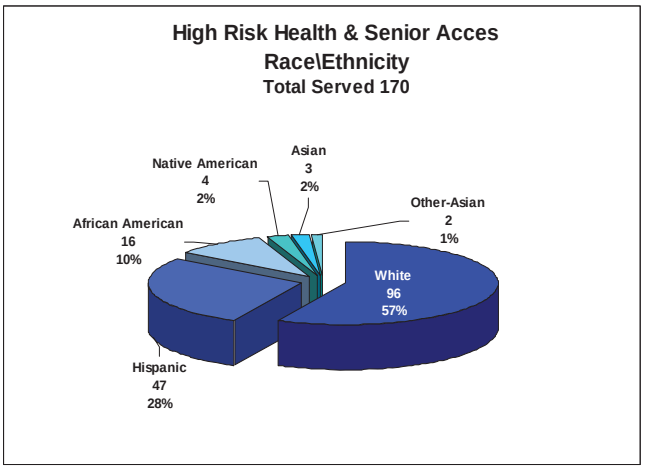
The High Risk Health and Senior Access (HRHSA) program is a full service partnership that became operational in FY 2010-11. Target populations include transition age young adults (18 - 25 years), adults (26 - 59 years) and older adults (60+ years) who have significant, ongoing, possibly chronic, health conditions co-occurring with serious mental illness. 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. The program also serves those at risk of homelessness, institutionalization, hospitalization, or nursing home care or frequent users of emergency rooms.

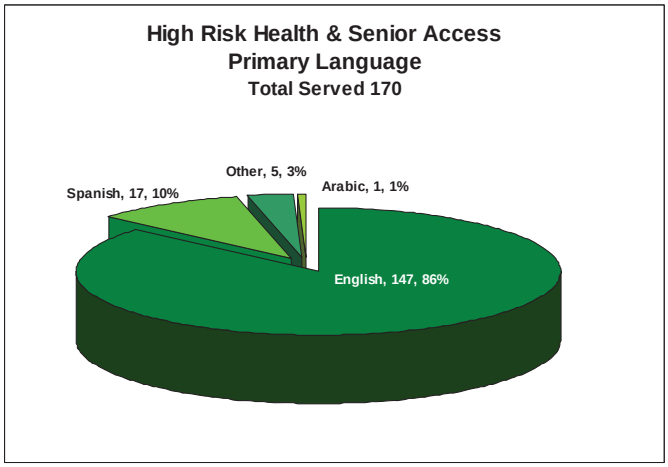
Strategies include 24/7 access to a known service provider, individualized service plans, a multidisciplinary treatment approach, wellness and recovery focused group and peer support, linkage to existing community support groups, peer support and recovery groups for individuals with co-occurring health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

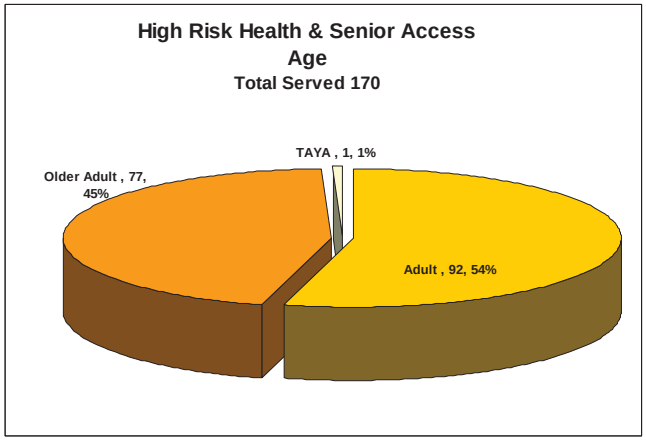
A combination of Full Service Partnership and General System Development funds provides 3 levels of care: Full Service Partnership, Intensive Support Services, and Wellness/Recovery. This allows individuals to enter the program at an appropriate level of service for their need and then move to lesser or greater intensities of service if necessary. Graduated level of care allows more individuals to access the full service partnership level of service when needed.

There are no proposed changes to the program in FY 14-15. Estimated numbers of individuals to be served in FY15-16 and FY16-17 will be based on approved program targets, fiscal sustainability and stakeholder input.

Demographics







All graphs showing ages served are based on the following categories; child/youth 0-15 years, transition age young adults 16-25 years, adults 26-59 years and older adult 60+ years.

Highlights

In an ongoing effort to reach diverse and underserved communities, a new mental health clinician was added to the ethnically diverse team made up of African American, Hispanic, Filipino, and Caucasian staff. A total of 247 depression screenings were completed countywide during National Depression Screening Day activities.

A total of 60 nursing students from Modesto Junior College and California State University, Stanislaus, visited the program and completed their psychiatric clinical hours. Transportation support for service recipients has been expanded to 80 hours a week, an increase of 33% over the past year.

High Risk Health and Senior Acess Program Outcomes
For Period 7/1/2012 through 6/30/2013

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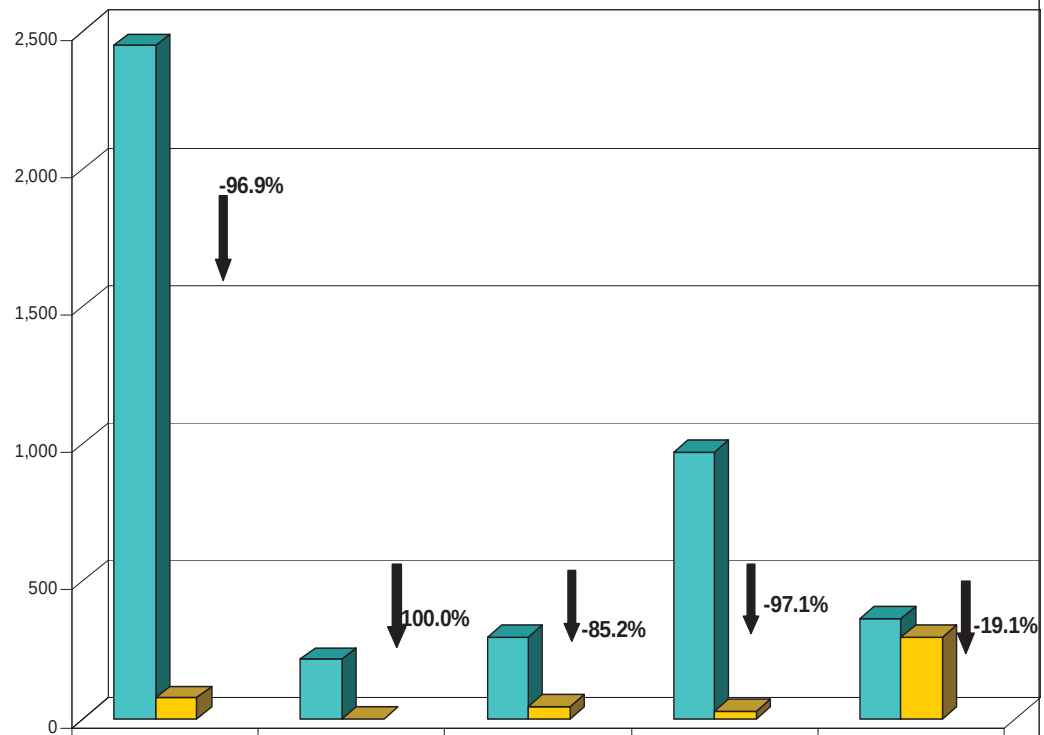


	Homelessness	Incarceration	Acute Medical Hospital	Acute Psych Hospital	Institutionalization
# Days 12 months prior to enrollment	2,447	216	296	969	365
# Days post enrollment (annualized)*	75	0	44	29	295
% change	-96.9%	-100.0%	-85.2%	-97.1%	-19.1%
# individuals contributing to days	16 / 4	6 / 0	30 / 4	43 / 6	2 / 5

*In order to compare one year historical data to post data, a computation called annualization must occur. Annualization is determined by taking the # of days of the calendar year and dividing into the # of days enrolled.
**Number of individuals contributing to days – Individuals 12 months prior/Individuals post enrollment
Note: Institutionalization represents a combined count for State Hospital and Long Term Hospital

Challenges

One challenge has been adapting to the new BHRS electronic health record system. It's a new system to learn and navigate. Transportation is also a concern. While the program has added more transportation hours, there is still a need to increase access to more people in underserved areas of the county.

Program Results	
• 170 individuals were served (unduplicated number of participants) • 8 groups were offered each week for a total of 12.5 weekly hours of group time available for clients • 247 depression screenings were completed across the county during National Depression Screening Day and the following week	**How Much?**
• 155% of annual targeted number of participants were served (170/110) • 100% (27/27) surveyed participants were satisfied with services • 96.3% (26/27) surveyed participants indicated that "Staff believed I could change." • Homelessness in Full Service Partnership (FSP) and Intensive Support Services (ISS) programs was reduced by 96.9%, continuing a four year trend • Acute psychiatric hospitalization in FSP and ISS programs were reduced by 97.1% • Instances of incarceration in the FSP and ISS was reduced by 100% in the past year • The rate of acute medical hospitalization in FSP and ISS programs was reduced by 85.2%	**How Well?**
• 84% (21/25) of surveyed participants indicated that they deal more effectively with daily problems as a result of services • 59% (16/27) of surveyed participants indicated that they feel they belong to their community as a result of services • 96.9% decrease in homelessness days of participants • 100% decrease in incarceration days of participants • 97.1% decrease in psychiatric hospitalization days of participants • 85.2% decrease in medical hospitalization days of participants	**Is Anyone Better Off?**
How Lives Have Changed	
"Bob" came into the program after being hospitalized for suicide attempts. He had lost his partner of twelve years and had moved to Stanislaus County to be with his brother. It was not a good reception. Bob says his brother wanted nothing to do with him. In the program, Bob received help and support and was able to apply for disability due to his mental health issues. The program helped him find a place to stay. After his disability was approved, he moved into a transitional housing program and began attending program groups five days a week. He says his life has dramatically improved as a result. Bob has re-established ties with his brother and now lives with him as he continues his journey through recovery.	

CSS - Josie's Place Drop-in Center (GSD - 01)
Operated by Behavioral Health & Recovery Services Children's System of Care

Josie's Place is a membership-driven "clubhouse" type center for diverse transition age young adults (TAYA) with mental illness. Outreach to and participation from Gay, Lesbian, Bi-sexual, Transsexual and Questioning (LGBTQ) youth are included in the cultural sensitivity of services provided.

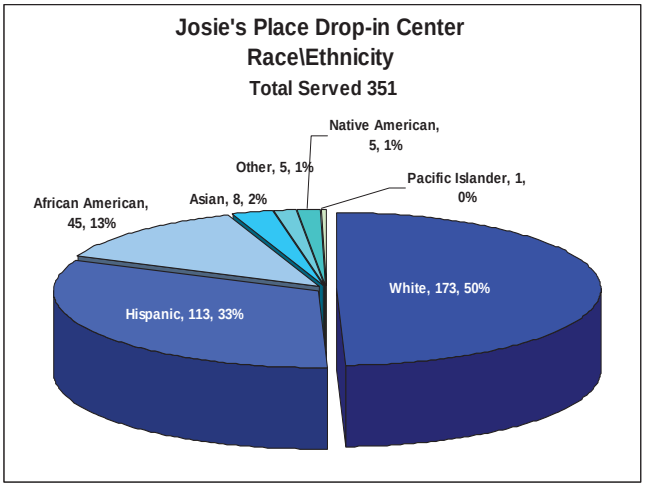
The center has two service teams: Josie's Place Intensive Services and Supports (ISS) and a Full Service Partnership (FSP) called Josie's TRAC operated by Telecare Recovery Access Center. The teams provide case management, therapy, and psychiatric services in English, Spanish, Laotian, and Thai languages. The following peer support groups are offered: Aggression Reduction Therapy, gender specific peer support, and an active LGBTQ support group.

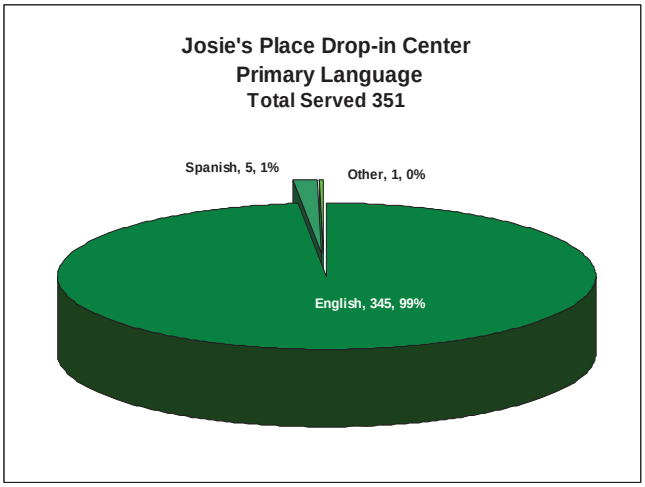
In addition, the center is also home to the Stanislaus County Transitional Aged Young Adult Partnership (STAY), a key collaborative that brings together BHRS, Community Service Agency, Probation, Health Service Agency and other key community providers working with transitional aged young adults. The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

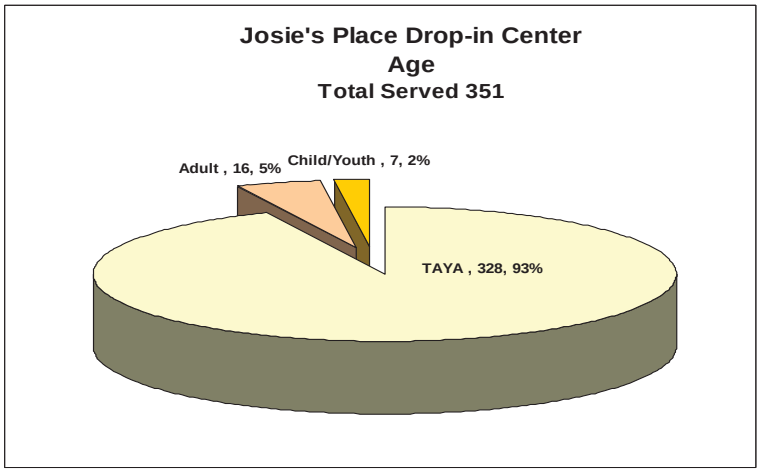
The Young Adult Advisory Counsel (YAAC), a consumer based counsel, provides leadership opportunities for youth to get involved in daily activities. For FY14-15, there are no proposed changes in the population to be served and strategies to be used

Estimated number of individuals projected to be served in FY14-15 is 250. The estimated numbers of individuals to be served in FY15-16 and FY16-17 will be based on approved program targets, fiscal sustainability and stakeholder input.

Demographics







All graphs showing ages served are based on the following categories; child/youth 0-15 years, transition age young adults 16-25 years, adults 26-59 years and older adult 60+ years.

Highlights

The center received funding to secure an additional program therapist, increase hours for a psychiatrist, and add an additional service provider. This helped increase services for consumers on all levels. The new clinician is PCIT (Parent Child Interactional Therapy) certified and can offer extensive support to TAYA parents.

The LGBTQ group is thriving and has partnered with the BHRS Prevention and Early Intervention (PEI) program to help expand outreach in the community. An LGBTQ collaborative made up of mental health providers and community partners has also been established to help meet needs and increase services throughout the county.

In keeping with its youth directed mission, the center hired four youth who have lived experience as consumers and family members and developed four volunteer opportunities. In fact, youth from Josie's Place have attended community events and leadership forums to showcase how the program is helping to change lives. Two youth recently joined others in the Juvenile Justice program to start the first ever "Stanislaus County Youth in Mind Project", a campaign to reduce the stigma of mental illness.

Challenges

Program administrators say they've seen a higher than normal amount of homeless young people in Stanislaus County. Many are looking for employment in a challenging economy with limited jobs. Transportation is also an obstacle.

Program Results	
• 351 individuals were served (unduplicated number of participants) • 6 groups per week, on average, were held at Josie's Place	**How Much?**
• 140% of annual targeted number was met (351/250) • 100% (14//14) surveyed participant were satisfied with services • 100% (14/14) surveyed participants indicated that "Staff believed I could change"	**How Well?**
• 8 TAYA volunteered to assist with group, engagement, and outreach to other diverse, unserved and underserved young adults • 93% (13/14) of surveyed participants indicated that they deal more effectively with daily problems as a result of services • 79% (11/14) of surveyed participants indicated that they feel they belong to their community as a result of services	**Is Anyone Better Off?**
How Lives Have Changed	
As a former client and member of Josie's Place, "Anna" started volunteer work at the center where she now provides guidance and support to youth. She says it's like seeing the world from both sides. Raised in the foster care system, "Anna" credits Josie's Place for helping to empower her to become independent. She says she learned productive life skills through her mental health treatment and gained immeasurable wisdom and knowledge as a result. She is now a peer support counselor where she facilitates peer groups. Having the unique perspective of "being there", "Anna" is able to help youth access community resources to aid in their recovery. She says the center has and continues to play a huge role in her life.	

CSS – Community Emergency Response Team & Warm Line (GSD - 02)
CERT/Warm Line is operated by Behavioral Health and Recovery Services in the Adult System of Care and Turning Point Community Programs

Referred to as the "Community Emergency Response Team (CERT)/Warm Line", the BHRS operated CERT program combines consumers with a team of licensed clinical staff to provide interventions in crisis situations. The "Warm Line", administered under a contract with Turning Point Community Programs, is a telephone assistance program that provides non-crisis peer support, referrals, and follow up contacts.

The program serves children, transition age youth, adults and older adults. The primary focus is on acute and sub-acute situations of children and youth with serious emotional disturbances (SED) and individuals with serious mental illness.

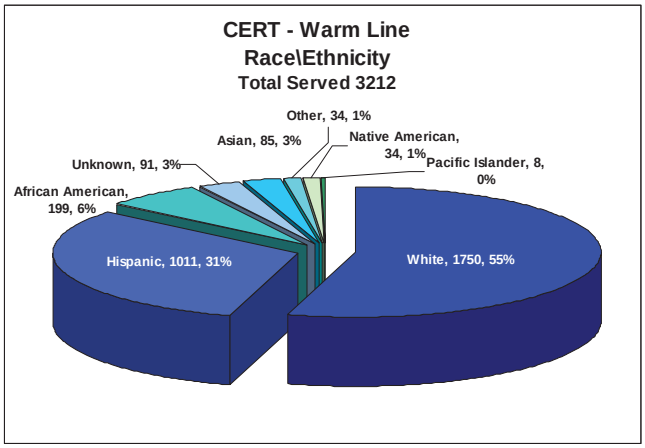
Collaboration is central to the success of emergency mental health assessment and referrals. It occurs on a daily basis with families, consumers, law enforcement, and hospital emergency room personnel. Referrals are available for individuals who need ongoing agency-based mental health services or hospitalization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

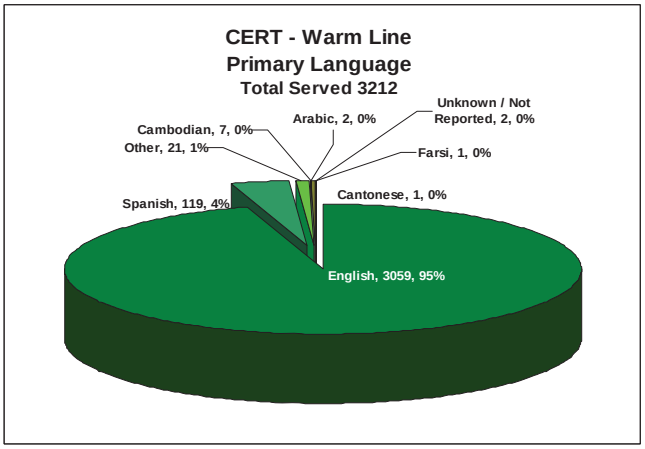
The Mobile-CERT component provides site-based and mobile crisis response allowing individuals in crisis to see a mental health provider in locations outside of a traditional mental health office. Mobile-CERT is a partnership of BHRS clinical staff and Modesto Police Department patrol officers. Licensed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

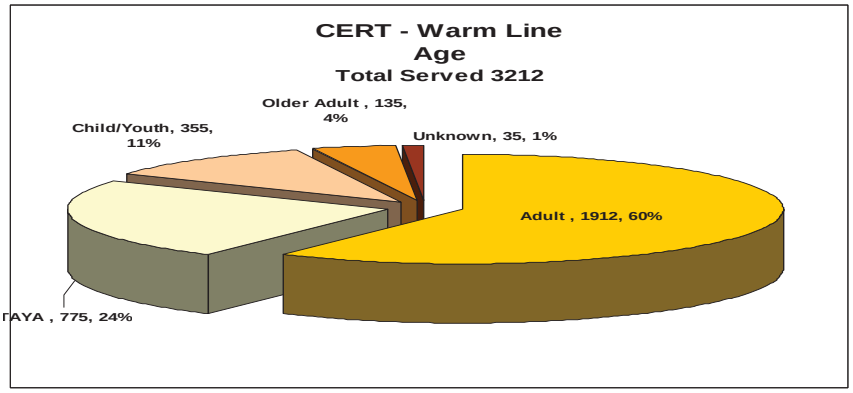
FY14-15, there are no proposed changes in the population to be served and strategies to be used. The estimated number of individuals projected to be served is 3000. In the 2012 MHSA stakeholder planning process, a program restoration was recommended to increase staff capacity to meet service needs to this population.

The estimated numbers of individuals to be served in FY15-16 and FY16-17 will be based on approved program targets, fiscal sustainability and stakeholder input.

Demographics







All graphs showing ages served are based on the following categories: child/youth 0-15 years, transition age young adults 16-25 years, adults 26-59 years and older adult 60+ years.

Highlights

The Warm Line program exceeded expectations serving an additional 69 callers over the 1,000 callers listed in its contract goal. The Warm Line also answered a total of 23,029 calls this fiscal year, an increase of 12.8% or 2,608 calls from the previous year. Staff continued efforts to attend trainings to provide the best services and resource knowledge to the community. Among the trainings: Applied Suicide Intervention Skills training (ASIST), Mental Health First Aid, Cultural Competency, and Community Capacity Building.

Challenges

At times, maintaining 24/7 coverage can be challenging. One strategy is to have volunteers help staff the Warm Line as needed.

Program Results	
• 1,069 individuals were served through Warm-line (unduplicated number of participants) • 23,029 calls were received, an increase of 12.8% or 2,608 calls from the previous fiscal year • On average, Warm Line received 1,919 calls per month/the majority were CERT calls (45%), 10,364 • 8,993 Peer-support calls were received (39.1% of total).	**How Much?**
• 252 callers (23.5%) ages 0-25 used Warm Line to get help • 1,069 initial contacts with individuals exceeded the contract goal of 1000 unduplicated callers • Warm Line staff have experience as consumers or family members of consumers • 2 Warm Line staff are Spanish speaking • 100% of Warm-line staff utilized evidenced base practices: Motivational Interviewing, Harm Reduction, and Consumer Driven Strength Based Philosophy • 107% of annual targeted number of individuals were served (3212/3000) through CERT	**How Well?**
• Calls for CERT and Warm Line were generated across Stanislaus County demonstrating the need for services in Modesto, Ceres, Turlock, and Eastside and Westside portions of the county Warm Line – Modesto 626 (58.6%), Eastside 130 (12.2%), Turlock 103 (9.6%), Ceres 82 (7.7%), and Westside 49 (4.6%). CERT – Modesto 1400 (61.8%), Turlock 309 (13.6%), Ceres 215 (9.5%), Eastside 201 (8.9%), and Westside 95 (4.2%).	**Is Anyone Better Off?**

How Lives Have Changed
Testimonial from "Sean": Working at the Warm Line has taught me to help manage my personal health, and that of my friends and family. I now find myself able to do more for them thanks to the resources I now have access to. The general peer support skills I've learned through trainings have helped me in and out of the workplace. I had always considered myself to be a good listener before working here. But this job has taken that and refined it into something greater. Being able to pick up the phone and know I can provide the best service to a caller is an amazing feeling, one I never grow tired of. I had never once considered working in the mental health field before starting this job but after working here now for almost a year, I now want to devote myself to this field and to help others.

CSS - Families Together (GSD - 04)

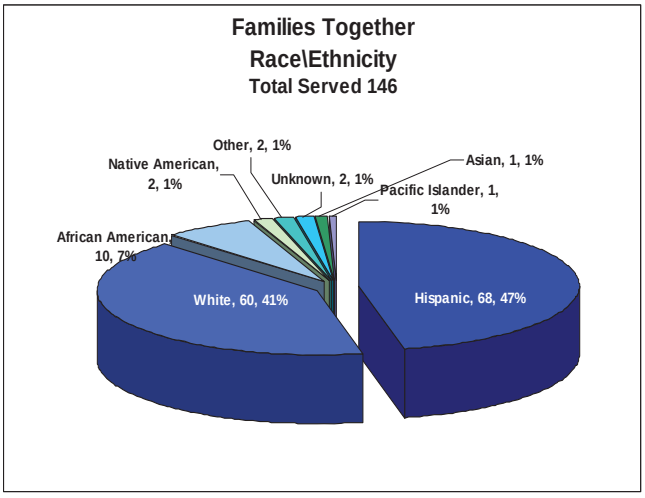
Operated by Behavioral Health and Recovery Services; a collaboration of Consumer & Family Affairs System of Care and Children's System of Care

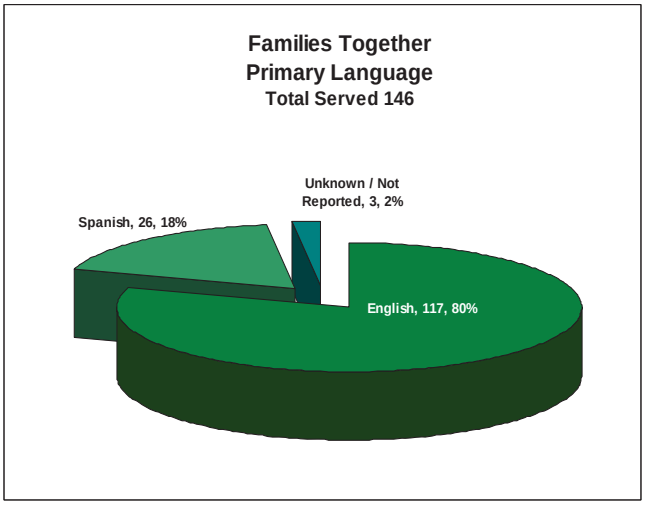
Families Together is the MHSA funded program at the Family Partnership Center (FPC). The goal is to provide mental health services to families in a one-stop-shop experience. Joined by the Parent Partnership Project, Kinship Support Services, and the Family Partnership Center Mental Health Team, the program provides a wide variety of support services to meet the need of diverse families. Services include peer group support and help with navigating mental health, Juvenile Justice, and Child Welfare systems.

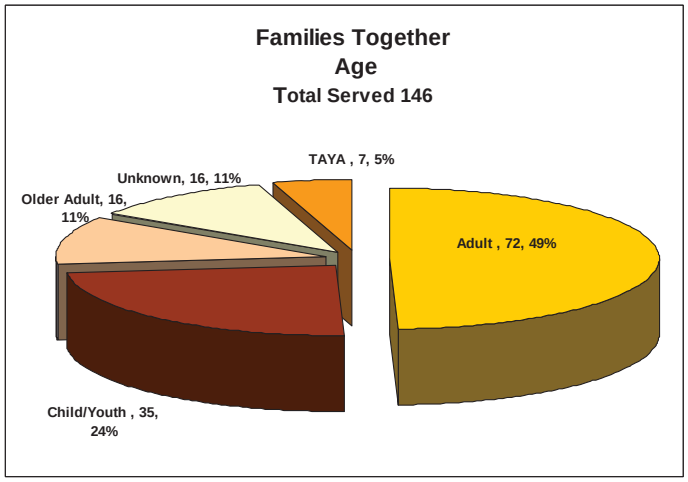
The Parent Partnership Project promotes collaboration between parents and mental health service providers. Kinship Support Services provide services to caregivers, primarily grandparents raising grandchildren. Family Partnership Mental Health provides mental health and psychiatric services, and linkage to the other programs.
In FY14-15, there are no proposed changes in the population to be served and strategies to be used. In the 2012 MHSA stakeholder planning process, a program restoration was recommended to increase staff capacity to meet service needs to this population.

The estimated number of individuals projected to be served in FY14-15 is 80. Estimated numbers of individuals to be served in FY15-16 and FY16-17 will be based on approved program targets, fiscal sustainability and stakeholder input.

Demographics







All graphs showing ages served are based on the following categories: child/youth 0-15 years, transition age young adults 16-25 years, adults 26-59 years and older adult 60+ years.

Highlights

Support groups such as the Men's Group and the Beading Group continue to see robust growth. Parents and caregivers come together to share their experiences in a friendly, relaxing environment. The program has also found a unique way to include families by having members serve as ambassadors to serve as a voice for others. The Family Partnership Center Consulting Committee has increased membership and diversity.

Challenges

The program faced some challenges finding staff with lived experience to fill the funded vacant positions.

Program Results	
• 146 individuals were served (unduplicated number of participants) • 49 males in primary parenting roles were served (unduplicated number) • Two-hour social/recreational groups were offered weekly	**How Much?**
• Program served 183% of annual targeted number of individuals (146/80) • 37% of male clients (unduplicated number) participated in Men's Support Groups (18/49)	**How Well?**
• Families received services and support from Family Partnership Center mental health team and participated in interactive children's activities and an after school program • Program staff participated in wellness activities to address burnout, compassion, fatigue, and loss.	**Is Anyone Better Off?**

How Lives Have Changed
"Sandra" is a volunteer with the Family Partnership Center and her story is one of appreciation and empowerment. As a mother of three boys, two of whom have had significant health and mental health challenges, Sandra sought help from Families Together to navigate the school district special education system where her children went to school. She was overwhelmed and stressed out. Family Partnership Center staff provided her with support and helped her through the hard times. In the process, Sandra learned how to be an advocate for her children. It's an empowerment she says that has helped her to remain upbeat when facing challenging times. She credits the center for the positive impact on her life and "gives back" through her volunteer work to share her story and time with others.

CSS - The Consumer Empowerment Center (GSD - 05)
Operated by Turning Point Community Programs in the BHRS Consumer & Family Affairs System of Care

The Consumer Empowerment Center (CEC) provides behavioral health consumers and family members a safe and friendly environment where they can flourish emotionally while developing skills. It is a culturally diverse place where individuals gain peer support and recovery-minded input from others to reduce isolation, increase the ability to develop independence and create linkages to mental health and substance abuse treatment services.

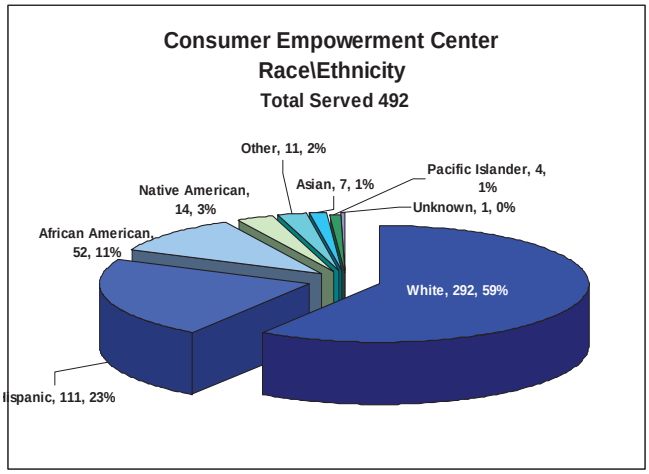
CEC is 100% staffed by behavioral health consumers and family members. A culinary training program called The Garden of Eat'n is part of the center. This program provides an opportunity for people to learn food preparation, sanitization, catering, and safe food practices with the goal of gainful employment after completing their training. CEC offers group space for all consumer and family organizations to reserve for meetings.

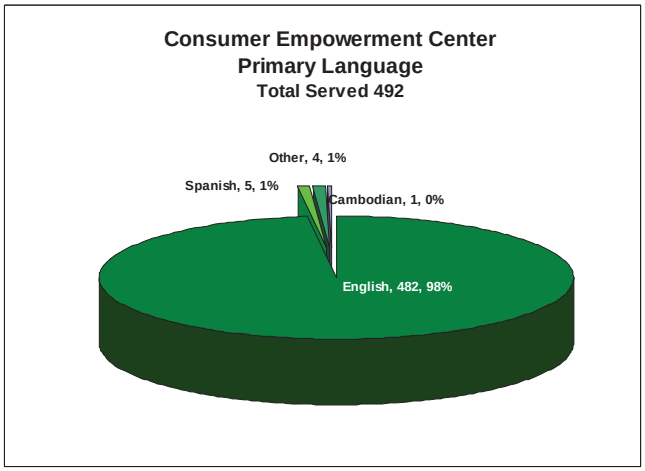
CEC staff assists members in obtaining community resources and linkages to housing, employment, and education. As a team, they provide peer support and introduce self-sufficiency tools and coping techniques to members. These skills are designed to enhance personal empowerment and professional confidence. Safe and ethical social behaviors appropriate for the community, workplace or a shared living environment are introduced and modeled to members. Opportunities are available that promote self-determination, empowerment, lifelong learning, and employment and training. A supported transportation service called Community Activities and Rehabilitation Transportation (CART) is also offered by CEC.

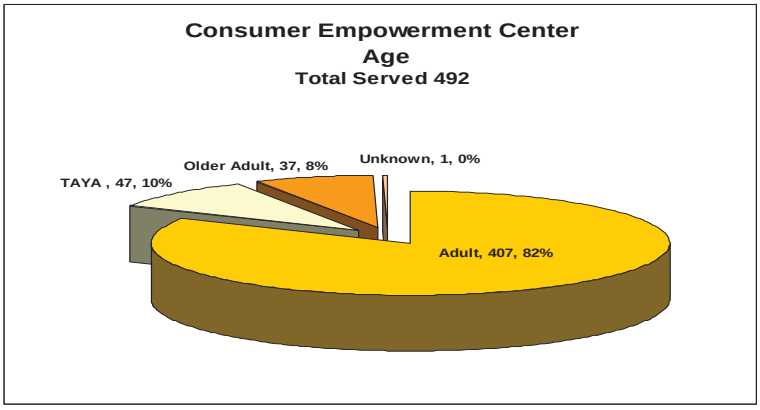
FY14-15, there are no proposed changes in the population to be served, service target or funding levels.

Estimated number of individuals projected to be served in FY14-15 is 500. The estimated numbers of individuals to be served in FY15-16 and FY16-17 will be based on approved program targets, fiscal sustainability and stakeholder input.

Demographics







All graphs showing ages served are based on the following categories; child/youth 0-15 years, transition age young adults 16-25 years, adults 26-59 years and older adult 60+ years.

Highlights

The CEC is a popular place. It has had 11,517 visits from members, an average of 26 visits per member. Individuals were met "where they are," rather than "where they would like to be" and individuals return because they find the tools and support they need

Through the Garden of Eat'n kitchen training program, individuals were provided an opportunity to learn such skills as food preparation, sanitization, cashiering and catering. Two individuals completed Occupational Skills Training, 1 individual completed the work adjustment phase of the program, and 1 other individual received a ServeSafe Food Handler card.

In order to increase referrals, presentations about the program were given at Department of Rehabilitation (DOR) staff meetings and DOR case managers were a contact to help promote more personal interactions.

Challenges

Housed on the BHRS campus in Modesto, there are space limitations for the program. Transportation to the Empowerment Center is also an issue for some consumers.

Program Results	
• 492 individuals were served at the CEC (unduplicated number of participants) • A total of 4,432 individuals participated in 337 events held at the CEC	**How Much?**
• 123% of annual targeted number of participants were served (492/400) • 91.7% of surveyed individuals report having received the services they were seeking • 80.8% of the individuals who attended events at CEC are members of CEC • 80% (66/83) surveyed participants indicated that they deal more effectively with daily problems as a result of services (Annual Consumer Perception Survey) • 95% (78/82) surveyed participants indicated that "Staff believed I could change" (Annual Consumer Perception Survey) • 74% (60/81) of surveyed participants indicated that they feel they belong to their community as a result of services (Annual Consumer Perception Survey)	**How Well?**
• 2 individuals completed occupational skills training to learn kitchen and food safety; 1 individual received his food handler card in the Garden of Eat'n. • 57.5% of participants responded favorably to "I generally feel good about my life" (Well-being Survey, n = 219) • 53% of participants responded favorably to "I feel good about my future" (Well-being Survey, n = 219) • 63.5% of participants reported they felt their life had meaning and purpose (Well-being Survey, n = 219)	**Is Anyone Better Off?**
How Lives Have Changed	
"Billy" has been coming to the Empowerment Center since September 2012 and has received counseling and group therapy. The resource center also provided him help to find a job and now he's working for Turning Point Community program. Billy says the help he received at the Empowerment Center is invaluable and that he's met a great group of people. He says his life has profoundly changed because of his experience here.	

CSS – Garden Gate Respite Center (O&E - 02)
Operated through contract with Turning Point Community Programs

Open 24 hours a day, 7 days a week, Garden Gate Respite Center is a 6-bed respite home located in a residential neighborhood that maintains "good neighbor" relationships in the community. The respite center is co-located with 13 apartments and a house for transitional supportive housing. Together, the center offers three levels of temporary housing (3 to 5 day respite housing; 5 to 20 day extended respite housing; and 6 months to 2 years of temporary supportive housing). Staff members represent diverse cultures and most have lived experience as consumers or family members of consumers of mental health services.

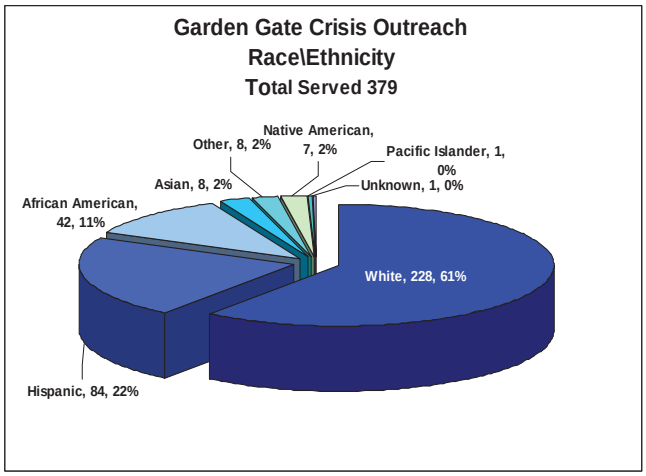
"Housing first" is a priority value for collaboration between Garden Gate Respite and Stanislaus Homeless Outreach Program (SHOP). Garden Gate Respite Center was originally developed as an AB-2034 "housing first" program and was expanded in 2006 with MHSA funds in keeping with community stakeholder priorities.

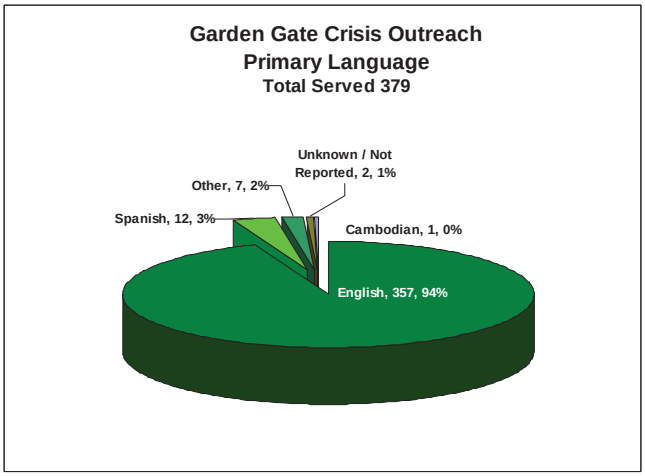
The population to be served includes transition age young adults, adults and older adults from diverse populations with serious mental illness who are homeless or at risk of becoming homeless, and at risk of psychiatric hospitalization or institutionalization. Law enforcement is the primary referral agency.

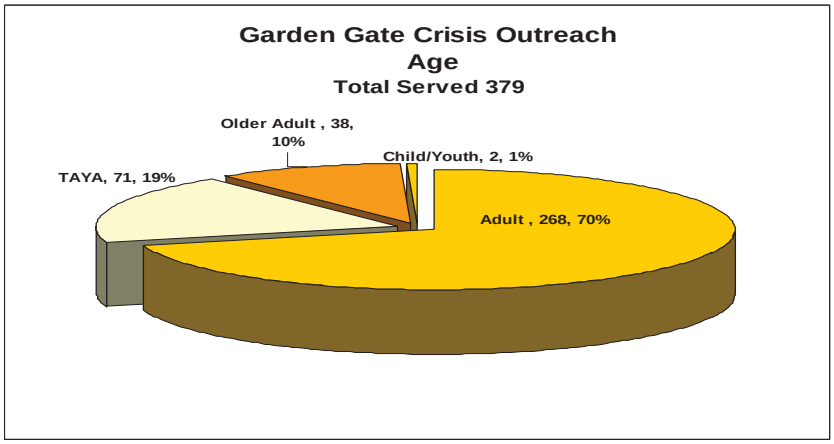
While the center is not a treatment program, it does serve as an engagement program to provide a safe haven with a philosophy of "moving toward wellness". The center is often the first point of contact for individuals who need mental health treatment, access to medical care, and other services.

There are no proposed changes in the service population or funding levels for FY14-15. The estimated number of individuals projected to be served in FY14-15 is 97. The estimated numbers of individuals to be served in FY15-16 and FY16-17 will be based on approved program targets, fiscal sustainability and stakeholder input.

Demographics







All graphs showing ages served are based on the following categories; child/youth 0-15 years, transition age young adults 16-25 years, adults 26-59 years and older adult 60+ years.

Highlights

Garden Gate Respite Center staff has positive and effective collaborations with key agencies in Stanislaus County to provide important linkages to mental health and community resources. The partnership with the Consumer Empowerment Center, for example, provides employment education and advocacy.

Other successful collaborations include the Modesto Police Department. Officers completed surveys and 100% reported satisfaction with the referral process and services provided by the center.

Challenges

The center has succeeded in its mission to effectively engage individuals and facilitate linkage to services despite challenges posed by staffing changes over the past year. The program also tends to be perceived as a long-term solution to respite care rather than a bridge to growth.

Program Results	
• 379 individuals were served (unduplicated number of participants)	**How Much?**
• 391% of annual targeted number was met (379/97) • 2.3 days - average length of stay • 96.3% of residents surveyed indicated that they were satisfied with the manner in which staff interacted with them • 97% of residents surveyed indicated that they were satisfied with the services provided • 96.9% of residents surveyed indicated that they satisfied with the level of safety at the facility • 96.2% of residents surveyed indicated that they felt welcome • 40.1% individuals were from underserved populations, including those of Latino (18.6%), African American (12.2%), Native American (2.1%), and Asian/Pacific Islander (1.9%) and Other Non-White (5.3%) descent	**How Well?**
• 100% (6/6) of surveyed participants indicated that “Staff believed I could change” • 67% (4/6) of surveyed participants indicated that they feel they belong to their community as a result of services	**Is Anyone Better Off?**

How Lives Have Changed

“John” is an adult male who came to the Garden Gate Respite Center accompanied by a clinician from CERT who was seeking a safe alternative for him. John was experiencing a mental health crisis that did not require hospitalization.

John had many life challenges to prevent him from feeling safe including no health coverage, no home, and no connection to needed mental health services. Over time and repeated contact with Garden Gate staff, he began to engage with others and connect with other programs to help him find housing, access to treatment, and benefits to stabilize his situation and allow him to engage in activities within a community of support. John is on a path to wellness and feeling safe.

People in circumstances like John’s are seen everyday at the center in individuals of all ages, races and genders when they need a short term safe haven.

Long Term Supported Housing (CSS-Housing)

Long term supported housing funds are a one-time amount of funding, appropriated from CSS funds in FY 07-08. In 2008, Stanislaus County assigned $4.8 million for CalHFA to hold in a sub-account for Stanislaus County. These funds may only be used for long term supported housing. This funding is separate from CSS program funds that provide emergency and transitional housing for homeless and mentally ill residents.

Counties were required to assign CSS housing funds to the California Housing Finance Agency (CalHFA) prior to developing housing projects. To complete a project, MHSA funds must be leveraged with other forms of financing (e.g. HUD). Long term supported housing must be designed with the goal of establishing and/or strengthening partnerships that result in development of housing that reflects local priorities and expands safe, affordable options for individuals with serious mental illness or youth with serious emotional disturbance and their families.

Highlights

Bennett Place is an 18 unit apartment complex in Modesto. In February 2013, the project application for the housing project was resubmitted to CalHFA. The project includes housing for transition age young adults (TAYA), adults, and older adults.

In January 2014, the project was formally recorded and a green light was given to begin construction of the housing units.

Challenges

There is a lack of funding designated for affordable housing. This presents a challenge as MHSA housing funds are intended to be leveraged with other funds to develop housing projects. These funds have strict program rules and limited flexibility that cause barriers to a local environment that does not have the housing development resources of larger counties.

In addition, restrictions on the use of these funds for rental subsidies are prohibitive when new construction is not a realistic or cost-effective option. Statewide efforts are attempting to advocate for changes that will make these funds easier to use at the local level.

Prevention Early Intervention (PEI)

PEI programs are transformational in the way they influence restructuring of the mental health system to embrace a "help first" paradigm in partnership with the community. The aim is to promote prevention and early intervention. It's the second largest component, 20%, of Stanislaus County MHSA funding.

The programs are created to prevent mental illness from becoming severe and disabling by recognizing the early signs and improving access to services and programs. With the help of diverse groups and neighborhood based organizations, residents learn how to support each other. This strengthens the capacity of communities to reduce the stigma and discrimination of mental illness, and develop and/or strengthen protective factors.

Stanislaus County has eight (8) PEI projects that include eighteen (18) programs. Many have more than one contracted agency to implement the program in communities across Stanislaus County. Each program has a unique approach that incorporates community-based interactions with service recipients that strive to include MHSA values of cultural competency, community collaboration, wellness, recovery/resiliency, client/family driven services, and an integrated service experience.

The projects are as follows:

- Community Capacity Building
- Emotional Wellness Education/Community Support
- Adverse Childhood Experience Interventions
- Child/Youth Resiliency and Development
- Adult Resiliency and Social Connectedness
- Older Adult Resiliency and Social Connectedness
- Health/Behavioral Health Integration
- School/Behavioral Health Integration

Program Budget

FY 2012-13 Actual	FY 2013-2014 Budgeted	FY 2014-15 Projected	FY 2015-16 Projected	FY 2016-17 Projected
$3,396,456	$4,180,501	$4,575,610	$3,577,306	$3,631,210

Highlights

- A total of 12 community Promotores networks were established in Stanislaus County. Promotores and community health outreach workers promote community based health education and prevention activities in underserved communities with potential for significant stressors and negative outcomes. A total of 199 Promotores were recruited from neighborhoods they live in through outreach and engagement.
- In West Modesto, a total of 525 households were contacted in a door to door campaign to provide mental health resource information. A total of 224 individuals were screened for depression and 539 people attended 91 support group meetings.
- A total of 20 community partners were trained in Aggression Replacement Training (ART), an intervention program to help children and adolescents improve social skills and reduce aggressive behavior, which is a potentially serious risk factor. A total of 16 youth participated in ART groups.
- A public education program featuring consumer speakers who share personal stories about living with mental illness and achieving recovery reached 839 people countywide through 44 "In Our Own Voice" presentations.

- A total of 266 faith based community leaders were contacted to help increase social support and decrease the stigma of mental illness. A total of 150 people attended collaborative meetings. There were also 6 trainings held on behavioral health support within the communities.
- A total of 485 at risk youth received guidance and training to develop leadership skills
- A total of 190 senior citizens were screened to receive mental health services and 123 were deemed eligible and enrolled in one of the older adult PEI programs.
- A total of 1,218 students participated in the Nurtured Heart program, a school based mental health early intervention program aimed at changing school culture.
- A total of 1,394 Stanislaus County residents received behavioral health services in area health clinics for a total of 3,042 visits with mental health clinicians.

Challenges

- Community empowerment was sometimes difficult.
- Staffing changes within programs posed challenges to continuity and data collection.
- Understanding of marketing, public relations, and media principals proved a challenge for some community members.
- Trust was a barrier for some who were reluctant to participate in community programs.
- Parent engagement was difficult for some programs.
- Coordinating logistics and scheduling of community youth meetings proved challenging.

Proposed PEI Augmentations In FY 2014/2015

As noted earlier in this document, this Annual Update also includes the use of one-time state augmentation funds that must be expended before July 1, 2015. An additional stakeholder community planning process will begin in May or June 2014 focused on ongoing, sustainably funded projects, which may be both new programs and augmentations of current programs/projects.

The following are descriptions of the programs/projects proposed for one-time PEI funding:

PEI/Statewide Campaign (Stigma and Discrimination Reduction, Suicide Prevention, and Student Mental Health - $232,931

CalMHSA, the Joint Powers Authority that was established in 2009, was originally created to more effectively implement three of the five statewide PEI projects through a single entity. Using funds that counties have assigned back to the California Department of Mental Health, three statewide initiatives were funded with these dollars. The three initiatives are Stigma and Discrimination Reduction, Suicide Prevention, and Student Mental Health. The funding for these initiatives will end on June 30, 2014. CalMHSA is requesting that counties consider funding the initiatives for an additional year. Ideally, counties could contribute between 4% and 7% of their PEI allocation. Stanislaus County has benefited from all three of these initiatives. For example, many have seen the signs posted on freeways and in cities statewide, referencing “Know the Signs”. In both Spanish and English, these signs provide information about resources for suicide prevention. “Each Mind Matters” has provided a wealth of information and publicity statewide focused on reducing the stigma and discrimination associated with mental illness. Lastly, the Student Mental Health Initiative has funded projects locally in K-12 schools, Modesto Junior College, and California State University, Stanislaus. Given the amount of one-time funds that the county must expend, the stakeholders endorsed funding the statewide initiatives at the 7% level. According to the most recent information on the PEI allocation for Stanislaus County, this would amount to $232,931.

PEI/Adverse Childhood Experience Intervention Project - Early Psychosis Intervention/LIFE Path - $125,000

Another successful PEI program has been the Early Psychosis Intervention program or LIFE Path. This collaborative partnership with CSU, Stanislaus is very significant since many individuals experience their first symptoms of psychosis in late adolescence and early adulthood. Often this occurs when individuals start attending college. Having this resource available enables early interventions that can significantly decrease

the untoward effects of serious mental illness. The stakeholders endorsed providing an additional $125,000 to address the challenges that this worthwhile program is experiencing.

PEI/Health Behavioral Health Integration - $125,000

Stakeholders endorsed the augmentation of the Health/Behavioral Health Integration Project which has been extremely successful in reaching primarily underserved cultural communities. Often individuals from these communities are more comfortable going to see a primary care physician about their mental health concerns. Embedding clinicians and psychiatrists in these primary care clinics has allowed these patients to receive needed mental health interventions that they would not otherwise seek out. There have been challenges as noted above as well. The stakeholders endorsed providing an additional $125,000 in FY 2014-2015 to better address program needs and add a mental health clinician to help reduce the client/staff ratio, decrease wait times to see clinicians, and increase the quality of care.

PEI/School Behavioral Health Integration - $150,000

Stakeholders also endorsed expansion of the Student Assistance and School-based Consultation Program. Two components, the Nurtured Heart Approach (NHA) and Creating Lasting Student Success (CLaSS), would be augmented to address some of the staffing and programmatic challenges that have arisen. Both programs have successfully reached significant numbers of students, teachers, and parents, and are showing promising outcomes. The programs employ best practice and evidence and strength-based broad school culture changing strategies. They also provide individual, direct crisis intervention as well. Ultimately, both components enhance mental health protective factors. Stakeholders endorsed proposals to augment each of the programs. The proposed funding amount would be $86,000.

The proposed program expansion would also include developing a contract with a Behavioral Health Consultation and Learning Coordinator to provide evidence based targeted consultation in schools with high potential for adverse risk factors. Funding would also be used for training and support to further develop the consultation model within school districts and community-based organizations. Both have increasingly implemented behavioral health consultation strategies and expressed interest in this type of support to leverage their existing investments and further development. The funding for the contractor would be up to $50,000 and the training would cost $14,000. The training will target schools, community-based organizations, faith/spirituality communities, and mental health providers serving at-risk populations. The total proposed cost for these augmentations and expansions is $150,000.

PEI – Community Capacity Building Initiative (CCBI)

This project takes the term "community driven" to a new level. With the focus on underserved cultural populations, CCBI aims to increase a community's capacity to address existing needs and disparities in mental health care and well-being and to develop and strengthen protective factors.

Utilizing Asset-Based Community Development strategies, the project focuses on leadership development, organizational capacity, and community capacity building. CCBI also supports the Promotores/Community Health Worker model by employing and training behavioral health workers to address mental health disparities and increase protective factors in their own neighborhoods. They act as liaisons with BHRS and lead well-being, risk reduction focused projects.

Programs

- **Asset-Based Community Development (ABCD)**
  ABCD funding helps local communities to develop and implement community-driven plans to strengthen and improve recovery, resiliency and mental health protective factor outcomes within neighborhoods and ethnic, cultural, un-served and underserved populations. Strategies include, but are not limited to: asset mapping mental health supports, behavioral health leadership development, partnership development to increase mental health supports within communities, mental health training, stigma reduction campaigns, and suicide awareness campaigns and training.

  To support these community-driven efforts, BHRS provides facilitation, planning and data support to help communities track progress on their priority results over time. Time limited funding support is also available to help jump start community activities.

- **Promotores and Community Health Workers (P/CHW)**
  Promotores and Community Health Workers play a critical role in developing opportunities for community members to gather, belong, and exercise their leadership to improve their personal well-being and that of their community. They plan and support community-led interventions that sustain well-being, reduce the "mental illness" stigma, and connect isolated individuals to a community of support. The latter intervention reduces the risk of serious illness in the future, as social isolation is often linked to a variety of negative outcomes.

  Promotores and community health workers serve as true agents of change to create neighborhoods that promote wellness to reduce risk factors. Since they live in the communities they serve, they have a self interest in the results of community well-being projects.

- **The Community Outreach and Engagement (O&E)**
  O&E was established to recognize special activities needed to reach diverse, underserved communities with high need that are disproportionately unserved by traditional types of mental health services. Two community based organizations provide education, depression screenings, transportation services, and resource linkages to individuals and families that are reluctant to enter traditional agency services.

  Each organization seeks to reduce stigma and support access to more intensive services. The services are culturally competent, client/family-focused, and promote recovery and resilience while maintaining respect for the beliefs and cultural practices of individuals served. Emphasis is placed on diverse communities including Hispanic, African American, Southeast Asian, Native American, and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ).

  - **West Modesto King Kennedy Neighborhood Collaborative (WMKKNC)** focuses on increasing outreach into neighborhood based supports that honor cultural practices by hiring individuals from the neighborhood. Among the objectives: 1.) Provide mental health depression screenings; 2.) Provide mental health referrals for West Modesto residents in need of specialty services; 3.) Provide peer support sessions for depression and substance abuse; 4.) Continue operation of the Wellness Drop-in Center in West Modesto.
  - **El Concilio: Latino Behavioral Health** focuses on outreach to promote and educate the community on mental health and substance abuse recovery to underserved and unserved areas of Stanislaus County. As a founding member of the Central Valley Promotores Network Vision y Compromiso, El Concilio continues to work closely with Promotores to educate and outreach to Latino communities about health and behavioral health in ways that honor their culture and way of life.

Highlights

- **Asset-Based Community Development (ABCD)**
  - A total of 9 communities participated in the ABCD program.
  - Community leaders and residents received training on behavioral health and promotion strategies.
  - Community leaders and residents participated in the development of a community well-being plan to increase protective factors and promote and improve behavioral health for residents in South Modesto.
  - Community leaders and residents planned and implemented at least two community events focused on improving behavioral health and increasing mental health protective factors.
- **Promotores and Community Health Workers (P/CHW)**
  - A total of 12 networks were established in Stanislaus County.
  - Families in Empire migrant camps participated in activities run by a seasonal Promotores network during the harvest period from March through November to promote mental health protective factors such as increasing social connections.
  - A new support group, Mano Amiga (Friendly Hand), was developed. This peer organized and peer led support group is for Spanish speaking individuals who don't have access to mental health services.
- **The Community Outreach and Engagement (O&E)**
  - **West Modesto King Kennedy Neighborhood Collaborative (WMKKNC)**
    - Community outreach was accomplished through home visits in West Modesto. Staff shared mental and behavioral health resources with residents and made a total of 666 connections; 400 or 60% were female and 266 or 40% were male.
    - A new feature of the Wellness Drop-In Center was "Family Fun Day". The Center is for adults only. But on Family Fun Day, the entire family was welcomed to participate.
    - Peer-led support groups for substance abuse (48 sessions with 314 attendees) and depression (43 sessions with 225 attendees) were held at the Wellness Drop-In Center.
    - Another highlight supporting wellness is the Mark Twain Junior High School Wellness Project. This partnership introduces students to behavioral health and career opportunities.
  - **El Concilio: Latino Behavioral Health & Recovery Services (LBHRS)**
    - Support groups and attendance levels continued to thrive in Waterford, Hughson Family Resource Center, Hanshaw Middle School (South Modesto), Keyes Healthy Start, the Pride Center, and Grayson Community Center.
    - Support group members reported a decrease in symptoms related to stress, anxiety, and depression, and reported higher emotional health and well-being.
    - LBHRS provided information for two radio spots on domestic violence and parenting communication that aired on "Radio Católica ", a radio station broadcast in the Central Valley. The spots generated positive feedback from listeners and resulted in phone calls to El Concilio requesting more information and counseling help.
    - LBHRS extended services to the rural community of Keyes. A support group for monolingual Spanish speaking parents was developed.

Challenges

- **Asset-Based Community Development (ABCD)**
  - Communication barriers proved challenging at times and there was difficulty in empowering some community leaders.

- **Promotores and Community Health Workers (P/CHW)**
  - There were challenges to collect and measure data.
  - More staff time (more than 20 hours per week) is needed to maintain the quality of the program.
  - Child care remains a challenge. Promotores staff took turns taking care of children but this is not the best scenario for training sessions.
  - Transportation can be difficult for participants who wish to attend Promotores Network events and activities. Carpooling has worked but only on a limited basis.
- **The Community Outreach and Engagement (O&E)**
  - **West Modesto King Kennedy Neighborhood Collaborative (WMKKNC)**
    - The Wellness Drop-In Center is in need of a second computer to further enhance access and training opportunities for community residents.
  - **El Concilio: Latino Behavioral Health & Recovery Services (LBHRS)**
    - Serving a high volume of individual assessment requests with one full-time and one part-time clinician has posed a challenge.
    - More collaboration with Spanish media is needed to increase awareness of mental health. Working with Univision (Spanish TV network) and Radio Católica (Spanish Radio Network) are good first steps.

Program Results	
Asset-Based Community Development (ABCD) • 50 community events/activities were held in 9 communities to reduce risk factors and strengthen recovery, resiliency, and mental health protective factors and supports for local residents • More than 4,000 individuals participated at community events/activities • 416 community members participated in the planning and implementation of behavioral health focused projects within the 9 communities • 60 meetings were held to identify, plan, and implement community-based well-being strategies for local residents **Promotores and Community Health Workers (P/CHW)** • 125 community outreach activities/events were held and attended by over 9,000 individuals to promote mental health and community well-being • 199 Community Promotores were recruited through outreach and engagement • 186 training sessions were provided to Community Promotores • 886 individual support sessions were provided to Community Promotores • 158 group facilitators (Community Promotores) were coached and trained by Staff Promotores • 349 referrals were made to behavioral health programs **The Community Outreach and Engagement (O&E)** • **West Modesto King Kennedy Neighborhood Collaborative (WMKKNC)** o 525 households were contacted door-to-door (unduplicated count) o 224 individuals were screened for depression o 539 individuals attended 91 support group meetings o 51 community activities/events focused on education and promotion of behavioral health • **El Concilio: Latino Behavioral Health & Recovery Services (LBHRS)** o 146 contacts were made through 24 presentations about Promotores o 16 Promotores were identified and trained o 513 contacts were made through 48 community events/activities o 118 individuals were supported by Promotores o 205 individuals participated in 279 peer support group meetings o 53 screenings and/or individual assessments were completed o 300 one-on-one crisis prevention/intervention sessions were provided	**How Much?**

➢ **Promotores and Community Health Workers (P/CHW)** • 54% of Community Promotores (170/312) completed the Well-being and General Promotores Training ➢ **The Community Outreach and Engagement (O&E)** • **West Modesto King Kennedy Neighborhood Collaborative (WMKKNC)** o 245 individuals were referred for 256 mental health services o 100% of participants who received transportation services arrived to mental health appointments on time • **El Concilio: Latino Behavioral Health & Recovery Services (LBHRS)** o 59 referrals to El Concilio from CBO and/or other agencies	**How Well?**
➢ **Promotores and Community Health Workers (P/CHW)** *Responses from some of the sites:* ➢ **Ceres** • Participants shared that the program has helped them improve their personal growth and family relationships. They're also engaged in healthy relationships with others in their community. ➢ **Denair** • Participants report increased confidence and positive feelings about themselves. They also have more relationships outside of their normal groups. ➢ **Empire** • Empire migrant camp families report that their relationships with others are stronger than when they first arrived. They also feel more comfortable about being outside their own community. ➢ **The Community Outreach and Engagement (O&E)** • **West Modesto King Kennedy Neighborhood Collaborative (WMKKNC):** o 90% (231/256) follow-through by program participants who received referrals for mental health services • **El Concilio: Latino Behavioral Health & Recovery Services (LBHRS)** o 100% of participants (174/174) reported increased well-being during and/or after one-on-one therapy o 100% of attendees (106/106) reported better knowledge and understanding after presentation topic	**Is Anyone Better Off?**
How Lives Are Changing	
➢ **ABCD: Beyond the Walls** A total of 7 congregations embraced the program to increase awareness of mental heath issues and support members with mental health challenges. This transformation in churches and in the community was remarkable and shows the power of collaboration to inspire change. ➢ **Promotores and Community Health Workers (P/CHW)** *(The following is a story from a Community Promotores wellness group leader in her own words. It has been edited for content and formatting purposes.)* A Ceres Promotores community member came to me with a concern about her 24 year old brother-in-law. He said he was hearing voices. I facilitated the topic of Schizophrenia in my morning Coffee group and invited her to attend. After the meeting, she told me that she thought her brother-in-law may be suffering from a mental disorder. I gave her information for the Mental Health Hospital and she says he agreed to go in for an assessment. She provided support and had other family members checked for signs of the same disorder. They found out that other family members were susceptible to the same disorder. The referral helped the entire family learn about mental health. We were able to support the community member who in turn was able to support her family through this difficult time. She says	

he is now doing better and taking medication regularly. And getting the support he needs from his family.

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(The following is a personal story from a community Promotora in her own words. It has been edited for content and formatting purposes.)

Before I found out about the Promotores Group in Turlock, I was depressed. I didn't exercise and I didn't have good nutrition. I was really unhappy with my life. I had no self confidence.

I decided to go seek medical help and was told that nothing was wrong with me. A friend suggested I visit the group. I started to attend Zumba classes and then the support group. It helped me a lot because I learned how to eat healthy, exercise, and lead a healthy life. I learned about mental health and leadership. I even made new friends.

Today I feel self confident and I have learned how to not judge others without trying to walk in their shoes (empathy), and how to support others with my talents and gifts. These are just some of the many benefits I received from the Promotores Group in Turlock.

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This is the story of a single father with 3 children. He completed the Promotores training in West Modesto and decided he wanted to focus on helping youth. He volunteered as a youth football coach and became active in church youth activities. He regularly attends and participates in the monthly WMKKNC community meetings. In the future he wants to become an advocate for youth in school. He's passionate about his community and is putting energy into improving the health and wellbeing of all community members and, especially, the youth.

- **The Community Outreach and Engagement (O&E)**
  - **El Concilio: Latino Behavioral Health & Recovery Services (LBHRS)**
    - The Waterford Support Group has worked on how to identify stressors and how stress can be managed. Anger management was addressed as well. The group members shared their strategies for managing their emotions during deeply meaningful discussions.

PEI - Emotional Wellness Education/Community Support

Universal and selective prevention strategies are at the core of this community project. A countywide support group/public information project called "Friends are Good Medicine" is helping to develop and expand social support networks for at risk individuals and families across Stanislaus County.

Another community effort, the "StanUp for Wellness" campaign, focuses on developing unique strategies that address specific culturally underserved populations. The goal is for families, educators, health care providers, and young people to recognize mental health problems and seek or recommend appropriate services.

Programs

- **Mental Health Promotion Campaign (MHPC)**
  The MHPC is a countywide multimedia campaign that includes mental health and wellness messages aimed at increasing protective factors in communities and reducing the stigma associated with mental health issues including those co-occurring with substance abuse. The aim is to increase the public's awareness of behavioral health concerns and to provide information on how to develop and maintain emotional wellness and resiliency.

- **Friends are Good Medicine (FGM)**
  FGM is designed to be a resource and provide information and support to community self-help groups. This program promotes community-based self-help efforts in both the general and professional community. It provides leadership training and consultations.

Highlights

- **Mental Health Promotion Campaign (MHPC)**
  In FY 2012-13, the following activities were initiated as part of a countywide public relations and marketing campaign that will continue through FY 2014.
  - **Promotores Video:** A local PR company worked with Promotores groups to help develop a promotional video to highlight the Promotores network and its activities throughout Stanislaus County. The video aims to help the Latino community understand the importance of mental health supports and to help demystify and reduce the stigma associated with mental health issues. The video is now in production with an expected launch date in 2014.
  - **Connecting Campaign:** A graphic design company developed a series of advertising slogans to compliment the "StanUp for Wellness" Campaign. These ads were used as part of a focus group with BHRS staff and PEI community partners to find the best visuals to depict the campaign. The ads will be used to complement existing countywide promotional strategies. This is the slogan:
    MY HAPPY PLACE... FIND YOURS / Mi lugar feliz, encuentre el suyo
  - **Life Path Campaign at the Mall:** In an effort to promote mental health prevention and early intervention, Stanislaus County BHRS sponsored an awareness campaign at Vintage Faire Mall in Modesto. The early psychosis program known as LIFE Path targeted transitional age youth ages 14-25 with at risk symptoms or early diagnostic stages of psychosis related disorders.
    LIFE Path is composed of a four person team who dedicate 105 hours over the course of two weekends to provide outreach, screenings, and education at a booth inside the mall. Screenings and referrals were provided during the awareness event.
  - **StanUp Website:** The final edits for copy and design were submitted and integrated into the website. It's now ready to go "live". The website is one of the main tools for community outreach. It's been translated into Spanish and will also be used as a compliment to planned Latino outreach activities.
  - **Theatre Ads:** Galaxy Theatres in Riverbank, Brenden Theatres in Modesto, and Regal Cinemas Stadium 14 Theatres in Turlock, advertised the LIFE Path campaign with messages called "impressions" on their movie screens. Thousands of moviegoers were reached during the three month long campaign.
  - **BHRS/PEI Brochure:** A new BHRS/PEI brochure is in development.
  - **CSU Stanislaus:** Work is underway on a mental health awareness effort with CSU Stanislaus.
  - **Technical Assistance Trainings**: A local PR company trained PEI program representatives on data collection and marketing strategies that can be incorporated into the overall communications plan. Program collateral materials and logos were also developed to implement a synergy for the promotion campaign.

- **Friends are Good Medicine (FGM)**
  - In the previous update, this program was restructured from a part-time to a full-time staff. The staff primarily focused on mapping mental health peer support groups throughout the county, upkeep and maintenance of the www.friendsaregoodmedicine.com website, training peer support group facilitators, and mental health services (PEI and Treatment) outreach. In addition, the staff supports the implementation of the department's promotion campaign focused on educating the public on identifying the signs and symptoms of mental illness and where to get help, suicide prevention awareness, and stigma reduction. The staffing change created the opportunity to deepen multiple partnerships, increase training, and increase outreach and engagement. The program will continue with this revised staffing structure in FY 2014/2015.
  - Over 6,000 StanUp for Wellness peer support group directories were distributed to various agencies and community partners. The directory and website provide an up-to-date resource and referral list for service providers and community partners when working with individuals dealing with mental health issues.
  - 70 individuals were trained in group facilitation and report that their group facilitation skills improved after attending the training.

Challenges

- **Mental Health Promotion Campaign (MHPC)**
  Understanding marketing, public relations, and media principals among PEI programs has been a challenge for some community members. More trainings are being developed to address this issue.

Program Results	
Mental Health Promotion Campaign (MHPC) • LIFE Path movie theater campaign: Galaxy: 21,672 impressions* Brenden: 21,672 impressions Stadium 14: 26,780 impressions Combined: 70,124 • LIFE Path Vintage Faire Mall: One-month signage and 2 weekends (Fri, Sat Sun onsite marketing: approximately 75,000 impressions per weekend; 2 weekends = 150,000 * An "impression" is a marketing term. It's a measure of the number of times an ad is seen. **Friends Are Good Medicine (FGM)** • 274 support groups listed in FGM Directory • More than 70 individuals were trained to facilitate Peer Support Group • There were 8,110 visitors (duplicated) to FGM web site • 27% (2,198/8110) of those visitors came from unique IPs* * "IP" is the term to describe the unique identify of a computer. Unique IPs are recorded monthly, not annually.	**How Much?**
Mental Health Promotion Campaign (MHPC) • Marketing strategies were developed with specific input from PEI programs • Collaborative outreach efforts continued with CSU, Stanislaus • PEI program logos and handouts were designed to align with overall campaign efforts **Friends Are Good Medicine (FGM)** • 97% of individuals trained (68/70) reported they would recommend Group Facilitator Training to others	**How Well?**
Mental Health Promotion Campaign (MHPC) • An estimated 70,124 individuals were exposed to the LIFE Path Early Psychosis messages through theater advertisement • An estimated 150,000 individuals were exposed to the LIFE Path Early Psychosis messages through the Vintage Faire Mall campaign	**Is Anyone Better Off?**

- **Friends Are Good Medicine (FGM)**
  - 96% of individuals (66/69) reported improved understanding /knowledge of subject after attending Group Facilitator training
  - 94% of individuals (65/69) reported that their skills have improved after attending Group Facilitator training
  - 94% of individuals (64/68) reported that Group Facilitator training was beneficial

How Lives Are Changing

- **Mental Health Promotion Campaign (MHPC)**

Christina's Story: Christina is a great testimonial featured in the Promotores video. She openly shares her hesitation and reluctance in getting involved with a local support group at her son's school, mostly due to stigma. But after a few sessions of listening to other women share their experience and feeling the strength of a community coming together to support this small group of women, Christina opens up to the group. She shares how she has been helped, not only emotionally, but also through community resources to assist her family needs. These kinds of testimonials will help others in the Latino community understand the value of becoming engaged and the importance of community support in developing and strengthening emotional health.

PEI - Adverse Childhood Experience Interventions

This project addresses the community need for expanding responses to childhood traumatic experiences including child sexual abuse, early onset of serious mental disorders, and the involvement of Juvenile Justice. It provides services to at-risk children and youth, trauma exposed youth and their families, and persons experiencing the early onset of serious mental disorders.

Programs

- **Aggression Replacement Training (ART)**
  Aggression Replacement Training ® is a cognitive behavioral intervention program to help children and adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. The program specifically targets chronically aggressive children and adolescents. Developed by Arnold P. Goldstein and Barry Glick, ART® has been implemented in schools and juvenile delinquency programs across the United States and throughout the world. The 10 week program consists of 30 sessions of intervention training and is divided into three components - social skills training, anger control training, and training in moral reasoning.
- **Expanded Child Sexual Abuse Prevention and Early Intervention (ECSAPEI)**
  BHRS has partnered with Parents United/Child Sexual Abuse Treatment Team to address the trauma associated with child sexual abuse. The program provides additional Spanish speaking programming for adults who were molested as children and establishes a 24-hour/7 day a week Warm Line for individuals and families affected by child sexual abuse. There is also a Peer Sponsorship program where volunteers provide support to families experiencing child sexual abuse.
- **Early Psychosis Intervention: LIFE Path**
  LIFE Path is a program designed to provide Early Intervention services for 14 – 25 year-olds who have experienced initial symptoms of psychosis. The program provides intensive treatment for consumers, families, caregivers, and significant support persons. The services are tailored to meet the unique needs of each participant and may include screening and assessment, diagnosis, individual and family counseling, and crisis and relapse prevention. A primary goal is to support consumers in discovering their life path potential by decreasing the disabling effects from untreated psychosis.

Highlights

- **Aggression Replacement Training (ART)**
  - Seven students successfully completed Aggression Replacement Training (ART) at Elliott Alternative Education Center during the 12-13 school year. These young men were able to grasp the concepts of ART and apply it successfully to their lives. During a staff meeting, several teachers reported that students were actually using the skills outside of group.
  - Question, Persuade, and Refer (QPR) is a basic suicide intervention program. More than 200 residential care and line staff at Creative Alternatives Inc, an agency that provides services to young people, were certified as QPR gatekeepers. Participants received working knowledge about suicide including its known causes, myths, facts and statistics.
  - Well-being groups were implemented at Hutton House and the Maddux Youth Center where youth learned basic coping skills. Social and critical thinking skills were enhanced via critical thinking engagement and exercises in a group format.
  - South Modesto Youth Leadership (SMYL) convened meetings and provided opportunities for youth to build leadership skills. The Stanislaus County Youth Leadership Network (SCYLN) also held meetings to promote leadership development principles.
- **Expanded Child Sexual Abuse Prevention and Early Intervention (ECSAPEI)**
  - A total of 416 individuals were served in the program, 161 were Latino and 8 were Spanish Speakers only. This is almost double the number of Latino individuals in the treatment program in FY 2011-2012.
  - The team has completed 14 speaking engagements to 482 individuals. PEI exhibit booths provided resource information to 500 people.
  - The percentage of Latinos offered treatment and attending treatment has increased.
  - The increase in the treatment population in the children's group has increased from 29% in 2010/2011 to 46% in 2012/2013.

- **Early Psychosis Intervention: LIFE Path**
  - The LIFE Path team, along with two consumers and their families, gave a presentation to representatives from the California Mental Health Directors Association where they shared personal stories. LIFE Path has also been invited into several local college classes as guest lecturers to provide psycho-education on psychosis.
  - LIFE Path has successfully been established as a collaborative partner with the California State University, Stanislaus in Turlock. CSU, Stanislaus has granted the program a working space on campus to meet with students and faculty to address any crisis needs.
  - In April 2013, LIFE Path was a guest presenter at the annual Regional Strategizing Forum co-hosted by Modesto Junior College and Columbia College. The presentation highlighted LIFE Path's collaboration with local colleges to de-stigmatize mental illness on campuses.

Challenges

- **Aggression Replacement Training (ART)**
  - Since the group is voluntary, one challenge is how to effectively use incentives as a means to cognitively reinforce attendance. Completing the curriculum can also be a challenge.
  - A challenge with the QPR (Question, Persuade, Refer, a Suicide Prevention program) is how to better identify arenas to effectively implement the program that would directly impact/benefit the youth in this community. Building those collaborations with few QPR trainers can be difficult.
  - Logistics and the scheduling of meetings for youth meetings has proved challenging.
- **Expanded Child Sexual Abuse Prevention and Early Intervention (ECSAPEI)**
  - Minors have yet to be included in program staff speaking engagements. There is difficulty in getting into schools to talk about this issue.
- **Early Psychosis Intervention: LIFE Path**
  - The ability to provide transportation for consumers to receive services is a challenge. There is also a need for increased staffing, office space and ongoing trainings.

Program Results	
Aggression Replacement Training (ART) • 16 youth participated in ART groups • 20 service providers were trained/supported in ART group facilitation • 217 QPR counselors trained • 12 QPR presentation recipients • 41 Well-being Groups (Hutton House Wellness Groups) • 31 youth engaged (Maddux Youth Center) • 64 youth leaders convened a total of 17 times as part of the South Modesto Youth Leadership (SMYL) • 25 youth leaders participated in the Stanislaus County Youth Leadership Network (CYLN) **Expanded Child Sexual Abuse Prevention and Early Intervention (ECSAPEI)** • 14 speaking engagements (12 in English; 2 in Spanish) were made to 482 individuals • 301 peer support calls were received through the Warm Line • 4 table presentations to approximately 500 people **Early Psychosis Prevention: LIFE Path** • 30 community presentations completed to 806 attendees • 101 phone consultations to various members of the community • 75 screenings to assess program eligibility • 27 individuals screened entered program • 45 Multi-Family Group sessions	**How Much?**
Aggression Replacement Training (ART) • 100% of ART participants (16/16) received pre-engagement meetings and one-on-one engagements	**How Well?**

- **Expanded Child Sexual Abuse Prevention and Early Intervention (ECSAPEI)**
  - 17% of speaking engagements attendees (84/482) were monolingual Spanish speakers
  - 51% of peer support calls (155/301) were made to the Spanish Warm Line
- **Early Psychosis Prevention: LIFE Path**
  - 30 out of 30 individuals (100%) who were determined ineligible for program were successfully connected to other community resources

Is Anyone Better Off?

- **Aggression Replacement Training (ART)**
  - 2 graduates have returned to public schools
  - 2 graduates have completed their studies and found jobs
  - 1 graduate has completely altered his attitude towards his peers and life in general
  - 1 graduate has entered college and is reportedly thriving
  - 6 graduates received special recognition from the Director of Alternative and Vocational Education and the Superintendent for their efforts and achievements
  - As a result of QPR services, line staff who encounter suicidal youth in residential or foster care settings are better prepared to effectively detect, persuade, and refer youth to the best treatment options
- **Expanded Child Sexual Abuse Prevention and Early Intervention (ECSAPEI)**
  - 17 people started treatment (8 as a result of the Speaker's Bureau and 9 as a result of the Warm Line contact)
  - 98% of individuals (256/260) who attended speaking engagements reported that the presentation increased parental knowledge of the impact of child sexual abuse as well as their knowledge of treatment and support services
- **Early Psychosis Prevention: LIFE Path**
  - 89% of participants are successfully participating in treatment
  - 91% of participants reported decrease in relapses/hospitalizations
  - 100% of participants (806/806) at community presentations demonstrated increased awareness of the early signs of psychosis
  - 93% of participants (26/28) reported family lives are stabilizing

How Lives Are Changing

- **Aggression Replacement Training (ART)**
  One graduate from the Aggression Replacement Training was on probation upon entering the Aggression Replacement Training Groups. He did not identify as a gang member but had ties to active gang members. After completing the ART Curriculum, he's been released from probation and has completed enough units to advance from Elliott Alternative School to the MTS program where he attends classes at Modesto Junior College. He is currently working on his application to receive a driver's license through the DREAM Act of California. Prior to his participation in ART, he was struggling to maintain attendance, but now has perfect attendance. He has even expressed deep interest in furthering his college education.

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  A high school senior participated in the Stanislaus County Youth Leadership Network (SCYLN) where she was empowered to help other youth. She and a friend volunteered to attend regional and statewide conferences where they learned about suicide prevention and the power of supportive peer relationships. The experience was a profound one. They organized a youth peer support group for suicide prevention and now facilitate monthly meetings in their community.
- **Expanded Child Sexual Abuse Prevention and Early Intervention (ECSAPEI)**
  One person who attended a workshop wrote on an evaluation form that the presentation was "very helpful" because he had never thought about the offender's side in sexual abuse cases and how events can lead a person to offend.

- **Early Psychosis Prevention: LIFE Path**

  "Sandy" is a 23 year old Hispanic female attending UC Davis. LIFE Path became involved with her about 15 months ago after she had to drop out of school because of her symptoms.

  At the age of 21, Sandy was in the spring quarter of her sophomore year when she took a medical leave due to a psychiatric condition. She returned home where she was connected with services through Telecare who identified that she may benefit from services at LIFE Path.

  LIFE Path worked with her 2-3 times a week to prepare her to return to school in the fall. She participated in Multi-Family Group and individual sessions that focused on symptom management, self-care, and increasing mindfulness. As school approached, she began to experience anxiety about returning to the campus where she had bad memories. Two LIFE Path staff walked her to each of her scheduled classrooms and the locations where she experienced her symptoms. In each place, she described her anxiety and engaged in relaxation techniques to manage it. During this trip, she was also connected to the counseling and psychiatric departments on campus.

  It was challenging to work with someone over a significant distance, but it was important for her to have a "safety net" both at home and at school. Through collaboration with this young woman, it was determined that she would access psychiatric services at school, counseling services as needed at school, and recovery maintenance services through LIFE Path. LIFE Path staff provided these services by phone and on campus every other week for scheduled sessions.

  As a result of her hard work and this "safety network", she maintained her progress in recovery and has completed her junior year of college. Currently, she's not only a full-time student, but she's also working part-time and involved in a meaningful relationship. She's also been an advocate for a family member who has recently experienced symptoms. Sandy is currently poised to graduate this spring with two Bachelor's degrees and will be the first member of her family to complete college.

PEI - Child/Youth Resiliency and Development

This project highlights the needs expressed by stakeholders to focus on facilitating emotional resiliency among high-risk children and youth through mentoring, education, life skills training, peer support, and community leadership opportunities. It addresses key community needs of at-risk children, youth, and young adult populations by focusing on these priority populations: children and youth in stressed families; at risk for school failure; at risk of or experiencing juvenile justice involvement; and underserved cultural populations.

Programs

- **Leadership and Resiliency Program (LRP)**
  BHRS has partnered with four community-based organizations to support youth leadership development efforts. The partnerships include:
  - Sierra Vista Child and Family Services - Bridge Youth Builders (BYB)
  - Hughson Family Resource Center - HFRC Youth Leadership
  - Center for Human Services (CHS) - Patterson Teen Center - Lifeplan
  - West Modesto King Kennedy Neighborhood Collaborative(WMKKNC)-Leadership for the Future/Project UPLIFT

  LRP are school-and/or community-based programs for youth ages 14-19 that enhance internal strengths and resiliency, prevent involvement with substance abuse and violence, and help youth avoid school failure and involvement with Juvenile Justice. Activities include resiliency groups, community service opportunities, conflict resolution, social skills training, and peer mentoring. Individuals who are the focus of this program are involved in its development.
- **Children are People (CAP)**
  CAP is a program designed to promote the well-being of children in the classroom. The program utilizes "Photovoice", a tool for exploration and identification of wellbeing in the life of participants. CAP is implemented in fifth grade classes for 10-16 sessions over an 8-10 week period. Some of the key areas include leadership, family values, relationships, meaningful connections, importance of community, and healthy lifestyles (i.e. exercise, sports, healthy eating). The program provides training and supervision to staff and qualified volunteers at different school sites.

Highlights

- **Bridge Youth Builders (BYB)**
  - A total of 25 at risk Southeast Asian youth from West Modesto received guidance and training, developing their leadership skills
  - BYB members received opportunities to engage and mentor 45 younger youth (13 years and under) through service learning projects and cultural activities
  - BYB youth identified, planned and completed 14 service learning projects
- **HFRC Youth Leadership**
  - Youth participated in a week long Literacy Camp for Pre-K through 12th grades. And through the Backpack Project, they assembled more than 450 backpacks for needy students in 17 area schools.
  - The youth group sponsored a booth at the Hughson Children's Health Festival and participated in a fundraising event that raised around $800 for youth scholarship and youth programs at Hughson Family Resource Center.
  - In response to challenges in the recruitment process, youth developed a new program structure, name, and logo. **HFRC YOU**th **LEAD**ership. T-shirts and hoodies were purchased and will be used next year as incentives to market the program at school and community events.
  - Two youth who have participated in the Youth Leadership program for the past Three-Years received the Youth Scholarship Stipend. They both successfully graduated high school and will be attending California State Universities next year.

- **Patterson Teen Center Lifeplan**
  - Youth participants received Lifeplan group training and individual support.
  - Lifeplan continues to operate as a campus club at Patterson High School.
  - Grayson Lifeplan members operate as the youth component in the established Community Capacity Building Initiative in Grayson.
  - Lifeplan youth attended Stanislaus Youth Leadership Group meetings to better connect and consult with other youth leaders throughout the county
- **Leadership for the Future/Project UPLIFT**
  - Youth visited colleges in the San Francisco Bay, Central Valley and Southern California areas
  - Youth attended and participated in college fairs in Sacramento and Oakland
  - Youth participated in five "Feed the Homeless" events at the Salvation Army sponsored by the Modesto Rotary Club in partnership with Omega Psi Phi Fraternity. They also helped out at the Stanislaus County Foster Parents Association Christmas dinner.
- **Children Are People (CAP)**
  - One of the key areas of success is the relationship and trust building that happens over the 8-10 week period. Relationships are built not only amongst students but also with the teacher and school support staff (co-facilitators of sessions). There is development in the leadership exerted by the students. Students strengthen their confidence and begin to facilitate portions of the sessions.
  - Students recognize and identify what is working in their lives and share this with their classmates. There is a sense of pride and ownership that takes place during this process. It also becomes a space where the students and staff are able to recognize that they are able to take action to support the development of positive outcomes in their lives.
  - The sessions are highly individualized based on the interests of what arises in the classroom. While the program focuses on wellbeing, the classroom shapes how the discussions and activities will be facilitated and supported.

Challenges

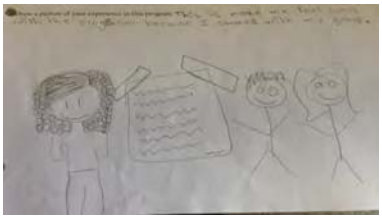
- **Bridge Youth Builders (BYB)**
  - Student's lack of motivation or interest in project
  - Lack of supplies
  - Need more Youth Advisors to work with youth
- **HFRC Youth Leadership**
  - Recruiting youth to expand HFRC Youth Leadership is a challenge. Marketing the program with a new logo is anticipated to increase awareness of the group and their community work. Scheduling activities and meetings at times youth are available is also being addressed.
  - Changes in the HFRC administration affected program continuity.
- **Lifeplan**
  - There were scheduling challenges when planning group meetings at new schools.
  - Lifeplan groups at the Patterson Teen Center faced challenges with inconsistent attendance. Plans are underway to work with staff to implement a new group and brainstorm with youth on how to increase interest.
  - Administering surveys was challenging. Throughout the year, policy and form changes were put in place in order to complete an increased number of post surveys. In the coming year, additional policies will be set up to increase the number of six month surveys to administer and analyze.
- **Leadership for the Future/Project UPLIFT**
  - One challenge was refocusing the program. In prior years, the program involved training and supporting 10 youth mentors who, in turn, mentored 10 younger youth mentees. This year the program was expanded to serve at minimum 100 youth. It was a challenge to maintain continuity and quality for the mentoring component while expanding the program in other areas. A second challenge was coordinating transportation.

- **Children Are People (CAP)**
  - Because the program is individualized to meet the needs and support the unique development of each classroom, this creates a challenge with the amount of time needed to prepare for each session. Since each session builds on the previous one, there is no set formula/curriculum in place that can be used in chronological order.
  - Another challenge is finding ongoing support after sessions are completed. Each class has different plans and ongoing support needs.

Program Results	
Bridge Youth Builders (BYB) • 17 BYB members participated in the program • 14 community service projects were planned and completed by BYB members • 45 (unduplicated) at-risk youth received direct services, while 125 (unduplicated) at-risk youth received indirect services **HFRC Youth Leadership** • 22 at-risk youth were contacted through community outreach and educational presentations • 28 at-risk youth in HFRC Youth Leadership • 13 middle school students in the youth development program • 8 community projects were initiated and completed by HFRC Youth Leadership **Lifeplan** • 8 Lifeplan groups formed with 125 group participants (unduplicated) • 40 Youth Lead Mentors • 108 individual and/or group support sessions • 27 Lifeplan outreach activities • 1 Lifeplan training provided to project staff and community partners **Leadership for the Future/Project UPLIFT** • 315 youth participants (an unduplicated number) • 60 youth attended college tours • 195 participants at youth events • 475 youth participants in community services **Children Are People (CAP)** • 4 fifth grade classrooms, totaling 112 students were served at two school sites • 6 school staff /volunteers received training to facilitate CAP • 69 students served in 3 booster sessions • 46 CAP classroom sessions held and 2 student/family sessions	**How Much?**
Bridge Youth Builders (BYB) • 100% of BYB members (17/17) reported satisfaction with program services • 100% of BYB members (17/17) reported an understanding of the 40 developmental assets **HFRC Youth Leadership** • 50% of enrolled youth (14/28) participated in leadership activities • 21% of participating youth (6/28) indicated increased knowledge of adverse consequences of alcohol and other drug abuse **Lifeplan** • 49% of students (40/82) who previously graduated from Lifeplan returned as youth mentors. • 76% (90/119) of students eligible to graduate from Lifeplan actually graduated during FY 2012-13	**How Well?**

- **Leadership for the Future/Project UPLIFT**
  - 73% participants (44/60) reported feeling valued by adults
  - 78% of youth (46/59) reported that they have been given the opportunity to lead community-wide activities
- **Children Are People (CAP):**
  - 80% of the children at Orville Wright and Fairview Elementary School are of Hispanic/Latino ethnicity

- **Bridge Youth Builders (BYB)**
  - 100% of BYB members (17/17) reported increased self-efficacy
  - 100% of BYB members (17/17) reported an understanding of the assets in improvement in leadership skills
  - 100% of BYB members (17/17) reported improvement in their leadership skills
- **HFRC Youth Leadership**
  - 86% of youth (24/28) HFRC Youth Leadership indicated they had meaningful opportunities to serve their community
  - 8 youth from HFRC Youth Leadership are participating in work, vocational education, or higher educational opportunities
- **Lifeplan**
  - 92% of Lifeplan participants (22/24) report increase in positive self concept
  - 78% of Lifeplan participants (14/18) report increase in positive outlook for the future
  - 89% of Lifeplan participants (25/28) report increase in connectedness to their community
  - 93% of Lifeplan participants (38/41) report increased leadership skills
  - 100% of participants (9/9 completed survey) report that they have utilized skills learned in Lifeplan since the conclusion of the program
- **Leadership for the Future/Project UPLIFT:**
  - 95% participants (57/60) reported having good relationships with adults
  - 98% of youth (59/60) reported positive experiences participating in community service projects
  - 90% of youth (54/60) reported being more likely to continue education or training
  - 92% youth (55/60) reported they are more hopeful and better prepared for their future
- **Children Are People (CAP)**
  - CAP participants shared their experience using artwork in this program



"This makes me feel well with the program because I shared with my group."

Is Anyone Better Off?

How Lives Are Changing

- **Bridge Youth Builders (BYB)**

Stories from participants:

Before I joined the BYB program, I used to come with my cousins. The BYB members made me feel like family right way. I have learned how to hold meetings and look farther into my life goals. I learned how to paint, gained communication/social skills, and skills to maintain a good financial life through the financial literacy training given by one of the Bridge's partner. The BYB program has taught me many things that are going to be used in my lifetime – "Martha"

The Bridge has helped me improve my communication skills. It has also helped me get involved in the community such as the collaboration with Love Modesto and the Tuolumne River Trust to cleanup areas of the county. The Bridge is home to me. I feel comfortable here and if I could, I would be here 24/7. The Bridge has taught me many skills that would most definitely help me throughout life. For example, gardening skills would be helpful when I plant my own veggies and/or fruits to eat. Being here is where I would rather be. –"Nathan"

- **HFRC Youth Leadership**

Story written by staff member:

A teen came to our leadership group in January 2013. He was very quiet and shy, but very attentive. He came to every meeting we scheduled. Over time, he began to open up and participate in group discussions. His self-confidence has improved and he has started to develop his leadership skills. He has become a self-starter, arriving early and helping set up for meetings without being asked.

If someone is new to our group, he makes sure he acknowledges them and makes them feel welcome. He participates regularly in activities and community service projects. In such a short period of time, he has become a source of positive energy to our group. He has developed a source of peer support and will be participating in Leadership Workshops. His goal is to hold an officer position in HFRC Youth Leadership.

- **Lifeplan**

Story written by staff member:

This is a true story about hope, creative imagination and youth overcoming heart breaking struggles. This is a story about youth being empowered to help themselves, their peers and their community. This is a story about the "Under Dog", the at-risk youth who many people did not believe in. This is a story about love for people.

Candy Land is often imagined as a magical world where kids carelessly run free to discover a creative world of sugary treats. In Patterson, California, Candy Land is a nickname given to a rough, hidden away impoverished neighborhood. To get to Candy Land, one must pass by two colorful cement posts that are painted in the pattern of a candy cane. The neighborhood is only visible once someone enters the alleyway that directs them into congested, small apartment complexes. This neighborhood is stigmatized and labeled as one of the most impoverished neighborhoods in Patterson. Like the "Candy Land" neighborhood, there are many youth at-risk in Patterson that are also labeled and stigmatized as being bad kids. Youth at-risk often lack the confidence and self-esteem to set or pursue their goals and dreams.

Lifeplan is a prevention and intervention program that began at Patterson High School in 2010 through the youth services department at Center for Human Services and funded by BHRS. It was designed to prevent and intervene against teen substance abuse, gang affiliation, school failure and teen pregnancy. Back then, I was privileged to work with nine Patterson High youth who received services from Lifeplan. Six of those youth would go on to graduate from the program and would help pave the way for a new social movement. A movement for peace, healing and hope!

The youth were referred for previous substance abuse, gang affiliation, anger issues and possible depression. Many of them arrived expecting to be lectured or feeling forced to be there. I met with these youth over a period of six months. During that time, a safe learning environment was created and youth were able bring their guards down to tell their difficult story and begin the healing process.

These six youth helped create a foundation for Lifeplan's success. At their suggestion, the program was transformed to a School Club system. The School Club status helped reduce the stigma of being known as a prevention and intervention program. The next semester, the six youth were able to recruit more than 25 new Lifeplan club/program members.

During their journey, youth were supported to explore positive adult role models who would not judge them. They were then encouraged to actually go and meet with their adult role models and have a conversation about their goals and dreams! In the process, they gained confidence and respect for other members. Sometimes youth shared sad personal stories about their struggles and others cried with them. Other times, someone would share a joke and everyone would laugh so hard many of them would cry again, this time out of happiness.

Since its formation, Lifeplan has empowered more than 150 at-risk youth from Del Puerto Alternative

Education School, Patterson High, and the Patterson-Grayson Community. Lifeplan Members have successfully organized college tours to San Jose State University, UC Merced, CSU, Stanislaus, and Modesto Junior College. They have also organized a youth leadership trip to Chico, CA.

Youth from the Grayson chapter have started attending weekly community collaborative meetings to become a voice for the youth. Plans are underway to create a community mural project at their local market. The majority of youth in the program have reported an increase in their hope for the future, positive adult mentors and increased self-esteem. Juvenile delinquency has dropped among most youth that have joined the program. There are currently 7 youth that are attending state or junior college who have expressed interest in returning to help as mentors.

Lifeplan is a program that was started in 2010 and quickly became more than just a program. It became hope. It became a social movement and it became a second family for many students.

- **Leadership for the Future/Project UPLIFT:**

Story written by youth participant:
Mentoring has impacted my life by giving me something to do to stay on the right track. Mentoring keeps me off the streets and keeps my mind focused. Mentoring has taught me so much about what I can achieve in life and it has really matured me over time. Mentoring gives me the chance to prepare for my future.

Not only does it help me but I get to teach younger kids techniques. I learn skills and I help others as well. I like to mentor because I like to help others. It gives me the chance to experience how others see life. Mentoring helps me pass on hope and skills to the younger generation so not only do I get help but I get to help others. Mentoring gives me a chance to impact others' lives.

Story written by youth participant:
Mentoring has helped me in such a positive way. If I had not joined Project UPLIFT, I don't know how I would have gained all the knowledge and skills I have today to help me in life. Mentoring has impacted my life in a huge way and for the better for my future. I've learned many skills, techniques, and have gained so much knowledge from having positive mentors on the way to being a mentor myself.

Throughout the years I've been in this program I've gained skills such as leadership, communication, life situations, jobs, schooling public speaking, problem solving, serving my community, etc. I've also got the chance to be a mentor and change younger youth into better positive people and be a big sister figure in their life. Honestly, it's an amazing feeling to know you can give back to the youth in the community and be a role model to them. I feel like every child should get into a mentoring program or find a positive role model in their life other than their parents. It is very helpful and useful.

- **Children Are People (CAP)**

During the final session, students reflected on how CAP time has impacted them as individuals and/or as a classroom. One student shared that he experiences many feelings inside of him, often feelings of anger and frustration. In the past, he would deal with those feelings by taking it out on others which resulted in negative consequences such as detentions or suspensions.

He shared that since CAP started in his classroom, he began to learn how to deal with his feelings in a way that didn't get him into trouble. He hasn't had detention or been suspended since then. He liked the time because he could talk about feelings and others wouldn't make fun of him. He could share his feelings in a positive way.

PEI - Adult Resiliency and Social Connectedness

By providing opportunities for social support, this project serves adults with the goal of reducing the stigma and discrimination related to having a mental illness. It reduces barriers in access to early mental health interventions by addressing stigma associated with mental illness and emotional health problems. Stigma reduction strategies include expanded social support networks, culturally appropriate support, and early mental health interventions offered in non-stigmatizing settings. This includes expanding existing communities of support and enhancing linkages between them.

Programs

- **In Our Own Voice (IOOV)**
  IOOV is a unique public education program developed by NAMI in which two trained consumer speakers share compelling personal stories about living with mental illness and achieving recovery. The program was started with a grant from Eli Lily and Company. IOOV is an opportunity for those who have struggled with mental illness to gain confidence and to share their individual experiences of recovery and transformation.
- **Faith/Spirituality Behavioral Health Integration (FSBHI)**
  This program facilitates and encourages faith based communities and spirituality groups throughout Stanislaus County to create increased social support and social connections for adults experiencing trauma and other risk factors. These activities include a variety of support groups, study groups, outreach, social and recreational activities, and personal/peer based support. Partnerships with other PEI programs allow faith-based organizations to provide education and information about behavioral health concerns that reduce stigma, enhance emotional wellness, increase protective factors, and support recovery.

Highlights

- **In Our Own Voice (IOOV)**
  - Presentation to city of Modesto bus drivers in March 2013- Eight speakers talked about the lived experience of mental illness and shared their stories about recovery. The presentation gave bus drivers an opportunity to see another side of mental illness, and hopefully be more empathetic with their customers.
  - Five Spanish presentations were conducted for parents and staff at area schools and a Spanish outreach brochure was developed
  - Community presentations were conducted with Modesto and Oakdale Police departments and the Stanislaus County League of Women Voters. Participants were responsive and active in asking questions about mental illness.
- **Faith/Spirituality Behavioral Health Integration (FSBHI)**
  - A faith/spirituality PowerPoint presentation and marketing pamphlet were developed for partners
  - A contact database of faith/spirituality leaders and an asset map of faith based recovery supports were developed
  - Training marketing flyers were created and distributed to faith spiritual based congregations, leaders, and organizations
  - A strategic plan for Catholic Charities was developed and approved by the Diocese of Stockton on May 14, 2013.
  - The Faith/Spirituality Project was redesigned and scaled down from the previous year. BHRS hired a part-time Personal Services Contractor to test a new program design with a limited number of community partners. The revised program results focus on mapping existing behavioral health supports in the faith/spirituality community, working with faith/spirituality leaders on developing strategies to increase faith/spirituality supports for their community members, and providing mental health training and education for leaders and staff. The initial redesign has gone well with multiple new partners and leaders from faith and spirituality communities convening with county staff to develop projects. Initial projects include partnerships with Recovery Modesto (a collaborative of churches focused on increasing recovery groups in their faith community), the Assyrian community, the South East Asian mindfulness community, and African-American faith based leaders. The program will continue with this revised staffing structure in FY 2014/2015.

Challenges

- **In Our Own Voice (IOOV)**
  - The main challenge for participants was getting used to a pre/survey and a post/survey developed by NAMI California. It also requires more time to administer.
  - Scheduling conflicts – Some speakers moved away or found employment while others became full time college students. Two Spanish speakers left the program.
- **Faith/Spirituality Behavioral Health Integration (FSBHI)**
  - Trust is a barrier for some due to an existing mental health stigma within congregations and because BHRS is seen as a government entity. Further research and strategic planning is needed to bridge those gaps and increase understanding of the initiatives.
  - Another barrier is the time it takes to help busy congregations understand how the Faith & Spirituality Initiative and Community Capacity Building Initiatives work hand-in-hand. More strategic planning is needed to address this issue.

Program Results	
In Our Own Voice (IOOV) • 44 IOOV presentations (4 in English; 5 in Spanish) to 839 audience members • 6 new IOOV speakers trained (4 English, 1 Spanish, 1 Cambodian) • 342 IOOV audience members reported their primary language in the post presentation survey (261 English; 77 Spanish; 4 other) **Faith/Spirituality Behavioral Health Integration (FSBHI)** • 266 faith/spirituality leaders were contacted to increase behavioral health supports within their communities • 11 collaborative meetings were held with faith/spirituality leaders • 150 attendees at collaborative meetings (Mindfulness, Recovery Modesto, Youth Faith, Assyrian Wellness Collaborative) • 6 trainings provided to faith/spirituality community leaders focused on increasing behavioral health supports within their communities • 87 attendees at Mental Health First Aid (MHFA) trainings	**How Much?**
In Our Own Voice (IOOV) • 37% of attendees reported that this was their first time hearing of NAMI and/or IOOV (290/791) **Faith/Spirituality Behavioral Health Integration (FSBHI)** • 100% of faith/spirituality leaders (88/88) were recruited to increase behavioral health supports in their communities • 100% of MHFA attendees (87/87) indicated that training has enabled them to recognize and correct misconceptions about mental health and mental illness	**How Well?**

➢ **In Our Own Voice (IOOV)** • 64% of attendees (505/791) report that recovery from mental illness is possible • 41% of attendees (322/791) report that mental illness is like any other physical illness • 61% of attendees (485/791) report that they would not mind working with someone who is mentally ill • 74% of the IOOV speakers (17/23) are now working, going to school or volunteering in the community • Two of the IOOV speakers began 3 years ago, and now are co-coordinating the program. They are self-starters, confident and have the self-esteem to be program leaders. ➢ **Faith/Spirituality Behavioral Health Integration (FSBHI)** • 100% of faith/spirituality leaders (88/88) indicated that Mental Health consultation increased their knowledge/skills • 100% of MHFA attendees (87/87) indicated they are able to assist a person who may be dealing with a mental health problem or crisis to seek professional help • 100% of collaborative participants (150/150) reported they have increased their time spent socializing with people outside their home	**Is Anyone Better Off?**

How Lives Are Changing

➢ **In Our Own Voice (IOOV)**

One of the speakers joined the program last year after losing her job with Wal-Mart where she was a manager. She had just relocated from Arkansas and was establishing herself in a new community. She sought out NAMI for support with her mental illness. She asked to volunteer, received training as an IOOV speaker, and also led a support group in Turlock. She regained her self-confidence and learned new leadership skills. Many people counted on her for support. In return, she says she got much more. Her involvement with IOOV boosted her self-confidence and self esteem. She was able to secure a new job with Walmart where she now works full time. She says the program helped her regain her life.

➢ **Faith/Spirituality Behavioral Health Integration (FSBHI)**

Testimonial from local participating pastor:

A woman who retired from an executive position at an at-risk teen home participated in a Mental Health Awareness Training. She says she was able to use her training in dealing with her friend's grandson who had some mental challenges.

Because of the skills she learned during the eight hour class, she says she was able to reach out to the teen and build trust. The result was a new friendship. In addition, she's been able to help her friend and her relationship with her grandson.

In another case, the church has been able to build a new relationship with Peer Recovery Group to host an event to help demystify the stigma of mental illness. It's also opened doors for the congregation to utilize the county's Mental Health Hot Line.

PEI – Older Adult Resiliency and Social Connectedness

This project funds new programs and strategies designed to reach physically impaired and socially isolated seniors who are at higher risk of depression and suicide. It includes four programs to address psychosocial impacts of trauma and onset of depression, and other disorders including co-occurring disorders in older adults. All program strategies address stakeholder identified community needs related to increasing supports in all age groups and to improve access to services.

Programs

- **Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)**
  Modeled after a successful program developed by the University of Washington, PEARLS provides eight in-home counseling sessions over 19-weeks. The PEARLS counselor visits seniors at risk of worsening depression and teaches them problem solving techniques. They're also encouraged to become more socially and physically active. A depression screening tool is used at each session to monitor progress. Problems are identified and goals are set.
- **Senior Peer Counseling**
  Senior Peer Counselors are trained volunteer counselors who regularly visit older adults who have trouble overcoming difficulties or face significant change in their lives. Peer Counselors are senior citizens themselves. They attend an initial training supervised by a professional clinician and help connect seniors to services. They provide counseling and support to those experiencing emotional distress due to health problems, grief, loss of a loved one, depression, anxiety or other difficulties. These peers often share similar life experiences and offer comfort and understanding. The home visits are usually weekly and open ended in duration. There is no fee for the service which is for adults 60 years of age or older.
- **Friendly Visitor**
  Friendly visitor volunteers visit with lonely seniors in the community, usually two times a month. They provide socialization and support to seniors who may not otherwise have any contact with anyone else. Activities may include reading together, taking walks, playing cards, or having coffee and conversation.
- **Senior Center Without Walls (SCWW)**
  SCWW is a phone-based program with offerings similar to activities you would find at a senior center. Once registered, each senior receives a monthly calendar of events. They can call in to join in group discussions, fun games, or learn about current health topics. This program offers a book club, support groups and much more.

Highlights

- **PEARLS**
  - Program referrals are growing from home health agencies and adult protective services. Staff continues to help identify potential candidates who call in for help with various needs such as affordable housing, and in-home help. A simple conversation often reveals a client's need for emotional support and counseling.
  - There has been an increase in referrals for the program.
- **Senior Peer Counseling**
  - For some seniors, talking to a Peer is easier than participating in a formal program like PEARLS. This year 20 Senior Peer Counselors assisted a total of 61 seniors.
- **Friendly Visitor**
  - One of our biggest successes is the increased number of volunteers coming into the Friendly Visitor program through the County partnership with the Volunteermatch.org website. The waiting period to be matched with a volunteer has been reduced from 2-3 months to 2-3 weeks.
- **Senior Center Without Walls**
  - Participation is encouraged as an adjunct to all of the other counseling and visiting programs. The staff reported that there were 18 Stanislaus County seniors enrolled in their summer session.

Challenges

- **PEARLS**
  - During the management change from Center for Human Services to Stanislaus County Adult Veteran Services, referrals for PEARLS were held to avoid having to change counselors. The

county recruiting and hiring process also took longer than anticipated. The result was low numbers in the first two quarters of the year.

- Formal training has only been available in Seattle, Washington so a lead counselor has to train new staff. (A new on-line refresher course will be available this fall).
- The program is ideal for seniors with mild depression, and who are capable and willing to actively participate in their own problem solving treatment. Those who would benefit most from the program are not socially or physically active. A new brief intervention option is being developed and should help reach even more people by offering short duration treatment for more traditional counseling.
- There have been more complex referrals from home health agencies and adult protective services –complicated by a client's other health issues and multiple needs. Some referrals have moderate or even severe depression. A newly hired clinical supervisor will have a greater role in assessing the appropriateness of referrals for other programs and evaluating the effectiveness of the counseling.

➢ **Senior Peer Counseling**

- Retention of counselors has been problematic. A total of 6 counselors were trained for January and June classes but 7 other counselors left the program in the same time period. There are 12 consistent, active peer counselors in the program.

➢ **Friendly Visitor**

- There has been a turnover of volunteers.
- Efforts are ongoing to improve rapport with volunteers in both Peer and Friendly Visitor programs and to support them by offering more training and special appreciation events with hopes to improve retention.

Program Results	
• 18 outreach presentations were delivered to the community about Older Adult PEI Services and referral process • 190 seniors were screened for PEI Older Adult Services (phone and in-person contact) • 34 senior participants in PEARLS • 61 senior participants in Senior Peer Counseling (SPC) • 68 senior participants in Friendly Visitor (FV) • 76 volunteers (Friendly Visitors and Senior Peer Counselors)	**How Much?**
• 71% seniors screened were enrolled in one of the Older Adult PEI programs and/or received brief care coordination services (134/190) enrolled in one of the PEI programs • 46% of senior participants (72/156) completed a satisfaction survey • 58% of volunteers (44/76) completed a satisfaction survey • 91% of Senior Peer Counselors (31/34) reported feeling supported at supervision meetings • 47% of participants (16/34) completed PEARLS	**How Well?**
• 100% of the PEARLS participants (16/16) who completed program had improved PHQ-9 scores • 68% of senior participants (19/28) reported that the PEARLS and Senior Peer Counseling programs have provided them with useful tools for use in every day life • 83% of senior participants (52/63) reported that the Senior Peer Counseling, and Friendly Visitor programs have made a positive difference in their lives • 93% of participants (41/44) reported that their Friendly Visitor volunteer was supportive	**Is Anyone Better Off?**
How Lives Are Changing	
➢ **PEARLS** "Mrs. G." is an 81 year-old woman who screened very high risk for depression feeling overwhelmed in her care giving role for her spouse with Alzheimer's disease. Upon her initial visit, she reported having "no" social activity in her life and, regarding having a pleasant activity in her day, she reported	

"Hardly at All". Mrs. G thrived with the Problem Solving Treatment of PEARLS and responded almost immediately to the goal setting of social and physical activities and daily pleasant activity planning that are central to the PEARLS program.

She graduated early after only seven sessions. On her final survey, she showed a dramatic decrease in her depression screen score (21 to 5), self - reported now being "fairly active" socially and, most impressively, stated she had a pleasant activity "everyday". In her own words she stated on our satisfaction survey that she benefited from the PEARLS program because, it "opened my eyes- I was having a pity party –when you're 81 you think life is over. It's not- only if you let it be. I learned I have more to look forward to. I'm still making plans."

- **Senior Peer Counseling**

Story written by a Peer to Peer volunteer, a retired Social Worker

I worked with "Betty" from January 17 to May 7, 2013. We had 9 home visits and shared many phone calls. She contacted the program and stated that she was experiencing overwhelming feelings of depression and victimization by her children. During our time together, other issues came to the surface including domestic violence, health and medical insurance concerns, and child abuse issues with her grandchildren.

Betty had been a caretaker most of her life and had never taken any time for herself. Once she started talking openly about her concerns, she became aware of services and reached out for help from agencies and individuals. Her trust in people was reinstated.

She began attending Haven Domestic Violence counseling sessions and reached out to Catholic Charities to help with her housekeeping. She began saying "no" to her children when they demanded her time, money and energy. Betty generated a Child Protective Services referral which resulted in monitoring her grandchildren's safety and well-being. And she finally took time for herself and had someone to talk to and validate her as a good and deserving person.

These positive changes were noted in her tidy appearance, better health, a cleaner more organized house, and a more positive outlook and hope in her life. Betty attributes her positive changes to her faith in God, as well as the Peer to Peer Counselor program.

She describes the benefits of counseling in her own words taken from a satisfaction survey: "It was a big turn around. I was very depressed, no desire to do anything. I didn't want to shower. Nothing motivated me. Just her (the counselor) coming and listening to me. Her recommendations helped me out of my depression. I feel very blessed". It really helped me. My support was firm, but gentle. She was sensitive to my needs. She knew I could do it. She knew I had it in me to break out."

- **Friendly Visitor**

"Mr. T" enrolled in the Friendly Visitor program in the summer of 2013. His niece called the Information and Assistance line inquiring about services for her 78 year old uncle who lives alone in Modesto. She really liked the idea of someone visiting her uncle just to socialize. He had become grouchy and sad. Laura suspected that he was feeling lonely.

Mr. T. is a no nonsense kind of guy with a very serious demeanor but he does have a sense of humor. He was assigned a volunteer who matches his personality.

Carolyn turned out to be the perfect choice. She says the two really enjoy each other's company. Since she began visiting Mr. T, she's noticed an improvement in his appearance and attitude. Mr. T looks forward to her visits and strives to be more independent.

He had relied on his niece to help him around the house and primarily used his power chair to get around. But since Carolyn began visiting him, Mr. T has expressed interest in eventually going out for walks in the neighborhood.

PEI – Health/Behavioral Health Integration

This project expands on an effective model of behavioral health integration with primary care that is currently used in four Golden Valley Health Center (GVHC) clinics within Stanislaus County. Clinicians and psychiatrists are embedded in the clinics that serve primarily underserved cultural communities. The project interfaces with several other projects in the PEI plan to ensure continuity of care to older adults, children and youth, and adults who are at risk of depression and suicide due to untreated behavioral health issues.

The GVHC sites are in Newman, Patterson, Turlock, and West Turlock.

The Health/Behavioral Health Integration Project is the result of a collaborative planning process that involved diverse stakeholders throughout the county.

Highlights

- Medical providers and psychiatrists continue to consult on cases to help clients with mental illness (building relationships to enhance communication; referred to as Brown Bags).
- Support groups continue to see success particularly in the West Main Turlock clinic where a clinician co-facilitates meetings. Expansion of the West Turlock site is expected in the future. And both Turlock and Patterson sites hope to start Spanish speaking groups.
- Program clinicians are committed and dedicated to the population served. Forging relationships with medical providers has resulted in their increased awareness to acknowledge signs and symptoms of mental health and make appropriate and timely referrals.
- Clinicians continue to utilize skills and tools learned from trainings for their continuing education units.
- Clinicians are working with Promotores groups in Patterson to provide community mental health workshops.
- The partnership between GVHC and the community is strong. Promotores groups utilize the GVHC facility for their meetings and GVHC in turn provides information about their services.

Challenges

- Data collection poses a challenge because of the time it takes to obtain the information.
- Access to psychiatry services is a burden as the costs for that service has taxed the clinics. However, GVHC reports that it is committed to providing excellent medical care to patients and psychiatry is an important aspect of that goal. The lack of access to psychiatry services, due to an increased demand from patients/medial providers, has led to a need for training of our medical providers via Brown Bags mentioned above.

Program Results	
• 1,394 Stanislaus County residents received behavioral health assessments in a primary care setting • Stanislaus County residents received a total of 3,042 visits/encounters with a Mental Health Clinician in a primary care setting	**How Much?**
• 65% of patients (912/1394) were Hispanic, a target population for this project • 38% of patients (523/1394) reported Spanish as their primary language • 23% of patients (322/1394) had 3 or more visits, an indication of overall retention rate	**How Well?**
• 67% of patients (934/1394) had no previous BHRS experience or were former BHRS consumers who have not had contact with BHRS in more than 5 years	**Is Anyone Better Off?**

How Lives Are Changing

A patient wrote the following letter:

"The services at Golden Valley Health Centers have helped me tremendously in my support group. I have been able to get in tune with my feelings and emotions in dealing with everyday life issues. I feel I can communicate with more people about how I'm feeling and what I'm going through at the moment. One of the other things I have been impacted by in group is building my confidence. Having more confidence has given me a different perspective on life. The other service I used at Golden Valley Health Centers is visiting my counselor twice a month. My counselor is amazing. She has opened my eyes and mind to understanding different coping techniques which I find very helpful when dealing with tough situations that may arise in everyday life."

PEI – School - Behavioral Health Integration

This early intervention project serves at-risk children, youth, educational professionals, and parents. The focus is on preventing school failure and other psychosocial problems resulting from early onset of mental illness, trauma and family stress. The project consists of multifaceted activities including embedding a mental health clinician within a school setting to provide behavioral health consultation, substance abuse problem identification, referrals, and support for educational professionals and parents. The selective prevention program also provides mental health screenings and early interventions for students with behavioral and emotional problems.

This project is based on elements from a variety of successful program models including school-based mental health consultation, student assistance programs, classroom-based mental health education and intervention programs, and in-service programs for school professionals.

Programs

- **Student Assistance and School-based Consultation Program:** BHRS has partnered with two community based organizations to implement this program in area school districts.
  - **Nurtured Heart Approach (NHA)**
    Center for Human Services (CHS) in Patterson Unified School District: NHA is designed to change the school culture of Apricot Valley and Las Palmas Elementary Schools to one that engages the positive and strengthens the inner wealth of its students. The goal: to build the capacity of each school to enhance the emotional resiliency of their students through the school-wide implementation of the Nurtured Heart Approach. The NHA is a system of relationships where all energy and attention is directed to what is going right, and little or no energy is given toward negative behaviors or choices. The program unites students, teachers, and parents in their efforts to build a more positive school community.
  - **Creating Lasting Student Success (CLaSS)**
    Sierra Vista Child and Family Services (SVCFS) in Modesto City Schools: CLaSS is a prevention and early intervention model that strives to see students succeed at home, at school, and in the community. It's built upon strength-based and evidenced-based practices that have proven results. CLaSS seeks to work with children who are considered "at risk" for behavioral issues that lead to problems at school and in the home. CLaSS consultants are trained to work with children, their families and teachers by helping them develop action plans that everyone can follow. The focus is on helping children succeed.
- **Parents and Teachers as Allies (PTAA)**
  NAMI-operated Parents and Teachers as Allies education program helps families and school professionals identify the key warning signs of early-onset mental illnesses in children and adolescents in schools. It focuses on the specific, age-related symptoms of mental illnesses in youth. PTA emphasizes that families and school professionals are natural allies in working to ensure that youth with early-onset mental illnesses receive timely and appropriate treatment.

Highlights

- **Student Assistance and School-Based Consultation Program**
  - **Nurtured Heart Approach (NHA)**
    - A full day of training was held for all teachers at Apricot Valley and Las Palmas Elementary Schools. Teachers reported feeling more confident in their knowledge of the Nurtured Heart Approach and reported that they were more likely to utilize NHA more fully in their classrooms.
    - After School Program staff was trained to use NHA in their programs throughout the Patterson Unified School District. Two Parent Workshop Series were facilitated in both English and Spanish. NHA Staff distributed information to parents and staff by providing mini-training opportunities and circulating Nurtured Heart Newsletters.
    - The culture change at Las Palmas Elementary was evident in the use of strong Nurtured Heart language in the school's new mission statement.
    - Nurtured Heart Specialists completed 616 hours of student services and 531.25 hours of mental health consultation at Apricot Valley and Las Palmas Elementary Schools

- **Creating Lasting Student Success (CLaSS)**
  - Integrating the Nurtured Heart approach, a consultant visited classes to demonstrate and teach the principals of Positive School Wide Behavior to both teacher and students
  - The culture of the schools is changing as teachers became more open to services. Punitive discipline techniques are changing in favor of a Positive Discipline environment. Teachers and staff are using this philosophy in the classroom as an alternative to detention and in home suspension. Families have also benefited from the services.
  - As witnessed in the beginning of the school year, there appeared to be no drop off in program effectiveness from the SBI point of view. The uncertainty as to what impact the district mandate would have of integrating programs has dissipated with the continued improvement of student attendance in class and decreasing discipline issues.

➢ **Parents and Teachers as Allies (PTAA)**
- Program presentations were made at 8 different schools and groups in Stanislaus County. A highlight was presenting at a parent group in Turlock.

Challenges

➢ **Student Assistance and School-Based Consultation Program**
- **Nurtured Heart Approach (NHA)**
  - Staffing changes posed challenges with the departure of a program specialist. Another one was hired with experience in the NHA curriculum.
  - This program had challenges with parent engagement and surveys. In the coming year, plans are to focus on parent engagement as soon as school starts. The hope is to see an increase in parent engagement and ownership of the culture change. Staff will also be revising parent survey protocols to administer and evaluate more surveys.
- **Creating Lasting Student Success (CLaSS)**
  - In the upcoming year, there may be challenges integrating incoming staff into the new culture.

➢ **Parents and Teachers as Allies (PTAA)**
- There was a challenge with scheduling school presentations.
- A bilingual parent is needed on the PTAA team.
- There were challenges with completing program evaluations in a timely manner.

Program Results	
➢ **Student Assistance and School-Based Consultation Program** • **Nurtured Heart Approach (NHA)** o 1,218 students participated in Nurtured Heart program o 90 teachers/staff participated in Nurtured Heart trainings o 54 Nurtured Heart parent contacts through trainings o 59 students received short-term, early intervention services o 13 students received long term mental health services and 59 in-class, age appropriate skill building presentations were made to students • **Creating Lasting Student Success (CLaSS)** o 143 staff/teachers received mental health consultations o 1620 students participated in CLaSS and 304 classroom group presentations were given o 72 parents participated in CLaSS o 304 classroom group presentations were given o 68 community events held on school campus ➢ **Parents and Teachers as Allies (PTAA)** • 8 presentations educational presentations to 215 parents/teachers/nurses	**How Much?**

➢ **Student Assistance and School-Based Consultation Program** • **Nurtured Heart Approach (NHA)** o 59% of students (1416/2416) reported an increased commitment to Nurtured Heart values o 100% of parents (12/12) reported knowledge of Nurtured Heart values o 72% of teachers (60/83) indicated a commitment to Nurtured Heart values • **Creating Lasting Student Success (CLaSS)** o 94% of responding parents (75/80) reported positive response to services o 100% of responding students (6/6) reported positive response to services o 93% of responding teachers/staff (93/100) reported positive response to services ➢ **Parents and Teachers as Allies (PTAA)** • 96% of responding parents/teachers (96/214) expressing satisfaction with training and would recommend program to other school professionals • 214 of the 215 attendees turned in evaluations or surveys • We were asked back three times by one district. Also, other groups wanted us to present to their parents in the evenings. One district even had a translator available for us which showed their interest in getting the information of early intervention to Hispanic families, too.	**How Well?**
➢ **Student Assistance and School-Based Consultation Program** • **Nurtured Heart Approach (NHA)** o 58% of responding parents (7/12) reported school connectedness o 95% of responding teachers (86/91) did <u>not</u> report on the job stress related to student behavior • **Creating Lasting Student Success (CLaSS)** o 135 fewer incidences of suspensions (from all three schools) o 290 fewer incidences of Disciplinary Dispositions from the previous school year (from all three schools) o 87% (33/38) participating students do not enter formal Mental Health services o 100% of families (38/38) reported decreased stress related to child behavior ➢ **Parents and Teachers as Allies (PTAA)** • 89% of responding attendees (190/214) reported increased knowledge identifying the keys to early recognition and treatment of mental illnesses in children/adolescents	**Is Anyone Better Off**

How Lives Are Changing

➢ **Student Assistance and School-Based Consultation Program**
- **Nurtured Heart Approach (NHA)**

Story from program staff

During the school year, the Nurtured Heart Student Assistance Specialist started working with a first grader and his family. The kindergarten teacher at Las Palmas stated that her students are more responsive to her during transition times in class now that she is using NHA.

The child started his life in foster care with an absent mother and a father who was not aware he was alive. The dad eventually gained custody. But he was unprepared for the stressors that came from raising a child. By the end of the school year, the provider had completed numerous CPS reports.

The NHA provider met with the dad at the close of the school year to offer Nurtured Heart summer services at the Patterson Family Resource Center. There was a breakdown in communication in the family, and dad reported feeling angry and unable to talk to his child. Despite their circumstances, the family agreed to receive Nurtured Heart support throughout the summer. Dad showed extreme dedication and love by making sure his family showed up once a week to individual and family sessions. He was open to feedback and met with the provider to gain additional knowledge on how to work with his son using NHA.

Success can take many different forms, and for this family, it took the form of communication and growth. By the end of the summer, Dad was able to communicate with his son in a loving way. The family structure shifted from one based in anger and fear to one of love and gratitude. The Nurtured Heart provider watched the transformation in family sessions where the father was able to use positivity and the NHA approach while talking to his girlfriend and son about the problems that were occurring in their family. The family reported that their dynamics had shifted and their home was more open and loving after using the Approach than it had been previously.

The NHA provider summed up the immense work that went into this transformation by saying, "Dad relentlessly pursued the positive in himself and in his son. He was very committed and put in the work, which showed how much he cared about his son. Because of this, they were able to communicate and start over."

Story from program staff
A Nurtured Heart provider worked with a fifth grade student over the course of the year. When the student started services, he had a negative view of himself and expressed remorse for fighting at recess. The NHA provider worked with the student in individual sessions using the curriculum to help build his inner wealth. Additionally, the student's current and previous teachers worked collaboratively to set up a mentor/tutor relationship between the student and a fourth grade student, utilizing the young man's unique talents and abilities to create success. The provider and his teachers focused on leadership skills.

By years end, the student ran for the student body with his new found confidence and inner wealth. It was reported to the provider that later in the school year this student had talked another student out of fighting on the playground, helping to teach his peer positive coping skills that he had learned through the NHA Program. Focusing on the students natural leadership abilities and his positive traits helped him believe that he could rise to the occasion and make good choices!

- **Creating Lasting Student Success (CLaSS)**

Story from staff member:
One client who had specific challenges was "Alicia". A defiant and angry 6th grader suspended daily for fighting, Alicia came to know our consultant after attending our social skills group. Alicia attended regularly, and as trust grew, she soon asked to have one-on-one sessions with our consultant. The sessions proved to be helpful in giving Alicia the support and a safe place for her to deal with intense family problems. The consultant interacted with her parents to provide support and resources for the family. Since the student was very hostile to the teacher, the consultant helped the teacher to see the student in a different way and helped repair the relationship between teacher and student. With those things in place, Alicia was able to use the tools she had learned to be successful and stay in the classroom.

- **Parents and Teachers as Allies (PTAA)**

One parent commented on the survey that she now had more understanding of her child's ADHD symptoms and will try to help him more in school. She also admitted that she herself had an illness, and would try to get treatment so she could become a better parent.

Workforce Education and Training (WE&T)

The Workforce Education and Training (WE&T) component of MHSA provides funding to help transform the capacity of the mental health workforce, and improve cultural and language competency. WE&T funds are a one time allocation and do not provide direct services. The goal is to develop a diverse and well-trained mental heath workforce skilled in delivering a culturally competent integrated service experience to clients and their families as well as collaborate with community efforts to increase protective factors.

Stanislaus County had 6 programs operating during FY12-13:

- Workforce Development
- Consumer Family Member Training and Support
- Expanded Internship and Supervision
- Outreach and Career Academy
- Consumer and Family Member Volunteerism
- Targeted Financial Incentives to Increase Workforce Diversity

In FY 12-13, WE&T continued its work with implementation partners. Among them were the Workforce Development Council which includes community-based organizations, consumers and family members, and BHRS management staff. The Workforce Development Council reviewed WE&T programs and recommended ways to achieve fiscal sustainability in keeping with the objectives of the approved plan.

Progress in this area included multiple training courses offered; establishment of stipend and fiscal incentive programs to support career pathways; and the further development of volunteer protocols and processes.

Program Budget

FY 2012-13 Actual	FY 2013-2014 Budgeted	FY 2014-15 Projected	FY 2015-16 Projected	FY 2016-17 Projected
$243,182	$363,850	$500,157	$311,720	$323,729

Highlights

In FY 12-13, WE&T trainings were integrated with other BHRS trainings. The result was robust growth from 12 trainings in FY 11-12 to 57 trainings in FY 12-13. Meantime, the CASRA education stipend program at Modesto Junior College saw an increase from 62 students in FY 11-12 to 76 students in FY 12-13.

Another program, Consumer and Family Volunteerism, also saw a surge. A total of 74 people volunteered at 10 BHRS sites in FY 12-13. WE&T also contributed to a bump in the local mental health workforce with the hiring of 5 MSW/MS graduate students from CSU, Stanislaus. The students received stipends through the Targeted Financial Incentives to Increase Workforce Diversity program.

A BHRS manager coordinated the county WE&T department along with MHSA Policy and Planning. A full time Director of Volunteer Services position is planned for FY 14-15.

Challenges

Stanislaus County is still recovering from the recession making it challenging to create and fill jobs. As a result, BHRS is assessing needs in the department. Turnover among staff at partner agencies has also been a challenge. Another is recruiting and retaining diverse bilingual/bicultural clinical staff within BHRS and among community partners.

Proposed Augmentation/Restoration of WE&T – Targeted Financial Incentives to Increase Workforce Diversity

In the FY 2013-2014 Annual Update, the downturn in the local economy presented significant challenges to finding job opportunities in the mental health workforce. Consequently, the Workforce Development Council recommended a reduction in stipends for master's level students. Recently, improvements in the local economy, while still lagging behind other areas in the state, have resulted in more job opportunities in the mental health field. Consequently, the Workforce Development Council recommended adding up to 22 stipends for FY 2014-2015 for students in Master of Social Work (MSW), Master of Science (MS) in Psychology, and Bachelor of Arts (BA) in Psychology at CSU, Stanislaus. These stipends would be for full-time and part-time students. If funds remain after awarding these stipends, funds may be available to assist students at Modesto Junior College with some of their expenses.

Stakeholders endorsed proposing an allocation of up to $200,000 for the stipends and other student expenses.

The goal of training is to further the implementation of MHSA essential elements throughout the existing workforce and expand capacity to implement additional components of MHSA. The trainings addressed a variety of key content identified during the planning process. Among them:

- Community collaboration skills
- Resiliency and recovery
- Treatment of co-occurring disorders
- Welcoming consumers and family members perspective in the workplace as a way to ensure an integrated service experience
- How to work with people from diverse cultures to ensure a culturally competent service experience. Training is designed from a consumer and family member perspective and uses consumer and family member trainers when appropriate.

Training was offered to BHRS and organizational provider staff to enhance knowledge and skills, especially in the areas of recovery and resilience and evidence based practices.

Program Highlights

The training plan for fiscal year 12-13 was supported by funding from MHSA, WE&T and PEI. A total of 57 courses were offered; 27 courses for BHRS staff and contract staff and 30 courses for our prevention partners in the community. A total of 1,793 staff, contract staff, and community members attended training this fiscal year. This is an increase of 752 participants from last fiscal year.

BHRS has a core competency policy which outlines specific mandatory courses for each job classification that staff is required to take. In addition, courses are offered on evidence based treatment, cultural competency and stigma reduction to improve staff attitudes, knowledge and skills. Some examples of evidence based treatment courses include: Seeking Safety, Motivational Interviewing, and California Brief Multicultural Scale Training.

Challenges

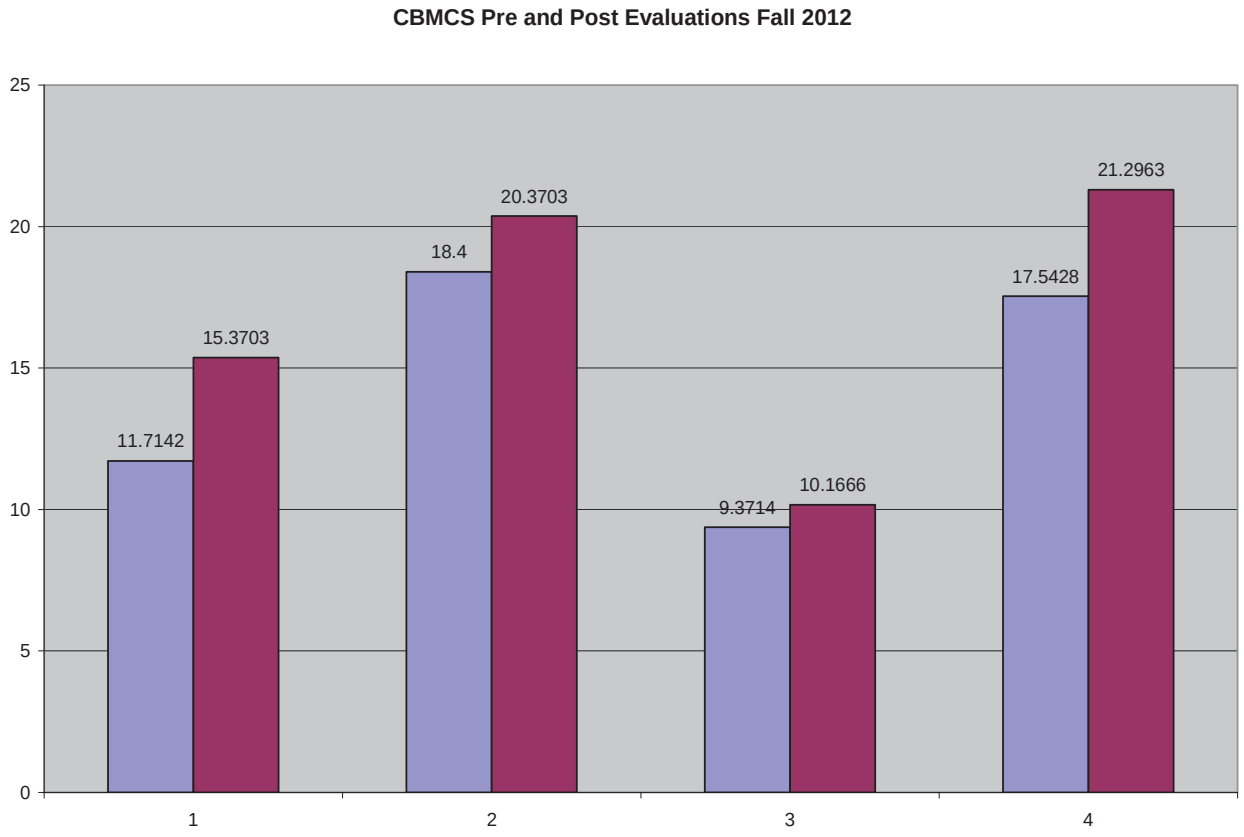
At times, keeping up with the volume of trainings has been challenging. Also, trainings to learn the new electronic health record keeping system have competed with other mental health trainings offered to BHRS staff.

Program Results	
• 57 trainings were provided • 1,793 BHRS /contractor staff/community members attended	**How Much?**
• 95% of participants reported improved understanding and knowledge of the subject • 90% reported that the course content included concepts that were evidence-based and/or best practice • 84% of participants agreed that the training content included family/consumer perspectives	**How Well?**
Comments from participants at trainings: • Multicultural training – "I enjoyed hearing about personal stories. It was a great learning experience." • Can We Talk? Working with Consumers and Family – "The training was quite beneficial and I would recommend it to others." • Asset Based Community Development – "I learned some new concepts and have a better understanding of our community."	**Is Anyone Better Off?**

How Lives Are Changing

A total of 72 BHRS staff and community partners attended a four day California Brief Multicultural training (CBMCS), a powerful diversity training tool to take mental health practitioners from cultural sensitivity to cultural competence. Participants demonstrated a significant increase in all areas of cultural competency as a result of taking this training. The areas include multicultural knowledge, awareness of culture, sensitivity and responsiveness to consumers, and socio-cultural diversity.

The graphic below shows pre and post evaluation average scores from the CBMCS training.



WE&T Consumer Family Member Training & Support

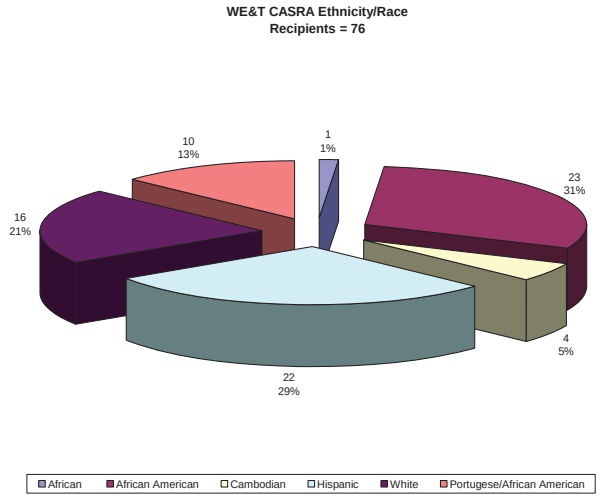
Operated by Human Resources and Training Division of Behavioral Health and Recovery Services in partnership with community-based organizations and Modesto Junior College

In partnership with Modesto Junior College (MJC), the California Association of Social Rehabilitation Agency (CASRA) program provides a structure to integrate academic learning into real life field experience in the adult public mental health system. Before this partnership, MJC didn't have a mental health curriculum. The initiative taken by BHRS to purchase the CASRA curriculum signifies the efforts to fill the gaps for employment of consumers and family members.

This is a nine (9) unit certificated course that provides individuals with the knowledge and skills to apply goals, values, and principles of recovery oriented practices to effectively serve consumers and family members. The certificated units also count towards an Associate of Arts Degree in Human Services at MJC.

The CASRA program includes student stipends to assist with school fees, bus and parking passes, and school supply vouchers, as needed. There is also a textbook loan program. In addition, CASRA students receive ongoing peer support and academic assistance to maximize their opportunities for success.

Demographics



Highlights

All CASRA stipend recipients are either consumer/family members or from a diverse/underserved community. In this fiscal year, a total of 76 students received CASRA stipends. There were 10 CASRA certificated students who completed a minimum of 2,500 field experience hours to meet the requirements for the CASRA national certification examination. 3 CASRA volunteers were hired in the public mental health system; 1 by BHRS and 2 by community partner agencies.

Challenges

The recruitment of Asian/Southeast Asian American into the behavioral health field continued to be a challenge. Another was the amount of assistance needed to help coordinate placements for CASRA students that matched their interests.

Program Results	
• 76 CASRA students received education stipends • 20 CASRA students were placed in field placement with BHRS • 2 CASRA orientations were held at MJC to raise awareness about the program • 2 trainings was held for staff about stigma on mental illness and ways to reduce it in the workforce	**How Much?**
• 100% of CASRA stipend recipients have lived experience as consumers or are from diverse cultural backgrounds • 100% of CASRA students completed field placement	**How Well?**
• 10 CASRA students completed the academic requirements and a minimum of 2,500 hours and are eligible for National CASRA certification • 3 CASRA volunteers were hired in the public mental health system; 1 by BHRS and 2 by partner agencies	**Is Anyone Better Off?**
How Lives Are Changing	
"Patty" a CASRA student, reported that the program was a blessing because she didn't have to worry about purchasing books for the semester. She says it was a big help. What she valued most was the help and assistance she received from CASRA personnel in providing guidance and tutoring help for her to succeed. Patty says receiving a monthly bus pass and having her student fees paid was also a great help.	

WE&T Expanded Internship & Supervision Program

Operated by Human Resources and Training Division of Behavioral Health and Recovery Services in collaboration with Sierra Vista Child and Family Services; Center for Human Services; Telecare; AspiraNet; Modesto Junior College, CSU, Stanislaus

This program addresses the challenges of identifying internships and providing clinical supervision in the mental health field. In FY 12-13, those challenges were met through partnerships with community organizations and academic institutions in the following ways:

- MSW/MA student internships in public mental health
- MJC CASRA/Human Services student internship in public mental health
- Undergraduate nursing and LVN students from MJC and CSU, Stanislaus practicum placement in public mental health
- Two supervision workshops for staff that provide clinical supervision for MSW associates and MFT interns.
- Contracts with non-profit agencies (Center for Human Services, Telecare, and AspiraNet) to provide clinical supervision to pre- and post-licensed staff in their clinical settings

Highlights

A total of 12 master's level students were placed in a BHRS service site for clinical supervision from the CSUS, Stanislaus Social Work or Psychology program. All 12 students completed their internship hours. In addition, two (2) clinical supervision workshops were provided to 32 licensed clinical staff to develop additional capacity for offering clinical supervision within the licensed individual's agency.

Challenges

With increasing demands placed on direct service providers, it continues to be a challenge to identify staff willing to provide supervision to field placement students and to unlicensed staff working toward their license. BHRS is currently using MHSA funding available through the Central Region Mental Health Directors Partnership to provide clinical supervision from a roving supervisor.

Program Results	
• 12 master's level MS/MSW students were placed in internships for clinical supervision. This was a decrease of 4 students from the prior year. • 2 Clinical Supervisor Workshops were provided to 32 clinical supervisors. • 3 non-profit agencies contracted to provide clinical supervision for pre-licensed individuals at Center for Human Services, Telecare, and AspiraNet.	**How Much?**
• 494 hours of clinical supervision were claimed by contracted agencies for pre and post licensed supervision	**How Well?**
• 100% of MS/MSW internship students completed their internship hours.	**Is Anyone Better Off?**

WE&T - Outreach and Career Academy

Operated by West Modesto King Kennedy Neighborhood Collaborative through contract with Behavioral Health and Recovery Services /Workforce Education & Training

Outreach and Career Academies were established in response to strong community input to outreach to junior high and high school students to raise awareness about public mental health careers. One community based organization participated in the project in FY12-13.

The West Modesto King Kennedy Neighborhood Collaborative (WMKKNC) Wellness Project provided students from nearby Mark Twain Junior High School with an introduction to behavioral health and mental health careers. A total of 6 seventh and eighth graders participated in interactive skits, scenarios, and discussions on issues that impact their mental health. Dealing with stress and bullying were among the topics addressed.

Highlights

Students participated in community activities at Josie's Place, an MHSA funded drop-in center for transition aged young adults in Modesto. During a Thanksgiving holiday celebration, students talked with staff members one-on-one and learned about mental health and the resources offered to young adults.

The students also planned and participated in a "Day of Hope" celebration held at the King Kennedy neighborhood center. The focus of the community event was mental health recovery and reducing the stigma of mental illness. Students completed two projects, a wooden dollhouse and a "Hope is…" sign board, to raise awareness about mental health.

Challenges

A similar outreach/career academy was offered at Davis High School in Modesto in FY 11-12. But it was not continued this year due to staffing changes on campus.

Program Results	
• 6 scholarships offered @ $100 each to Mark Twain Junior High School students enrolled in the King Kennedy Wellness Project to learn more about and pursue public mental health careers • 6 junior high school youth volunteered at the "Day of Hope" celebration	**How Much?**
• 1 Mental Health Clinician provided information on typical tasks to provide insight into a mental health career • 100% of six (6) junior high school youth are from diverse/underserved community	**How Well?**
• Students gained valuable information about Josie's Place and learned about resources in the community	**Is Anyone Better Off?**
How Lives Are Changing	
"Billy", a junior high school student with the Wellness Project, shared how much he enjoyed the community outreach work of participating in the "Day of Hope" and "Mental Health Promotion Campaign". He says he was able to make connections with other individuals through these activities and share information about reducing the stigma of mental illness with his peers. As part of the Health Academy, he visited "Josie's Place" and was fascinated with the center and learning about people's personal stories. Billy says the experience has sparked his interest to pursue a mental health career in college.	

WE&T - Consumer and Family Volunteerism
Operated by Human Resources and Training Division of Behavioral Health and Recovery Services

This program addresses the needs of consumers, family members, and diverse community members who wish to volunteer in the public mental health system. It also provides an opportunity to get back and give back to the workforce as part of their recovery. Volunteers provided an important and valuable service as they worked in countywide BHRS programs.

Volunteer opportunities also continued for California Association of Social Rehabilitation Agencies (CASRA) students from Modesto Junior College, referred to as "field placements." Volunteers were placed in BHRS programs as well as community-based organizations.

Highlights

A Volunteer Liaison was contracted to oversee the BHRS volunteer program. Among the opportunities: volunteering for one-time special events. This allowed individuals interested in a day event or a special event to volunteer with no long-term obligations. The process was much simpler with a quicker turn around time.

In all, there were 74 volunteers during FY12-13. Twenty of those volunteers were CASRA students. Two exceptional CASRA graduates volunteered with WE&T to provide mentorship and support to CASRA students. They assisted with community outreach to culturally diverse ethnic communities including CASRA orientations and community events.

Challenges

Coordinating volunteer efforts through BHRS proved challenging because this was relatively a new process for the department. Up until FY 11-12, volunteer efforts were organized and directed through United Way of Stanislaus County. A newly hired part-time volunteer liaison had the challenge of learning all BHRS programs and their volunteer needs. In addition, the WE&T Manager was tasked with overseeing MHSA Policy and Planning. At the end of fiscal year 12-13, the WE&T Manager accepted a job out of the area leaving the position vacant.

Program Results	
• A total of 74 volunteers participated in the program • 9,908.25 total volunteer hours were accumulated	**How Much?**
• Total dollar value to department at $21.79 an hour equaled $215,900.76 • 10 BHRS sites participated in using volunteers	**How Well?**
• A staff member from a BHRS program commented, ""Volunteers are the backbone of this organization. We value their work and couldn't serve our community without them." • A Volunteer stated, "Volunteering is very important to me. It gives me the chance to give back and help others. I enjoy what I do very much. I find it very satisfying." • A Volunteer commented, "I've learned so much in a short amount of time. I love helping others."	**Is Anyone Better Off?**

How Lives Are Changing

"Mary" has a unique perspective about the Stanislaus County mental health system and volunteerism. Several years ago, she was a recipient of mental health services. She says the help she received turned her life around. She also found a support system and met volunteers that she credits with changing her life. Now in recovery, "Mary" says the least she can do is give back to the community.

From answering telephones to performing other office administrative duties, Mary always has a smile on her face. She says she's thankful for the work and the chance to "pay it forward."

WE&T - Targeted Financial Incentives to Increase Workforce Diversity
Operated by Human Resources and Training Division of Behavioral Health and Recovery Service

This program provides educational stipends to students in Master's level Social Work and Psychology programs at CSU, Stanislaus. It also offers financial stipends for BHRS and community partner staff working on a Baccalaureate degree in Psychology. The scholarships are awarded to potential recruits who meet established criteria based on the ongoing assessment of 'hard to fill or retain' positions. Such positions include those related to language, cultural requirements, and special skills.

In this 12-13 fiscal year, MS and MSW stipends were provided to students through an existing contract with the university. BHRS awarded 5 stipends this year and 4 of the 5 recipients met desirable classifications for hard to fill positions identified in the WE&T plan workforce needs assessment.

BHRS assisted in submission of loan repayment applications to the Statewide Loan Repayment Program. A total of 10 applications were awarded in Stanislaus County totaling $100,000.

Highlights

Through the MSW and MS stipends and clinical supervision afforded by this WE&T program, 5 individuals successfully gained employment as mental health clinicians. Job placement of these graduates into the mental health workforce validates not only individuals mastery of skills but also the intent of this effort and other WE&T programs.

Challenges

The downturn in the economy continues to be a challenge in this key area of workforce development. There were not many new job opportunities in the mental health workforce in FY12-13. However, there is a large pool of job applicants for clinician positions. As a result, the Workforce Development Council recommended a reduction in stipends for master's level students.

Program Results	
• Awarded 5 stipends: 2 MSW and 3 MS stipends, each to graduate students at CSU, Stanislaus. One BA stipend was awarded. • Stipend awards equal a total of $50,250.	**How Much?**
• 100% of field placement students did an outstanding job and were successful in completing their field placement. • 90% of stipend recipients are from diverse populations: 2 bilingual Spanish, 1 African American, and 1 Portuguese American	**How Well?**
• 5 MSW/MS stipend recipients were hired as full-time mental health clinicians at the following agencies: Center for Human Services, Sierra Vista, and AspiraNet	**Is Anyone Better Off?**

How Lives Are Changing

"Lisa" says the stipend program was instrumental in helping her get through MSW graduate school. A single mother with five girls, she says the stipend allowed her to supplement her income to provide a clean and safe environment for her family. It also allowed her to focus on her education instead of being one paycheck away from homelessness.

Another benefit was the exposure she acquired by being around mental health professionals. She says the knowledge and experience she received through her field placement work was priceless. In addition, the stipend allowed her to purchase books and pay a portion of her tuition not covered under financial aid.

Lisa has completed two years of the MSW program and has one more year to go. She says she feels blessed to have this opportunity to gain knowledge and receive financial assistance.

Capital Facilities and Technological Needs (CF/TN) Projects

Technological Needs Projects provide the tools for secure access to help transform how health and wellness information is used and stored. But most importantly, it supports the empowerment for behavioral health service recipients, their families and providers. By modernizing information systems, the hope is to create greater access to technology, improve the quality and coordination of care, operational efficiency, and cost effectiveness. There are no Capital Facilities projects that are MHSA funded.

BHRS has four Technological Needs projects in various stages of implementation, 1) Electronic Health Record, 2) Consumer Family Access to Computing Resources, 3) Electronic Data Warehouse, and 4) Electronic Document Imaging. Service recipients, family members, and contract organizations continue to be involved in ongoing processes related to project development, planning, and implementation.

Electronic Health Record System (a.k.a. Anasazi and now Cerner) implementation is a massive endeavor that reaches every part of BHRS' service system. All support areas including the billing department are affected. And all face-to-face contacts between service recipients and providers are touched by this new method of keeping health records confidential and accessible. In FY12-13, BHRS and contract services providers "went live" with the treatment planning component of the system. Extensive work has gone into preparing the Assessments and Doctor's Home Page which are slated to go-live in Quarters 2 and 3 of FY 2013-14, respectively. Assessments will replace many of the existing clinical forms with electronic components. The Doctor's Home Page will address medications and e-Prescriptions. The remaining component will be Managed Care Operations, which should be operational by the end of FY 2014.

Consumer Family Access to Computing Resources Project is in operation. Two technicians were assigned to manage the computer and internet resources at community sites throughout Stanislaus County.

Electronic Data Warehouse is an infrastructure project to extract, manage, and report data from the Electronic Health Record system. The system was functional in FY 12-13 but work is ongoing to further replicate and enhance reporting.

Electronic Document Imaging is aimed at transferring the existing warehouse of paper medical records to more readily accessible electronic files. In FY 12-13, scanning hardware and storage systems were purchased and deployed. Work continues on a document management system. A pilot project related to replicating the legacy "Insyst face sheets" as electronic documents is being implemented.

In the FY12-13 MHSA Plan Update, an expansion was recommended to extend the functionality of the Electronic Health Record System Project by purchasing electronic signature pads and mobile devices. In FY12-13 the signature pads and mobile devices were purchased and are currently being deployed.

Program Budget

FY 2012-13 Actual	FY 2013-2014 Budgeted	FY 2014-15 Projected	FY 2015-16 Projected	FY 2016-17 Projected
$1,359,198	$1,330,454	$1,351,981	$915,806	$915,307

Highlights

"Go-live" of Anasazi/Cerner Treatment Planning (ATP) was completed in June, 2013. All new Treatment Plans (previously "Client Care Plans") will now be documented and managed through the EHR.

A new group of users (ATP SuperUsers for "Assessment and Treatment Plans") were identified and trained. They will also become resources for management and staff for each System of Care and contract service

provider. When the Assessment component of the EHR is ready to go live, these same SuperUsers will once again be trained by the vendor and become a training resource for that component.

The Data Warehouse component of TN continues to be useful and in ways not originally envisioned. For example, when the Assessments component goes live, it will include the "CANS" ("Children and Adolescent Needs and Strengths") framework questions that were previously tracked via a separate database. The Data Warehouse will be leveraged to provide reporting to clinicians on progress that will assist in making clinical decisions. Staff will use the familiar EHR to capture the data in a stream-lined way, and the Data Warehouse will provide the information that they need.

Challenges

There were three key issues: the EHR vendor, on-going changes in Federal and State requirements, and staff availability. Cerner Corporation acquired the EHR vendor in late 2012. Subsequently, there were significant delays, changes in priorities and in personnel that impacted the product and its support. The transition was challenging, but the hope is Cerner will make necessary changes to mitigate the delays and errors while retaining key personnel.

As reported last year, the transition to the federal HIPAA 5010 standard for data exchange was a major hurdle. BHRS has also been trying to manage compliance with federal Meaningful Use and State of California "Katie A." reporting and claiming mandates. Additionally, as the EHR project has reached its second full year of implementation, there has been significant staff turnover, due to retirements, promotions and departures that have had both direct and indirect impacts to the project staffing.

Program Results	
• 288 staff and contractors were trained in Anasazi Treatment Plans (approximately 50% from Childrens' System programs, 40% from Adult programs and the balance from AOD, Older Adult, Forensic and others) • 18 Treatment Plan SuperUsers were trained	**How Much?**
• 79% of survey respondents indicated that they "agreed" or "strongly agreed" that the SuperUser communicated the Treatment Plan training material well; • 73% agreed or strongly agreed that the required material was thoroughly covered; • 89% agreed or strongly agreed that the SuperUsers were able to answer questions related to the training satisfactorily	**How Well?**
• 64% of respondents indicated that they agreed or strongly agreed that they felt confident in their ability to create a Treatment Plan in Anasazi after the training; • 64% agreed or strongly agreed that they felt confident in their ability to review and revise a Treatment Plan in Anasazi after the training;	**Is Anyone Better Off?**
How Lives Are Changing	
A technician working on the MHSA funded Consumer and Family Member Access project recounted a story of his experience. One day, while working at the Patterson Family Resource Center, he was approached by eight non-English speaking consumers needing help with filing unemployment claims and online job applications. He was able to use an online translation application, and type out questions for them, which were automatically translated. Back and forth they went, typing in their native languages, and having the software translate for the other party. "We were all able to laugh and smile about this experience together," he recalls. "In addition, we were able to get work done proficiently and successfully. Honestly, it was probably one of the most stressful days I've had on the job, but also one of the best."	

Proposed Augmentations for Technological Needs

Several one-time purchases are being considered in the area of Technological Needs. The proposal includes funding for enhancements for the Electronic Health Record (EHR). It is through the EHR that BHRS bills for services provided to obtain federal funding. The EHR ultimately will also have a mechanism to allow consumers to view their records and create a portal for a Personal Health Record. Many of the features of the EHR require infrastructure to allow for the expanded applications and access.

Primarily, TN augmentation funds are proposed to be used to cover software maintenance, upgrades, and enhancements as well as Doctor's Home Page, license fees for the EHR, and other project related software expenses. If some funds remain unspent, it is proposed that funding be used to purchase computers and accessories.

Stakeholders endorsed the expenditure of up to $200,000 for these technological needs.

Capital Facilities (CF) Proposal

BHRS had no capital facilities projects to fund when MHSA dollars for Capital Facilities and Technological Needs (CF/TN) became available. As a result, in 2008, CF/TN funds were solely dedicated to TN and the development of an Electronic Health Record (EHR) along with projects associated with it.

However, over the past several years, Stanislaus County has experienced a significant increase in the number of acute psychiatric inpatient hospitalizations. In 2012, the County Chief Executive Office and BHRS began a strategic planning process regarding 24/7 Secure Mental Health Services. The local provider of acute psychiatric inpatient services, Doctors Medical Center (DMC), also participated. DMC operates Doctors Behavioral Health Center (DBHC), which is the local acute psychiatric inpatient service. An almost year long effort involving all local emergency rooms, MHSA Representative Stakeholders, local law enforcement, and Mental Health Board members resulted in a strategic plan that focused on recovery–centered care and creating an opportunity for each consumer to be treated in the least restrictive setting. Integral to this plan was the realization that a proper set of support services needed to be available to sustain recovery after hospitalization.

The outcome of this planning process was a Strategic Plan with three main goals, only one of which was expanded inpatient treatment capacity. This capacity building goal resulted in the creation of a 16 bed local Psychiatric Health Facility (PHF) in recognition that not all individuals required the level of an acute psychiatric inpatient service of a general acute hospital. Additionally, the PHF was located on the same campus as the BHRS Substance Use Treatment services. In depth analysis of admissions and re-admissions data revealed that a significant number of admissions to DBHC had some level of co-occurring substance use issues. Thus the opportunity to engage these individuals in aftercare that would include treatment for these conditions was facilitated by the location of the new PHF. The PHF opened in March 2014. No MHSA funding was used for this goal.

A second goal was the development of aftercare strategies that would enable follow up after hospitalization by a team that would be able to connect consumers with needed outpatient services, including but not limited to follow up with primary care, assistance with getting medications, and a thorough assessment of their mental health needs. This team, Transition TRAC, is funded with MHSA funding and is being proposed in this Annual Plan to be augmented to allow that team to follow up with discharges from the PHF. As noted above, this team has been very successful in reducing readmissions to the psychiatric hospital.

The third goal of the Strategic Plan was the creation of a Crisis Stabilization Unit (CSU) to avoid hospitalizations in the first place. To date, BHRS has not been able to secure funding for the project. The development of a CSU has two components, the capital facilities part and the ongoing operations part. When BHRS began to plan for the current stakeholder meetings, centered on the use of one-time funding, one idea was to access some of these funds for the capital facility part of the project. Capital projects are an ideal use for one-time funds. BHRS has identified an unused wing of a Stanislaus county-owned facility that could be remodeled to accommodate a CSU. To begin the process, stakeholders were asked if they would endorse using some of the one-time funds to be used for the purpose of designing the facility. Under guidelines for CF proposals set forth on March 18, 2008, architectural services and costs are allowable pre-development costs.

In keeping with the core values of MHSA, collaboration with other agencies will be a focus to increase outreach and work towards the concept of well rounded integrated services to individuals suffering from mental illness. It is very important that this facility be welcoming for consumers and family members. Thus the design is critical to a successful environment in which to operate a CSU.

After discussing that this project would be in stages with additional parts to be considered in the second round of MHSA planning in late May, stakeholders endorsed proposing the use of $158,000 of Capital Facilities funding to begin the architectural design of this project

Innovation (INN)

The main goal of MHSA innovation projects is to learn from a new practice and see if it increases access and/or improves community services or collaboration to help transform communities.

A total of 9 time limited projects were funded for this component in FY12-13. They were developed through community planning input and reflect unmet needs. The projects operating during FY 2012-2013 were as follows:

- INN-02 - Arts for Freedom
- INN-03 - Beth and Joanna-Friends in Recovery
- INN-04 - Building Connections for Troubled Youth
- INN-05 - Choose Civility Learning Project
- INN-06 - Connecting Youth to Social Supports
- INN-07 - Families in the Park
- INN-08 - Integration Innovations
- INN-09 - Promoting Community Wellness through Nature
- INN-10 - Revolution Project

Program Budget

FY 2012-13 Actual	FY 2013-2014 Budgeted	FY 2014-15 Projected	FY 2015-16 Projected	FY 2016-17 Projected
$854,384	$1,512,763	$1,269,801	$707,944	$51,774

Highlights

From community empowerment to mentorship, the nine innovation projects provided a wide variety of activities but all with the same goal: to make life better for those suffering from mental illness and to help their families. Peer to peer mentoring was a common thread of the programs along with important life changing linkages to services and support.

The creative Arts for Freedom project, for example, attracted more than 5,000 people to participate in activities designed to reduce the stigma of mental illness. Other programs focused on services for youth and activities to address environmental and social barriers and increase protective factors in Stanislaus County neighborhoods. A unique program in schools highlighted civility and how to promote a school culture that impacts mental, behavioral, and emotional wellness for students.

Final Learning reports will be available from 6 of the 9 projects that will complete activities/services in FY13-14. The remaining 3 projects will complete in FY14-15.

Planning and preparation for a 3rd Round of Innovation Projects was conducted in FY12-13 and resulted in two new projects that began implementation in July 2013. The projects are the Stanislaus County Wisdom Transformation Initiative and Garden Gate Innovative Respite. Both will be reported in the next Annual Update that describes services/activities that occur in FY13-14.

Challenges

In the first 6-9 months, because of their newness and the urgency to move quickly on these short term demonstration projects, some programs faced challenges such as building community trust, hiring staff quickly and establishing needed infrastructure to conduct evaluation processes.

Others reported staff turnover and an assortment of unanticipated program/community issues as obstacles. Still, programs were able to overcome those barriers and fully implemented project activities and services designed to contribute to their respective communities.

Arts for Freedom (INN - 02)
Operated by Peer Recovery Arts Project

Arts for Freedom is a unique 3 year project operated by Peer Recovery Arts Project, a non profit organization in Stanislaus County. Through the use of artistic expression, its mission is to reduce the stigma of mental illness by highlighting what people *can* do rather than what they *cannot* do.

The project attracts artists from diverse cultures and ethnic groups who live with mental illness. It provides a creative outlet for peer-to-peer mentoring to help people help themselves as artists or musical entrepreneurs. The novel approach serves as a gateway to community based resources and referrals to increase the quality of services and produce better outcomes.

Arts for Freedom is located in a small multipurpose facility in downtown Modesto that serves as a free public art gallery, office, and community meeting space for consumers and family members.

Highlights

This project was one of nine community-based innovation projects begun in Stanislaus County in FY 11-12. This project was fully operational during FY12-13. Partnerships with the downtown business community continued and business owners looked to the Peer Recovery Art Project for volunteers to help with community events. The venue also became a hub for social networking to help participants connect to potential employers.

Challenges

Running a small business with minimal staff proved challenging. Worker's Compensation costs were higher than anticipated and the program is looking at other providers for coverage at a lesser cost. The need for infrastructure and program evaluation was still in development in FY 12-13.

Program Results	
• 5,034 individuals participated in Arts for Freedom activities • 188 volunteers participated in program activities • Served as lead partner in Second Harvest Food Bank annual fundraiser with participants painting 200 original, genuine bowls/artwork displayed and sold • Art classes offered to people of various ages • Project was highlighted on MHSA radio program broadcast across the state and featured in news segment on "Good Day Sacramento" television program	**How Much?**
• Project attracted 213 artists; 172 have exhibited work in the gallery • 81.3% of volunteers surveyed reported they were extremely satisfied with the experience and would recommend the project to others as a place to volunteer	**How Well?**
• Artists consigning their work through the gallery earned $1,950	**Is Anyone Better Off?**
How Lives are Changing	
• An 18 year old was referred by Alliance Worknet for a job at the Peer Recovery Art Project's gallery. It was her first job. She completed her three month trial period and received training in customer service. She helped form a youth leadership group and was hired as a "Welcoming Specialist" at the gallery. • "John R" was in a recovery treatment program when he volunteered at the gallery. His strong work ethic and positive attitude got the attention of a downtown sandwich store owner who hired John to work for him. *Among the comments from participants:* "I am happier and more relaxed and grounded now. I'm better able to deal with my stressors and I enjoy life to its fullest. All because I have peer support from some truly wonderful people."	

Beth & Joanna - Friends in Recovery (INN - 03)
Operated by National Alliance for Mental Illness

Operated by the National Alliance for Mental Illness (NAMI), the focus of this recovery program is to increase the quality of services and better outcomes for consumers of mental health services.

This 3 year project uses a model borrowed from other disciplines in which two individuals are paired in a mentor/mentee relationship. This project seeks to demonstrate that peer support can be effective when offered in the community and parallel to treatment as a short term mentor/mentee relationship.

Two essential outcomes are at the center of this demonstration project: 1) that this mentoring approach enhances recovery in ways that can be documented, and 2) which elements of the program such as particular dimensions of the mentoring relationship, training, and support for the mentoring relationship, etc. made the difference and therefore should be sustained.

The project helps support county-wide transformation by connecting people receiving services to community-based supports.

Highlights

This project was one of nine community-based innovation projects begun in Stanislaus County in FY11-12. It was contracted and funded to begin November 15, 2011 and was fully operational during FY12-13. The program began with two mentors and now has a total of eight people dedicated to mentoring others. The program reached out to diverse communities through referrals from counselors and concerned family members. A total of 32 consumers were active participants in the program.

Challenges

Learning how to best measure the program was challenging. Some of it had to do with building trust with participants. It was decided that a participatory approach would work best. Some consumers were fearful of giving their personal information. It was only after 3 weeks of participation did consumers complete the program intake forms. Including those with severe illnesses was another challenge since some people's symptoms prevented them from leaving home or participating in group activities. Only after trust and friendships were established did mentors visit participants. In addition, NAMI kept the program criteria simple and activities flexible. Home visits, telephone conversations, and engaging in healthy activities such as exercising were among the activities.

Program Results	
• 32 active participants in FY 12-13 • 29 of the 32 participants completed 6 months of mentoring and friendship activities • 29 participants completed surveys on their "Recovery Experience" • 12 consumers that completed 6 months of mentoring were interviewed. • 24 group activities were held over the six month time period	**How Much?**
• 24 of the 29 participants surveyed reported that the program was very helpful in improving their recovery experience and/or quality of life • 26 of the participants said the program was very helpful and contributed to relapse prevention	**How Well?**
Among the participant anecdotal comments… • "It's nice being able to call and the phone is answered by someone that wants to talk". • "Activities are mood lifting. They allow me do the normal things I used to do like go to a movie or attend a potluck. I now have someone that I can call and talk to." • "It's been helpful to have someone that has walked in my shoes." • "I've learned so much and look forward to start mentoring."	**Is Anyone Better Off?**

How Lives Are Changing
Jim was diagnosed with post acute withdrawal syndrome with mood swings, anxiety with panic attacks, and depression. He received treatment and was prescribed medication. He's participated in the program for 8 months. Meeting with his mentor twice a week, Jim has embraced his recovery efforts. And with his mentor as a guide, Jim is in the process of becoming a volunteer Patient Advocate. He's been doing advocacy work for two months and helps with support group activities. He says the program empowered him to "do the right thing" and do good by helping people."

Building Connections for Troubled Youth (INN - 04)
Operated by Ceres Partnership for Health Children/Center for Human Services

Operated by the Ceres Partnership for Healthy Children Family Resource Center (FRC) and the Center for Human Services (CHS) the focus of the 2 year project is to increase the quality of services for troubled youth and create better outcomes for them.

To do that, the project uses a community based family resource center mentoring program that integrates school, community, and family support systems to increase developmental assets in troubled youth ages 7-11 years of age. There's also a focus on interagency collaboration to increase quality of services and better outcomes.

This project seeks to learn and demonstrate new approaches to supporting families with pre-adolescent aged youth who are experiencing behavioral struggles are at risk for higher incidences of involvement in substance abuse and other health/mental health compromising risk behaviors but not necessarily able to access the traditional mental health service system – nor do they necessarily need it.

Using a mentor model, the FRC takes the lead and coordinates project activities. The FRC reaches out to school administrators to help identify at-risk youth, share the use of school facilities and provide teacher and/or administrator staff time to participate in the program. Local business partners provide incentives and services to participating children and families.

Highlights

This unique project is implemented by an FRC that is a widely known and deeply trusted resource in the Ceres community. As implementation began in November 2012, school presentations were welcomed and the project adopted the name, "Youth Guide Program".

Community agency partners received project information to assist with youth and family referrals. Among the partners: Ceres Unified School District, Ceres Fire Department, Ceres Police Department, Center for Human Services, and Sierra Vista Child and Family Services. A total of 18 youth graduated from the program.

The project was fully operational during FY 12-13 and data collection tools were refined and utilized.

Challenges

- Room availability at school sites was limited
- Scheduling of sessions was challenging for participants and program mentor
- Parents in the program wanted a "quick fix" to solve their child's behavior problems/focus was on taking small steps toward positive progress

Program Results	
• 18 youth graduated from the program • 7 families (unduplicated) were assessed/6 of those families received services for three months or more • 49 family members received parent education and/or case management services	**How Much?**
• The average length of mentoring was 3.6 months. • Parents commented on how program helped them better interact with their children. • Teachers and administrators noted significant progress in behavior in the school setting	**How Well?**
• Of the 18 youth in the program, 6 showed no disciplinary actions after two months of mentor intervention • Participants displayed increased knowledge of social and communication skills. • Parents increased parenting skills.	**Is Anyone Better Off?**
How Lives Are Changing	
"C" is a nine year old girl with three siblings whom lives in a single parent home. She lacked social and behavioral skills. The mentor worked with her one-on-one and provided positive reinforcement and behavior modeling. After a series of sessions, she began to change and her communication skills improved. Trips to the principal's office for behavior problems disappeared. She graduated from the program and has not had any incidents at school.	

INN – Choose Civility Learning Project (INN - 05)
Operated by Center for Human Services in partnership with Keyes Unified School District

Operated by the Center for Human Services (CHS), the focus of this two year project is to build capacity to promote school culture towards civility and positive interactions that impact mental, behavioral and emotional wellness for students, teachers, and school staff. The program is being implemented in the Keyes Union School District on the campuses of Keyes Elementary and Barbara Spratling Middle School.

Among the activities were school assemblies, staff trainings, and student "challenges" where acts of kindness were creatively represented using a paper chain.

Highlights

CHS staff facilitated a civility kick-off day for district staff that consisted of teambuilding exercises and other training activities designed to change the school culture. More than 80 district staff members attended the event. Students participated in interactive assemblies to teach help kindness and civility.

The superintendent initiated a district-wide study of the book, "Mindset - The New Psychology of Success". The book focuses on how to approach conflict. Concepts of the book were taught in class and students created posters to reinforce the concepts. Middle school students also participated in the "Civility Chain Reaction" project where acts of kindness were displayed using a paper chain that stretched a mile long. The project was fully operational in FY 12-13.

Challenges

The program experienced some staff turnover.

Program Results	
• 6 district staff members and 1 from CHS attended a "Turn Around Schools" conference • 85 district staff attended a CHS facilitated "Back to School Kick-off" day that included civility teambuilding and other training • Students attended 2 assemblies aimed at teaching kindness and civility • Civility presentations were held in school classrooms and at school parent meetings • 9 elementary school students were recognized for demonstrating exemplary civility	**How Much?**
• School staff members learned strategies to implement civility in their classrooms • School staff were provided with curriculum to teach civility concepts	**How Well?**
• School staff reported that trainings helped them build better learning relationships with students	**Is Anyone Better Off?**
How Lives are Changing	
A teacher started a paper chain in which students could write statement of kindness to another student e.g. "David is friendly to me". The paper makes a link in the chain and as students add links the chain grows. As the chain grew the teacher reported it as a successful practice that could continue and parents were able to view samples of the project at Back to School Night. The "Chain of Kindness" serves as a reminder to all that choosing civility and kindness is possible.	

INN - Connecting Youth to Social Supports (INN – 06)
Operated by Sierra Vista Child and Family Services

Connecting Youth to Community Supports is a 2 year project operated by Sierra Vista Child and Family Services (SVCFS). Its focus is to improve the quality of mental health services for youth by connecting them to community based activities to help reduce the length of time and intensity of their treatment.

Youth who are currently receiving services at communitywide Family Resource Centers are recruited to participate. Mental Health Clinicians assist youth in identifying activities they may be interested in and passionate about. The clinician monitors their progress toward recovery.

By linking people to community based support and services, the project is helping to transform communities using this holistic approach to well-being.

Highlights

A total of 115 active youth clients participated in the program. A number of clients with serious mental health disorders reported an improvement in mental health functioning. Feedback from both parents and children indicate the greatest gains to be centered on self-esteem and confidence building. This in turn seems to have a positive impact on other aspects of a child's life, both in the family and in the community.

Sierra Vista engaged donors in a fundraiser called "Fund a Dream", to help with financial support for the program. A total of $7,372 has been utilized to help fund activities for youth. In addition, businesses and organizations offered low cost or no cost services. Youth interests were varied and included music, dance, bowling, horseback riding, sports (e.g. boxing, soccer and martial arts), arts and crafts, and fashion.

The project was fully operational during FY 12-13.

Challenges

Connecting Youth Project's challenges included the following:

- Identifying no cost or low cost activities
- Staff turnover at Sierra Vista
- Measuring program success using survey data

Program Results	
• 136 referrals were received • 1 fundraiser was conducted • 115 youth were screened into the program and connected with community activities • 20 community based organizations offered low or no cost activities for youth	**How Much?**
• 93% (69/74) surveyed reported satisfaction with the program	**How Well?**
• 78% (58/74) of surveyed caregivers indicated improvement in child's presenting symptoms as related to their participation in community activities • 83% (62/74) of surveyed caregivers reported improvements in child's behavior	**Is Anyone Better Off?**

How Lives Are Changing
"J" is 17 years old and was diagnosed with a psychotic disorder. He had been bullied as a teenager and had isolated himself from others. He was also aggressive and lacked confidence. He was enrolled in karate/kickboxing class and after two months his mom noticed a big change. He was more confident and more social around people. He's made new friends and his self-esteem has improved. Mom says her son has started to "smile" again.

INN - Families in the Park (INN - 07)
Operated by West Modesto King Kennedy Neighborhood Collaborative

The focus of the 3 year project is to increase access to underserved groups through an innovative approach that focuses on culturally specific ways to outreach to young African-American families who spend time in West Modesto's Mellis Park. It's estimated that more than half of young children in West Modesto are not ready for school and other data suggests one third of young children won't graduate from high school.

Operated by the West Modesto King Kennedy Neighborhood Collaborative (WMKKNC), the project provides socialization activities for children and families to encourage sharing and relationship building. Mental health problems that contribute to lack of success, and later in life, can be linked to lack of preparation for school, lack of effective parental support to attend school, and the lack of internal resources (developmental assets) during the school years. This program connects families to mental health services and school readiness preparation.

Highlights

This project was one of nine community-based innovation projects begun in Stanislaus County in FY11-12. The program uses the Developmental Assets curriculum approach to create a foundation for success. Among the 40 key areas are family support, positive family communication, self-regulation, safety, and self-esteem. A total of 19 families and 21 children participated in the program in FY 12-13. The project was fully operational during FY12-13.

Challenges

The program first started with an initial group of 6 families and 10 children. It expanded to 9 families by mid-summer of 2012. But then the group size dropped as children enrolled in either kindergarten or pre-school. The program was then modified with a focus on enrolling 2 to 4 years olds ensuring that children would be in the program a minimum of 8 months even if they entered kindergarten at age 5. Incentives were introduced to encourage enrollment and regular ongoing participation.

Program Results	
• 19 families and 21 children participated in the program • 24 program sessions of 2 hours each were held • 2 staff members attended a 2 day training in the 40 developmental assets	**How Much?**
• All staff at WMKKNC received training for the program • Children are assessed using Ages and Stages assessment tools	**How Well?**
Parents are caregivers said the program helped their children learn how to interact with other children. It also impacted their child's self-esteem and confidence. One mother stated that, after the program, she saw a big change in her child's behavior. Another remarked that the program helped her child to open up to other family members.	**Is Anyone Better Off?**

How Lives Are Changing

A child born with developmental delays participated in the program with her mother. At first, the child was shy and withdrawn and wouldn't leave her mother's side. There was no interaction with other children or the facilitators. The mother was persistent and diligent about attending the program activities which included story time and flash cards.

Little by little, staff began to see small changes in the child's social behavior. As the child's confidence grew, the child began to sit with other children and participate in learning games and activities. At the last meeting, the child stood up in front of the other children and parents to tell a story about a giraffe she had made in arts and crafts. It was a complete transformation.

INN - Integration Innovations (INN - 08)
Operated by Stanislaus County Health Services Agency in partnership with NAMI and WMKKNC

Operated by the Stanislaus County Health Services Agency (HSA), this project focuses on improving health and mental health outcomes for adults with mental illness and diabetes. Participants includes adults (18-54) and older adults (55+) from diverse cultures and ethnicities who receive medical and psychiatric care in a primary care setting.

This population is considered "medically high risk" and includes uninsured and underinsured individuals. The program provides peer support called "Savvy Self-Care", something not currently included in primary care service delivery. In addition, the program provides participants who struggle with mental illness and/or substance abuse with community based supports and wellness activities.

Highlights

Two cycles of "Savvy Self-Care" were conducted in FY 2012-13 – one in Fall 2012 and the other in Spring 2013. A total of 37 patients from the HSA Paradise Medical Office in West Modesto were screened and met criteria for the program.

Of the 37, 17 participants graduated from the program. Two faculty physicians were involved in conducting the sessions and supervised doctors from the residency program in performing "mini medical checkups." More than 20 residents participated in the first two cycles. Pre and post testing of participants was conducted by the Program Coordinator and an Evaluator to measure health and mental health outcomes.

The project was fully operational during FY 12-13 and data collection tools were refined and utilized.

Challenges

The biggest challenge has been the recruitment and retention of potential program participants once they have been identified. Program staff reached out to clinic doctors for referrals. Out of 367 identified patients, only 37 could be assessed. The others didn't qualify or weren't interested. Of these, only 21 started the program while 17 graduated.

Another challenge is program staffing. A 20 hour a week coordinator position has not been filled. A psychology intern has been serving as Coordinator but could only contribute 8 hours a week. As a result, fewer therapy and case management services were provided. Participants did received considerable social support in group sessions from program liaisons and volunteers.

Program Results	
• 17 adults, 8 of them (47%) were 55 year of age or older were served in the program during FY 2012 – 2013. • 198 "mini medical check-ups" were performed • 24 - 90 minute educational sessions were conducted on topics such as goal-setting, managing diabetes, coping with emotions, and managing stress • 140 hours of volunteers/liaison time was spent supporting participants	**How Much?**
• Each graduating participant spent 3 months in the program • One participant returned to volunteer in the second program cycle • Caucasians made up less than half (41.7%) of participants. African Americans were 17.6%; Asian Americans 5.6%; and Hispanics 23.5%. The data suggests the program was successful in reaching underserved populations.	**How Well?**
• Participants were uniformly positive in their feedback crediting the following components that impacted changes in their lives: educational sessions, group activities, individual counseling, and peer support. • Positive outcomes were observed in reducing symptoms of anxiety and depression. • Of the 16 respondents who completed a post program survey, 15 reported improvement in self-management of diabetes; 13 reported improvement in mental health, 2 reported "some" improvement. The most frequently mentioned behavioral changes were eating better, taking medications as prescribed, exercising more, checking blood sugar more regularly, and reducing stress.	**Is Anyone Better Off?**

How Lives Are Changing

"Calvin" was laid off after 30 years on the job just shy of eligibility for a full pension, something he says "really crushed his spirit." Physically, the 56 year old single father of 3 grown children suffered another blow when he collapsed and was diagnosed with Type II diabetes.

He was fighting depression and now, high blood pressure, high cholesterol, and diabetes. Participating in "Savvy Self-Care" showed him how to take care of himself and, most importantly, how to eat properly and shop for the right foods. He learned to read food labels and understand the value of good nutrition and self worth. He has lost 20 pounds and volunteers at a West Modesto resource center help inspire others to eat healthy.

INN – Promoting Community Wellness through Nature (INN - 09)
Operated by Tuolumne River Trust

Operated by the Tuolumne River Trust (TRT), the 2 year project uses a unique community based approach to address wellness issues in the Airport Neighborhood. A series of community driven and resident led activities were used to bring children and families outdoors in nature.

The activities address environmental and social barriers to mental wellness in the neighborhood on 3 levels:

- Individual – strengthening developmental assets in children
- Family – strengthening leadership skills and social competency
- Community – increasing resident engagement and community connectedness

The project has a mission to learn what methods change a community's attitude toward and connection with its natural and urban environments and embrace the important role nature has in the overall increase in health and vitality of its residents. It also connects people to community based mental health resources.

Highlights

TRT was contracted and funded to begin Promoting Community Wellness through Nature- and Neighborhood-Driven Therapies Project on November 15, 2011. It was one of nine community-based innovation projects begun in Stanislaus County. The project was fully operational during FY 12-13 and data collection tools were refined and utilized.

The Community program known as Charlas Communitarias (Community Chats) helped solidify a core group of 15 community leaders to take action in their neighborhood. They were primarily Hispanic women between the ages of 25 – 35 who were either stay at home moms or seasonal workers. The group met with city and county leaders to address key issues related to neighborhood safety and community wellness.

The youth program included outdoor activities to engage young people to visit parks and family summer camps to increase their comfort level, skills and interest in the outdoors. They included "Get Up and Go (GUNG) afterschool program, the Tuolumne River Adventure Club (TRAC) and Family Summer Camp. The goal of the activities was to strengthen adult/youth relationships among families.

Challenges

While a core group of 15 people has been established, expanding program participation beyond that number has proved challenging. And gender diversity is low as most of the participants are women. Another challenge is the fluidity of the community with transient families moving in and out of the neighborhood.
There were also attendance issues. Since Hispanic families tend to operate as a unit, if a child got sick, their siblings and other family members wouldn't attend youth activities. Use of the Airport Neighborhood Community Center for activities was delayed with TRT moving into its office space in July 2013.

Program Results	
• 5 special family events were held with more than 500 residents participating • 35 youth participated in the Family Summer Camp • 15 youth participated in weekly meetings and monthly field trips as part of the TRAC program • 30 youth participated in the GUNG afterschool program • 40 youth participated in the community-supported soccer program • Bi-weekly chats and Zumba classes were held at the Community Center • 4 "Fun Friday's at the River" were held	**How Much?**
• Verbal responses from group members suggest these experiences are helping to build community engagement and unity • Staff and volunteers report observing improvements in youth behavior	**How Well?**
• Through the group's efforts, a lighting ordinance was passed in the Airport Neighborhood, sidewalks have been added on a section of Empire Avenue, and there are more county animal control patrols in the area. • Leadership groups have gained confidence in their ability to organize and address issues of concern.	**Is Anyone Better Off?**

How Lives Are Changing

"Brian" was very shy when he first attended Summer Camp with his mother and older brother. By the end of camp, he was much more independent and engaged. He was on the heavy side and didn't want to participate in activities. But by the second week, he was participating more and pushing himself physically during hikes instead of walking with his mother like he did when he first started camp.

Brian's mother says her son has become more outgoing and sociable and that the transformation has been dramatic.

INN - Revolution Project (INN - 10)
Operated by Center for Human Services

The Revolution Project is operated by the Center for Human Services (CHS) and focused on promoting interagency and community collaboration.

Now in its second year, the project's aim is to engage business and community leaders to learn what it takes to resolve conflicts with youth from nearby schools and build partnerships to improve emotional health and mental well-being in the rural, underserved Westside community of Patterson.

Through strengthened relationships with community members, the youth leadership project is expected to help lower the incidence of substance abuse and other risk behaviors as well as increase youths' resilience, mental and emotional wellness, and academic success.

Highlights

This project was one of nine community-based innovation projects begun in Stanislaus County in FY11-12. Parents, spiritual leaders, and youth participated in Community Youth Café, a community group to learn about positive youth development and the role of the community in supporting them.

A Teen Center was established to provide youth access to mental health prevention, intervention, and treatment services. Teen center staff created a volunteer recruitment list for outreach events and recruited 100 community members to participate in youth activities. The project was fully operational during FY 12-13 and data collection tools were refined and utilized.

Challenges

Innovation presents a challenge, as a unique part of the Mental Health Services Act, to keep the focus on learning. Typically, in behavioral health programs, the focus is on services. Data collected by center staff in April and May 2013 were completed by 75 youth and 28 adults. Indicators of positive well-being declined 21% compared to baseline.

Environmental factors such as street shootings and violence during this time are believed to have contributed to the decline. The transition of the Teen Center property from the Center for Human Services to the city of Patterson created uncertainty among young people utilizing the venue.

Program Results	
• 370 youth (unduplicated count) participated at the Teen Center • 39 youth received daily tutoring and homework assistance • 107 youth participated in "Tuesday Teen Talks"	**How Much?**
• 93% (138) youth reported that (almost never) worry about gang activity when they are at the Teen Center • 96% (27) of parents reported that participating in this program is good for their child • 100% (28) of parents reported that the program staff makes sure all the kids feel like they belong.	**How Well?**
• Data was collected by Teen Center staff in April and May 2013 (75 youth and 28 adults) Responses from youth who attended the Teen Center two or more times a week indicated more optimism about the future (72.4%) and more capacity to think clearly (59.4%) compared to youth who attended less frequently. The analysis suggests that participation at the Teen Center is associated with more positive mental health.	**Is Anyone Better Off?**

How Lives Are Changing
"D" is a 13 year old girl who was bullied in elementary and middle school. She states that since she started coming to the Teen Center, she's found a shelter and a place where she can be herself. She loves to sing and placed second in the Teen Center's first ever talent show. She has also participated in her school's student board, as well as serving on the Teen Center Youth Action Commission. The high school student stands up against bullying, and together with fellow officers on the Commission, she hopes to initiate an anti bullying event in her community.

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

Behavioral Health and Recovery Services

Mental Health Services Act
Three-Year Program and Expenditure Plan
Annual Update FY2014-2015

Stanislaus County Board of Supervisors
June 17, 2014

There is no power greater than a community discovering what it cares about.

Margaret Wheatley

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

- An annual update is required which includes a report of services delivered in the most recent full year of data available (FY2012/2013) and a forecast of services for the upcoming year (FY2014/2015)

Background

- Updates include highlights, challenges, and how lives have changed
- Proposed changes are described for the coming fiscal year, including a summary proposed budget
- As required by regulation, annual updates are subject to a 30-day public review and a public hearing that is convened by the Mental Health Board

Background

- After the hearing, any substantive comments are incorporated into the document with a response
- This year, as required, a 30-day review period occurred from 4/23/14 to 5/22/14

Background

- A Public Hearing was held on May 22, 2014
- No substantive comments were received during the review period or the Public Hearing

Background

- All 3-year plans and annual updates must be adopted by the County Board of Supervisors

- Once adopted by the Board, the Annual Update can be submitted to the Mental Health Services Oversight and Accountability Commission and the Department of Health Care Services

Local Stakeholder Process

- Stanislaus County is known throughout the state for our inclusive stakeholder process and our willingness to accept and incorporate stakeholder input

Who Are Our Stakeholders

- Required by regulation:
  - Consumers and family members
  - Providers of mental health and/or related services such as physical health, social services
  - Educators
  - Law enforcement
  - Other organizations representing the interests of consumers

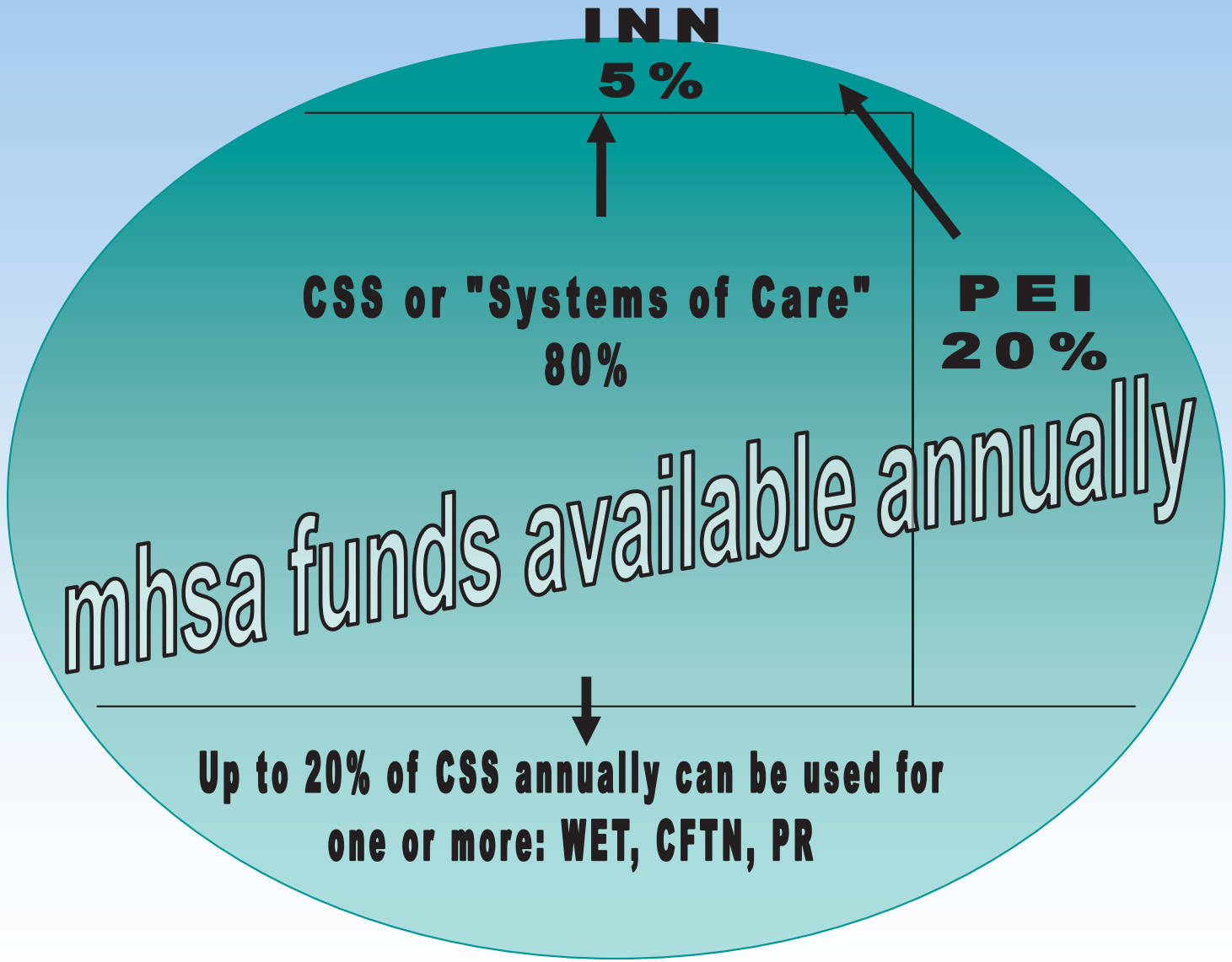
Who Are Our Stakeholders

- In addition, we have always included:
  - Other county departments that may have contact with consumers and family members
  - BHRS Staff
  - Chief Executive Office
  - Courts
  - Faith-based Communities

Who Are Our Stakeholders

- Mental Health Board Members
- Labor Organizations
- Representatives from diverse, underserved communities throughout the county

MHSA Funding



Annual Update

- This Annual Update report:
  - is more streamlined
  - has graphics
  - highlights our commitment to Results-Based Accountability
  - **includes narratives showing how lives have changed**

Annual Update Highlights

- **What is Results-Based Accountability (RBA)?**
  - A way to evaluate effort and progress
  - Shows how conditions of well-being for participants are being created
  - Answers three questions:
    - How much did we do?
    - How well did we do it?
    - Is anyone better off?

Annual Update Highlights

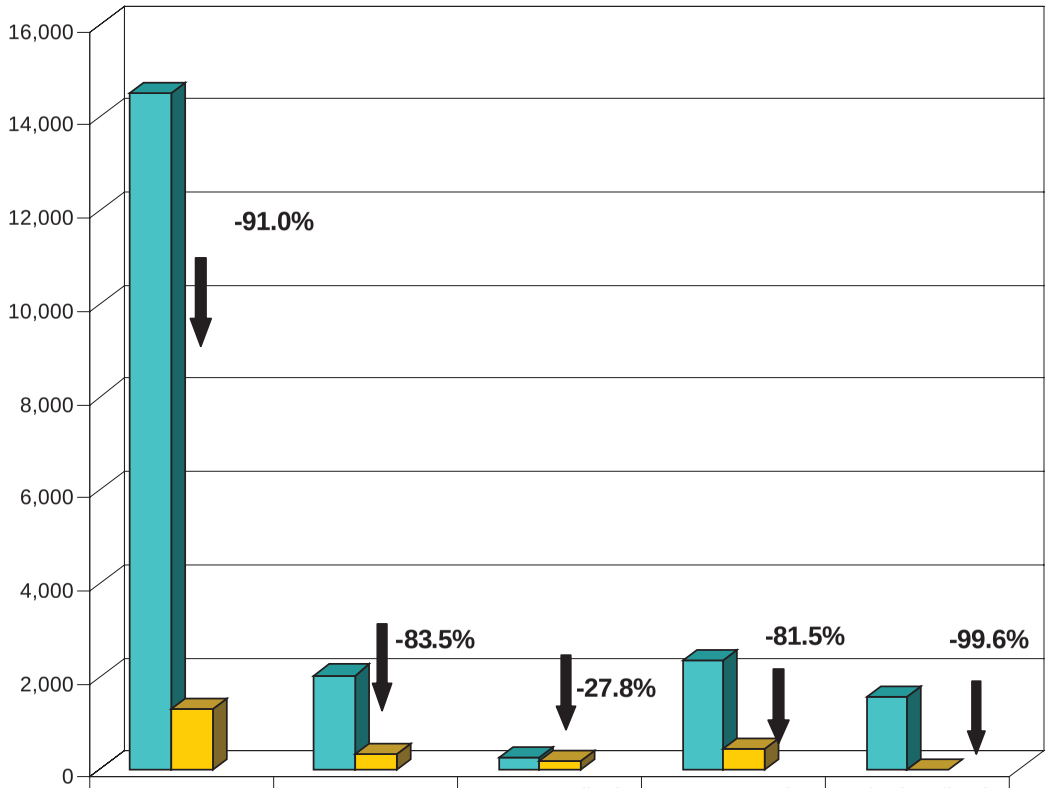
- RBA efforts started with MHSA-funded PEI programs and one CSS program
- This year, we extended RBA to other programs
- Our intent is to have all programs, including county-operated, participate in RBA

Annual Update Highlights

- Community Services and Supports (CSS) have been in place beginning FY2005/2006
- CSS - Full Service Partnerships (FSPs) are part of this MHSA component
- FSPs provide very intensive services to individuals of all ages who have serious mental illness and serious emotional disturbance

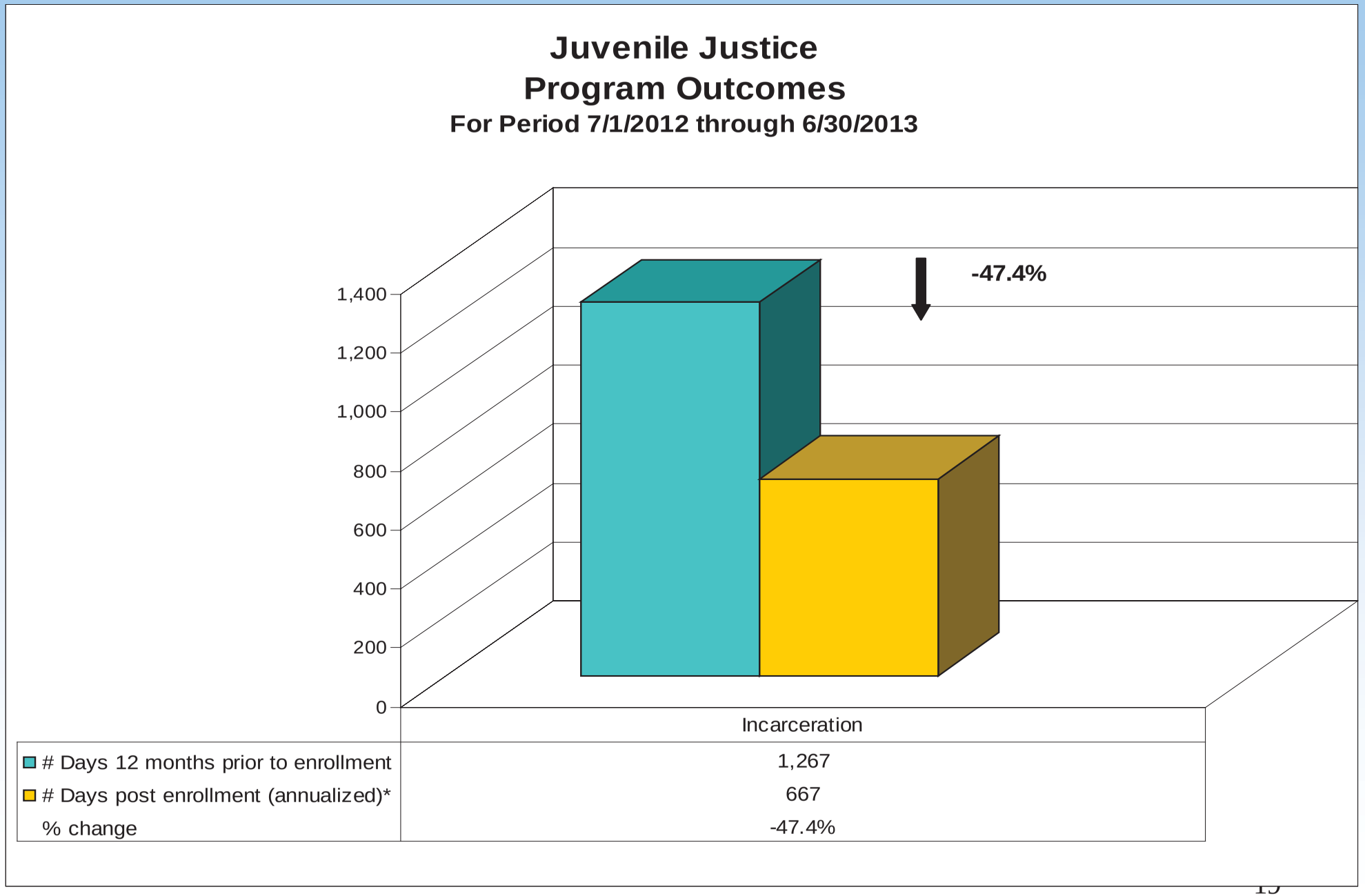
FSP Outcomes

SHOP, Partnership TRAC, and Josie's TRAC
Program Outcomes
For Period 7/1/2012 through 6/30/2013



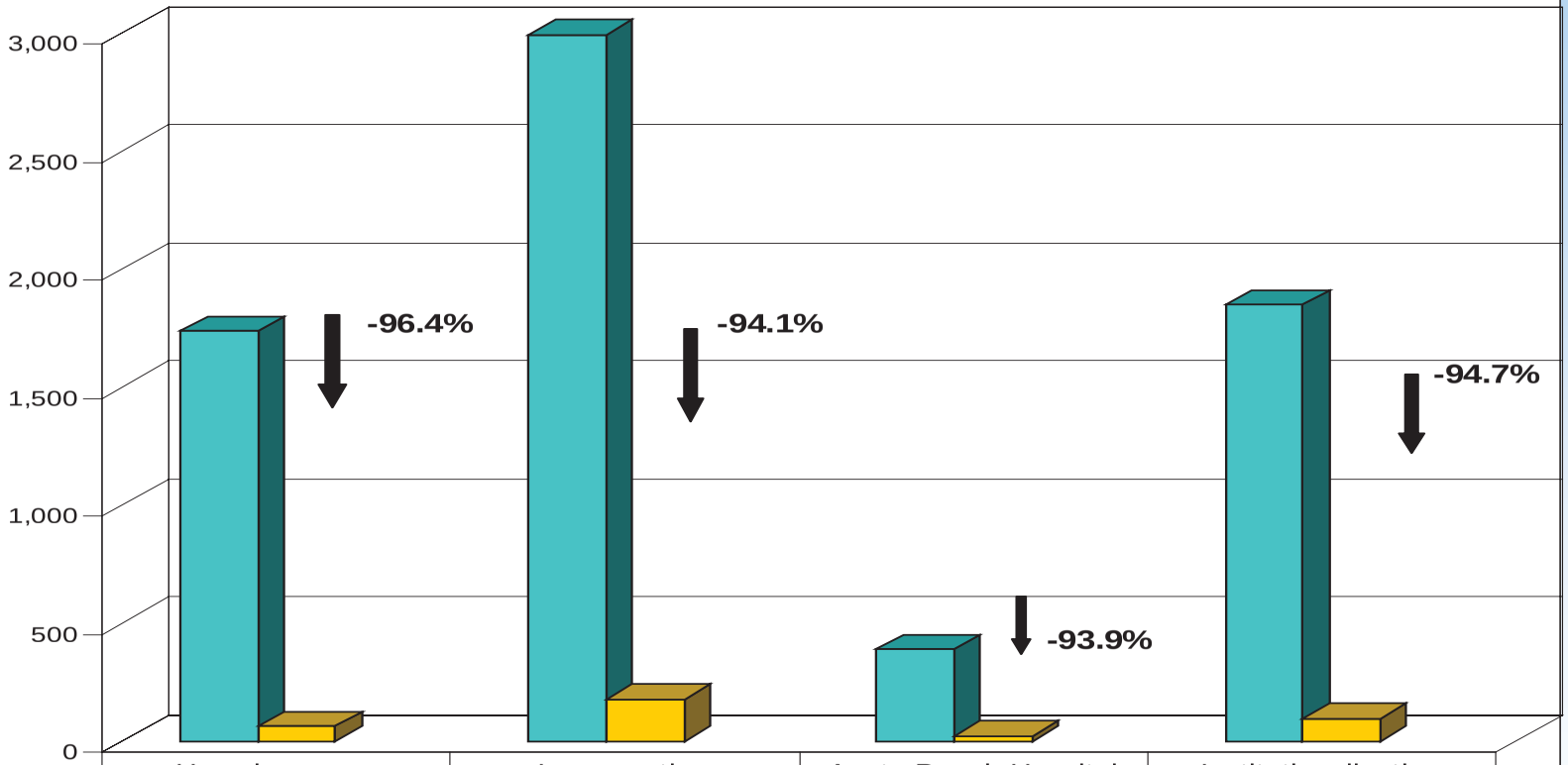
	Homelessness	Incarceration	Acute Medical Hospital	Acute Psych Hospital	Institutionalization
# Days 12 months prior to enrollment	14,504	2,026	261	2,324	1,552
# Days post enrollment (annualized)*	1,299	335	189	429	6
% change	-91.0%	-83.5%	-27.8%	-81.5%	-99.6%

FSP Outcomes



FSP Outcomes

Integrated Forensic Team
Program Outcomes
For Period 7/1/2012 through 6/30/2013

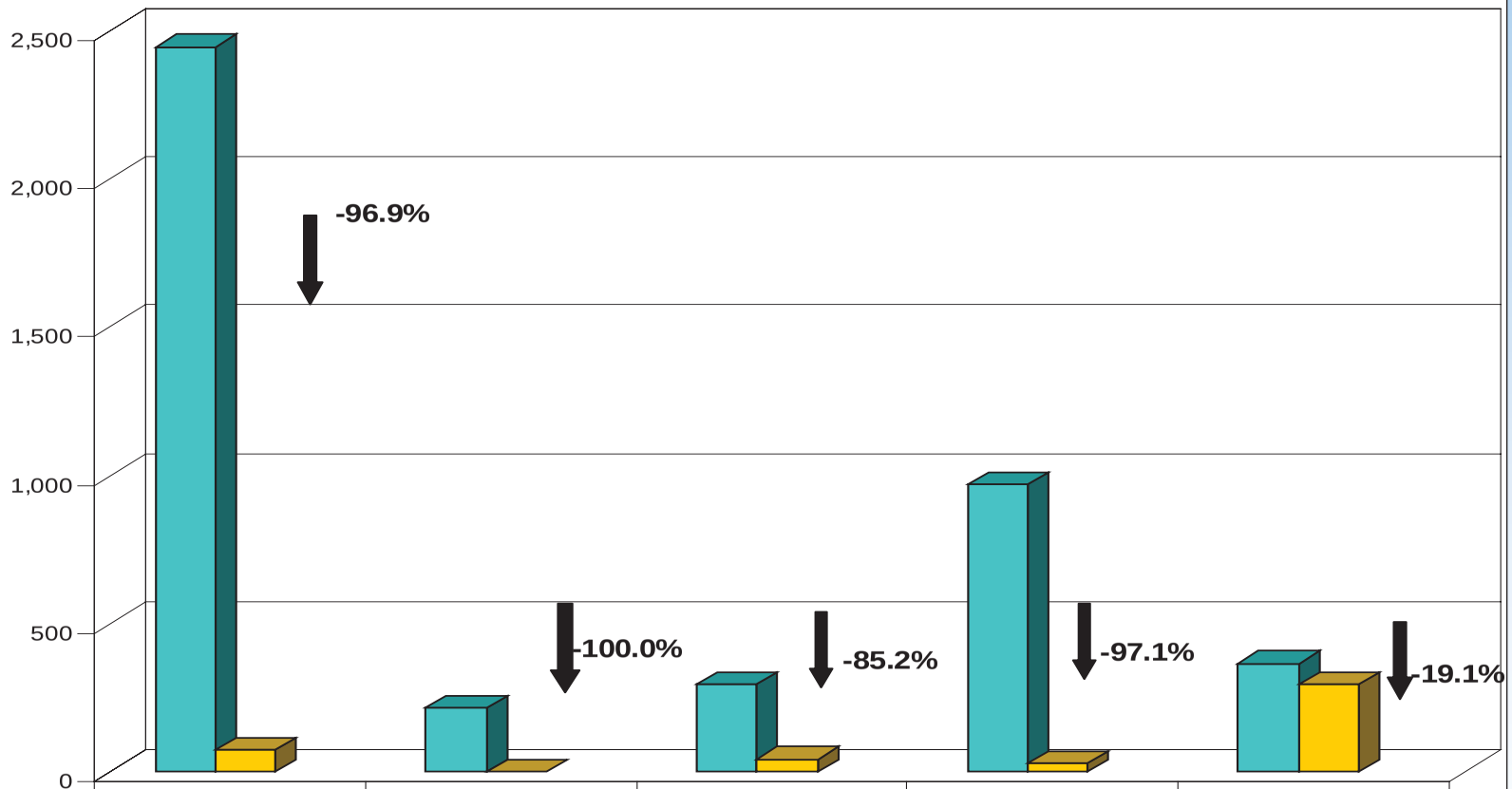


	Homelessness	Incarceration	Acute Psych Hospital	Institutionalization
# Days 12 months prior to enrollment	1,736	2,991	389	1,849
# Days post enrollment (annualized)*	62	176	24	98
	-96.4%	-94.1%	-93.9%	-94.7%

FSP Outcomes

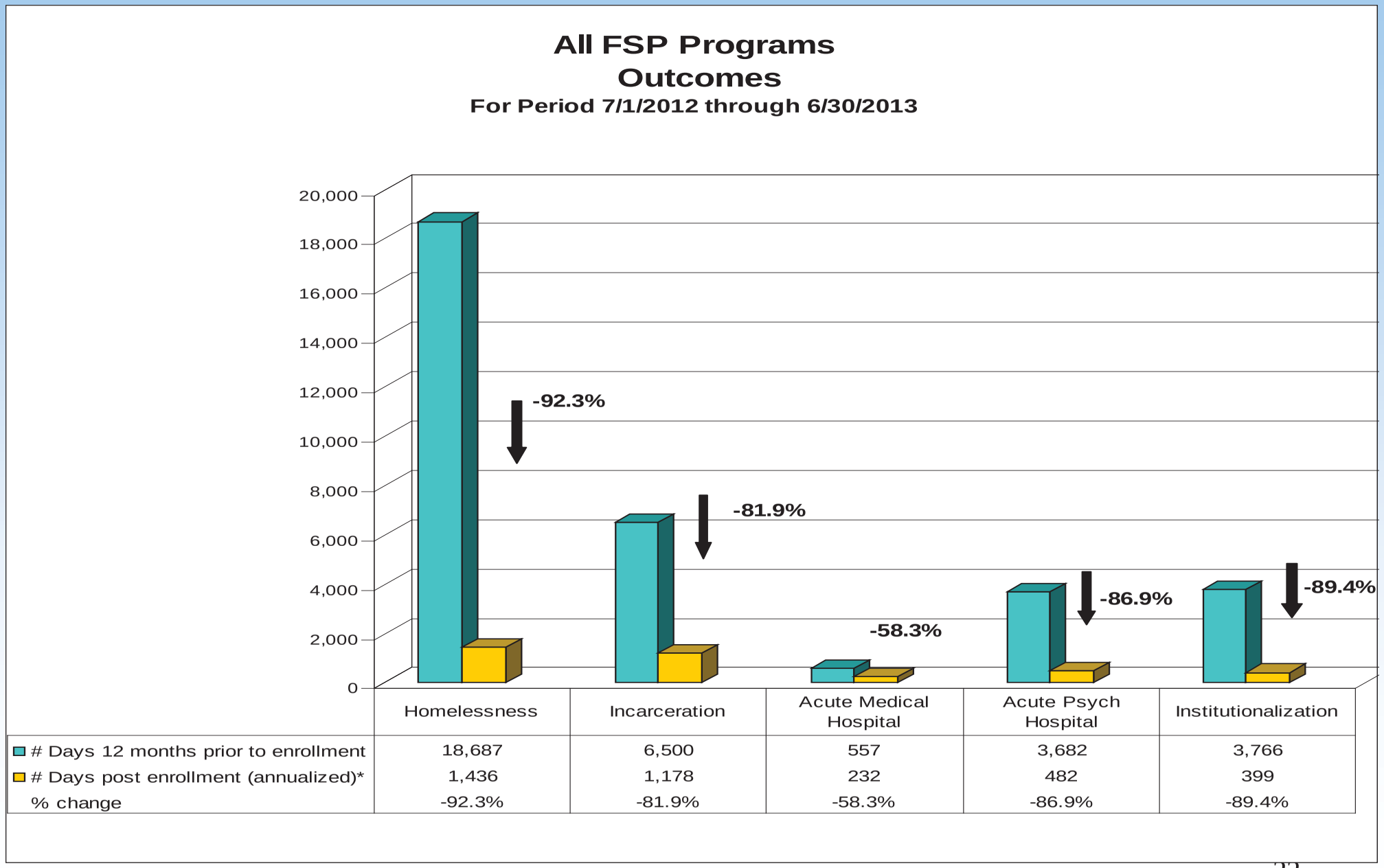
High Risk Health and Senior Acess Program Outcomes

For Period 7/1/2012 through 6/30/2013



	Homelessness	Incarceration	Acute Medical Hospital	Acute Psych Hospital	Institutionalization
# Days 12 months prior to enrollment	2,447	216	296	969	365
# Days post enrollment (annualized)*	75	0	44	29	295
% change	-96.9%	-100.0%	-85.2%	-97.1%	-19.1%

FSP Outcomes



	Homelessness	Incarceration	Acute Medical Hospital	Acute Psych Hospital	Institutionalization
# Days 12 months prior to enrollment	18,687	6,500	557	3,682	3,766
# Days post enrollment (annualized)*	1,436	1,178	232	482	399
% change	-92.3%	-81.9%	-58.3%	-86.9%	-89.4%

FSP Outcomes

SHOP, Partnership TRAC, and Josie's TRAC		
	Incarceration	Acute Psych Hospital
Difference between # of days prior to enrollment and # of days post enrollment (annualized)	1,691	1,895
Average daily rate	$101.57	$921

Based only on current ('12-'13) average daily costs and annualized outcome data:

- Number of incarceration days avoided was **1,691**, for a total estimated cost of $**171,755**
- Number of hospital days avoided was **1,895**, for a total estimated cost of $**1,745,295**

FSP Outcomes

SHOP, Partnership TRAC, and Josie's TRAC		
	IMD	State Hospital
Difference between # of days prior to enrollment and # of days post enrollment (annualized)	29	1,517
Average daily rate	$103.75	$666.32

Based only on current ('12-'13) average daily costs and annualized outcome data:

- Number of IMD days avoided was **29**, for a total estimated cost of **$3,009**
- Number of State Hospital days avoided was **1,517**, for a total estimated cost of **$1,010,807**

FSP Outcomes

Juvenile Justice	
	Incarceration
Difference between # of days prior to enrollment and # of days post enrollment (annualized)	600
Average daily rate	$250.00

Based only on current (’12-’13) average daily costs and annualized outcome data:

- Number of incarceration days avoided was **600**, for a total estimated cost of $**159,000**

FSP Outcomes

Integrated Forensic Team		
	Incarceration	Acute Psych Hospital
Difference between # of days prior to enrollment and # of days post enrollment	2,815	365
Average Daily Rate	$101.57	$921

Based only on current (’12-’13) average daily costs and annualized outcome data:

- Number of incarceration days avoided was **2,815**, for a total estimated cost of $**285,920**
- Number of hospital days avoided was **365**, for a total estimated cost of $**336,165**

FSP Outcomes

Integrated Forensic Team		
	IMD	State Hospital
Difference between # of days prior to enrollment and # of days post enrollment	**Increase** of 7 days	1,758
Average Daily Rate	$103.75	$1,171,391

Based only on current (’12-’13) average daily costs and annualized outcome data:

- Number of IMD days increased by **7**, for a total estimated cost of **$726**
- Number of State Hospital days avoided was **1,758**, for a total estimated cost of **$1,171,391**

FSP Outcomes

High Risk Health and Senior Access		
	Incarceration	Acute Psych Hospital
Difference between # of days prior to enrollment and # of days post enrollment	216	940
Average Daily Rate	$101.57	$921

Based only on current (’12-’13) average daily costs and annualized outcome data:

- Number of incarceration days avoided was **216**, for a total estimated cost of $**21,939**
- Number of hospital days avoided was **940**, for a total estimated cost of $**865,740**

FSP Outcomes

High Risk Health and Senior Access		
	IMD	State Hospital
Difference between # of days prior to enrollment and # of days post enrollment	70	0
Average Daily Rate	$103.75	$666.32

Based only on current (’12-’13) average daily costs and annualized outcome data:

- Number of IMD days avoided was **70**, for a total estimated cost of **$7,263**
- There were no prior or post State Hospital days for this program during this time period

FSP Outcomes

All FSP Programs		
	Incarceration	Acute Psych Hospital
Difference between # of days prior to enrollment and # of days post enrollment	5,322	3,200
Average Daily Rate	$101.57	$921

Based only on current (’12-’13) average daily costs and annualized outcome data:

- Number of incarceration days avoided was **5,322**, for a total estimated cost of $**638,614**
- Number of hospital days avoided was **3,200**, for a total estimated cost of $**2,947,200**

FSP Outcomes

All FSP Programs		
	IMD	State Hospital
Difference between # of days prior to enrollment and # of days post enrollment	92	3,275
Average Daily Rate	$103.75	$666.32

Based only on current (’12-’13) average daily costs and annualized outcome data:

- Number of IMD days avoided was **92**, for a total estimated cost of **$9,545**
- Number of State Hospital days avoided was **3,275**, for a total estimated cost of **$2,182,198**

Proposed CSS Expansions

- **Stanislaus Homeless Outreach Program – Transition TRAC**
  - Focus on discharges from the new Psychiatric Health Facility
  - Provide intensive aftercare services to avoid readmissions
  - Success has been documented by the decrease in readmissions
  - $230,000

Proposed CSS Expansions

- **Community Emergency Response Team/ Warm Line – Peer Navigator/Support**
  - Using individuals and family members with lived experience
  - Growing trend
  - Station in various locations to provide outreach and engagement
  - Identify individuals needing help early to avoid a crisis
  - Ensure engagement with aftercare referrals
  - $167,000

Other MHSA Components

- **Prevention and Early Intervention**
  - Provides opportunities to intervene early ("help first") rather than letting individuals "fail first"
  - Can have immediate and long-term positive outcomes in otherwise debilitating conditions and reduce long-term costs
  - Develop protective factors

Other MHSA Components

- **Prevention and Early Intervention**
  - Research shows that prevention is effective in reducing health care costs
  - Part of federal standards for a “good and modern addictions & mental health service system”
  - Reflects local priorities

Other MHSA Components

- **Prevention and Early Intervention**
  - Promotores model is being adopted by a local private health group
  - Faith-based partners are increasing
  - Youth leaders are stepping up to reduce stigma and discrimination
  - Successful efforts to change school culture
  - Behavioral health services in primary care clinics

Proposed PEI Expansions

- **PEI/Statewide Campaign Projects**
  - Administered by CalMHSA - Joint Powers Authority
  - Significant impact locally
    - Student Mental Health Initiative
    - Suicide Prevention Efforts
    - Stigma and Discrimination Reduction
  - $232,931

Proposed PEI Expansions

- **Early Psychosis Intervention/LIFE Path**
  - Collaborative relationship with CSU, Stanislaus
  - Training to assist in identifying the early signs of psychosis
  - Significantly decreases untoward effects of serious mental illness
  - $125,000

Proposed PEI Expansions

- **Health-Behavioral Health Integration**
  - Providing mental health interventions in primary care settings
  - Embed psychiatrists and mental health clinicians in these settings
  - Very successful in reaching underserved cultural communities
  - $125,000

Proposed PEI Expansions

- **School Behavioral Health Integration**
  - Expand Nurtured Heart Approach
  - Expand Creating Lasting Student Success
    - Best practice and evidence- and strength-based approaches to changing school cultures
    - Provide crisis intervention as needed
  - Behavioral Health Consultation and Learning Coordinator
    - Provide targeted consultation and training in schools with high potential for adverse risk factors
  - $150,000

Other MHSA Components

- **Workforce Education and Training**
  - Addresses shortages in the workforce
  - Trains the existing workforce to incorporate MHSA values into practice
  - Identifies hard to fill positions

Other MHSA Components

- **Workforce Education and Training**
  - Develops career pathways for diverse populations and individuals with lived experience
  - One-time funding to be expended within ten years but can be augmented using some of the 20% of CSS funds

WE&T Augmentation/Restorations

- Add up to 22 stipends for students at CSU, Stanislaus
  - For Master's level students (MSW & MS)
  - For Bachelor of Arts students
- Any remaining funds may be used to offset some expenses for students at Modesto Junior College
- $200,000

Other MHSA Components

- **Technological Needs**
  - Electronic Health Record System
  - Consumer/Family Access to Computing Resources Project
  - Data Warehousing

Other MHSA Components

- **Technological Needs**
  - Document Imaging
  - One-time funding to be expended within ten years but can be augmented using some of the 20% of CSS funds

Technological Needs Augmentations

- **Enhancements for Electronic Health Record (EHR)**
  - Software Maintenance
  - Upgrades to the EHR
  - License fees
  - Other software expenses
- $200,000

Capital Facilities Project

- **Remodel a Wing of Stanislaus Recovery Center Residential Unit for a CSU**
  - Third goal of the Strategic Plan for 24/7 Secure Mental Health Services
  - Lower level of intensity Crisis Intervention Program (CIP) has been very successful
  - Will provide a welcoming place to stabilize a crisis
  - Expect that the ability to prescribe medications and monitor individuals should further enhance successful psychiatric hospital avoidance

Capital Facilities Project

- All of the original MHSA Technological Needs/Capital Facilities funds went to technological needs
- Funding for the project will be accessed as part of the 20% of CSS funds and other unallocated MHSA funds
- $158,000 for the design phase

Other MHSA Components

- **Innovation**
  - Projects that demonstrate ways to:
    - Increase access to underserved groups
    - **Increase the quality of services including better outcomes**
    - **Promote interagency collaboration**
    - Increase access to services

Other MHSA Components

- **Innovation**
  - By regulation, the primary focus is learning and contributing to practice – **not** service delivery
  - Innovation funds cannot be used to sustain projects once learning project is completed

Other MHSA Components

- **Innovation Projects – 02 to 10**
  - For the second round of projects, an extensive stakeholder-driven process occurred with community meetings to identify and prioritize opportunities for learning that would contribute to practice in the future

Other MHSA Components

- **Innovation Projects**
  - The opportunities for learning that were identified in these meetings became the basis for a Request for Proposal (RFP) process
  - Nine (9) new innovations projects were selected for two or three years of funding

Other MHSA Components

- **Innovation Projects**
  - Implementation began in FY2011-2012
  - Three (3) projects are still in progress
  - Six (6) others will have concluded by the end of this month.

Other MHSA Components

- **Innovation Projects 11 - 12**
  - Implementation began in FY2013 for two (2) additional projects described in the last Annual Update
  - These two projects will conclude in FY 2015-2016

Recommendations

1. Adopt the Fiscal Year 2014-2015 Mental Health Services Act (MHSA) Annual Plan Update and Three-Year Program and Expenditure Plan.

Recommendations

2. Authorize the Behavioral Health Director to sign and submit the Fiscal Year 2014-2015 MHSA Annual Plan Update and Three-Year Program and Expenditure Plan to the Mental Health Services Oversight and Accountability Commission (MHSOAC).

Recommendations

3. Authorize the Auditor-Controller to sign the Annual Plan and Three-Year Program and Expenditure Plan certifying that the fiscal requirements on the certification form have been met.
4. Authorize funding for California Mental Health Services Authority (CalMHSA) for Statewide Prevention and Early Intervention Programs in the amount of $232,931.

Recommendations

5. Authorize the Behavioral Health Director, or her designee, to sign the agreements discussed in this agenda item, and any amendments to add services and payment for services up to $75,000 per agreement, budget permitting, throughout Budget Year 2014-2015.

Questions

AGREEMENT

This Agreement is made and entered into in the City of Modesto, State of California, by and between the **County of Stanislaus**, through **Behavioral Health and Recovery Services**, hereinafter referred to as **"COUNTY"**, **and California State University, Stanislaus**, hereinafter referred to as **"UNIVERSITY"**, effective the date of the last signature, for and in consideration of the premises, and the mutual promises, covenants, and agreements as are hereinafter set forth.

WHEREAS, COUNTY recognizes there is a shortage of qualified ethnically diverse Master of Social Work staff to provide public mental health services in its Public Mental Health System.

WHEREAS, the passage of the statewide Mental Health Services Act (MHSA) included the need to address shortfall and provides funding for stipends.

WHEREAS, it is to the mutual benefit of the parties that students of the UNIVERSITY's MSW and Master of Science in Psychology programs complete their professional education and provide services within a County system or a contract agency.

NOW, THEREFORE, in consideration of the covenants, conditions, and stipulations hereinafter expressed and in consideration of the mutual benefits to be derived therefrom, the parties hereto agree as follows:

1. **PURPOSE**

The purpose of this Agreement is to specify the terms under which Stanislaus County Behavioral Health and Recovery Services (hereinafter referred to as "COUNTY") provides annual financial aid stipends to Master of Social Work students at California State University, Stanislaus (hereinafter referred to as "UNIVERSITY"). These stipends are directed toward the support of students who will prepare for careers in public mental health and who will commit to a period of such employment with the COUNTY or a contract agency that provides public mental health services at least equivalent to the period during which financial aid was received.

2. **RATIONALE**

2.1 County mental health agencies have put into place new systems of community-based services emphasizing managed care and psychosocial rehabilitation. County directors have identified the lack of appropriately trained and ethnically diverse MSW students as a major barrier to effective operation of these systems. In 1992, the County Mental Health Directors Association (CMHDA) and the California Social Work Education Committee (CalSWEC) launched an initiative to upgrade training of Masters Degree social workers for employment in county mental health systems. (CalSWEC is a coalition of the graduate schools of social work, county social services and mental health agencies, the State Department of Social Services, the California National Association of

Social Workers, and representatives of the non-profit sector.) Additionally, the passage of the statewide Mental Health Services Act (MHSA) addressed the shortage of qualified mental health clinical staff that provides services in this County's Public Mental Health System. All proposed education, training and workforce development programs and activities must contribute to developing and maintaining a culturally competent workforce, to include individuals with client and family member experience that are capable of providing client- and family-driven services that promote wellness, recovery, and resiliency, leading to measurable, values-driven outcomes. The MHSA Representative Stakeholder Steering Committee recommended as top priority that financial incentives be linked with an ongoing assessment of 'hard to fill or retain' positions by language, cultural requirements, consumer and/or family member lived experience, special skills or classifications. The intention of this Agreement is to assist in fulfill that mandate.

2.2 In 1993, CMHDA and CalSWEC mutually adopted a set of curriculum competencies designed to ensure appropriate preparation of graduates for service in the newly re-designed county mental health systems. In order to assure an adequate supply of well-trained, committed, and ethnically diverse MSW students for service in county mental health, it is important that students complete professional education without acquiring a substantial burden of debt. Recently, the availability of financial aid for students pursuing MSW training in child welfare has reduced the number of applicants to mental health specializations. Therefore, the provision of financial aid through educational stipends is a vital element of the CMHDA-CalSWEC and the MHSA initiative. Currently, there exists a statewide stipend for MSW students who are full time and in their 2nd year. Stanislaus County would like to augment this statewide arrangement with stipends for full time/part time first year and second year students. First year stipends would only apply to students currently in a public mental health placement.

This Agreement specifies one mechanism by which individual counties can support the education of MSW students who will become employees of mental health departments.

3. CONSIDERATION

UNIVERSITY shall invoice COUNTY a flat administrative fee of $7,500 for providing services related to these student stipends.

4. TERM

The Agreement shall commence July 1, 2014 and continue through June 30, 2015.

5. STUDENT STIPEND

5.1 Students shall be entitled to Student Stipends payable from COUNTY to the UNIVERSITY, in quarterly installments, up to and not to exceed a maximum of $100,000 per year. This sum shall be for up to ten (10) master's level students to be supported for the fiscal year 2014/15 based on agreed upon protocols. UNIVERSITY will provide the stipends to students, selected by UNIVERSITY as set forth below. The amount of stipend paid by UNIVERSITY to students shall be mutually agreed to between COUNTY and UNIVERSITY. The maximum amount of any one stipend will be $9250, Each participating student shall sign an agreement, a sample of which is attached (Attachment A), specifying educational and work obligations, and agreeing to full reimbursement of the stipend funds, should the obligations not be met. UNIVERSITY shall return reimbursed funds to COUNTY.

5.2 COUNTY reserves the right to select no student(s) for stipend support for the fiscal year 2014/2015.

6. SELECTION OF STIPEND RECIPIENTS

6.1 UNIVERSITY shall seek to enroll candidates for an MSW with career commitments to public behavioral health services. Stanislaus Workforce Education and Training Plan under the Mental Health Services Act identified mental health clinicians as a "hard to fill" or retain positions within the county public mental health service system. To the extent possible, under University and Council On Social Work Education rules, UNIVERSITY shall give priority in admissions to qualified applicants who are current non-MSW employees of COUNTY and members of minority ethnic groups under-represented among county employees (in relation to their representation in the client population).

6.2 UNIVERSITY shall propose qualified candidates for COUNTY supported stipend(s). Qualified candidates are admitted students with appropriate career objectives. COUNTY representatives shall review candidates and, together with UNIVERSITY, select recipients. Priority shall be given to students who meet the criteria of "hard to fill or retain" positions identified in the MHSA Workforce Education and Training needs assessment. Financial need may be considered in choosing among stipend candidates of equal priority status. COUNTY reserves the right to not make any selection of recipients, if it so chooses.

6.3 If UNIVERSITY has stipend agreements with multiple counties, it will form a stipend committee, consisting of representatives from each participating county and UNIVERSITY, to review and assign recipients. Should several counties

express interest in the same non-employee candidate, said student shall be given the choice of sponsoring county.

7. **RESPONSIBILITIES OF UNIVERSITY**

7.1 UNIVERSITY shall provide a specialized curriculum directed toward the competencies specified in the "California Mental Health Competency-based Curriculum." UNIVERSITY shall invite COUNTY to participate in an advisory capacity in the development of the curriculum.

7.2 UNIVERSITY shall ensure that stipend students complete the required curriculum and fieldwork, specified below, in the normal period of study, which is generally two (2) years or three (3) years.

7.3 UNIVERSITY shall assist COUNTY in developing and maintaining quality field placements. COUNTY's stipend recipients shall do their required academic year of field placement at COUNTY or a contract agency within the county providing public mental health services.

7.4 UNIVERSITY shall provide a copy of all Student Agreements completed to the BHRS Contract Manager, located at 800 Scenic Drive, Modesto, CA 95350.

8. **RESPONSIBILITIES OF COUNTY**

8.1 COUNTY shall participate in student selection, monitoring, and curriculum development process, and shall work with UNIVERSITY to develop quality field placements with MSW supervision.

8.2 In the case of a non-employee student sponsored by COUNTY, COUNTY and/or a contract agency that provides public mental health services within the county may hire the student upon graduation in a position appropriate to a new MSW. If no such position is offered within four months of graduation, County may release the graduate for employment with another California county department of mental health, as specified below, if the graduate obtains a qualified position.

8.3 COUNTY shall reimburse UNIVERSITY through the following funding sources: Mental Health Services Act; Workforce Education and Training.

9. **INDEMNIFICATION**

Neither party, nor any of its officers or employees, shall be responsible for any damage or liability occurring by reason of anything done or omitted to be done by the other party under or in connection with any work delegated to that party under this Agreement. The parties further agree, pursuant to Government Code section 895.4, that each party shall fully indemnify and hold harmless the other party and its agents, officers, employees and

contractors from and against all claims, damages, losses, judgments, liabilities, expenses and other costs, including litigation costs and attorney fees, arising out of, resulting from, or in connection with any work delegated to or action taken or omitted to be taken by such party under this Agreement.

10. RESPONSIBILITIES OF THE STUDENT

10.1 A stipend student agrees to participate in the required curriculum, complete required coursework and fieldwork within the normal period of study in an academic year, and satisfy the work requirements immediately upon graduation (see Agreement, Item 11.2 and Attachment A, item 2.5).

10.2 Each stipend student shall undergo fingerprinting and criminal clearance by COUNTY for the purpose of determining that the student does not have a record of felony or misdemeanor convictions which would disqualify the student from employment in a county.

10.3 Such disqualification shall also be a disqualification for this program.

11. MONITORING AND PAYBACK DECISIONS

UNIVERSITY shall monitor students' progress in meeting educational and employment requirements and report this to COUNTY on an annual basis. A committee, consisting of the Director of Behavioral Health and Recovery Services and the Dean/Director of UNIVERSITY, or their designees, shall determine appropriate actions should a student fail to make satisfactory progress toward completion of the requirements. Any requests for waivers, delays, or exceptions, to requirements must be approved by the Committee. Should the Committee members disagree, the Director of Behavioral Health and Recovery Services, as provider of the stipend, shall have final decision authority.

12. WORK REQUIREMENTS

12. 1 Upon graduation, the student shall perform one (1) year of continuous and satisfactory full-time paid employment in COUNTY or a non-profit contract agency that provides public mental health services within the county for each academic year of stipend support.

12.2 The student shall apply for and accept qualified employment in COUNTY or a contract agency that provides public mental health services within the county within four months of graduation.

12.3 If COUNTY cannot offer qualified paid employment, the graduate may apply for and accept any qualified paid position in another California county department of

mental health. The student shall render one year of continuous and satisfactory full-time paid employment for each academic year of stipend support.

12.4 If a graduate cannot obtain employment in COUNTY or a non-profit contract agency that provides public mental health services within the county within four months of graduation, the graduate may request permission from the Committee to accept employment at another California county department of mental health. The student shall render one year of continuous and satisfactory full-time paid employment for each academic year of stipend support.

12.5 If a graduate cannot obtain qualified employment in another non-profit contract agency of COUNTY that provides public mental health services or a California county department of mental health within one year of graduation, the student may request permission from the Committee to forego the work requirement and any payback of the stipend, and, in appropriate circumstances, the COUNTY may grant that request.

13. STIPEND PAYBACK

13.1 Stipend payments to a student in poor academic standing may be suspended by the Committee.

13.2 A stipend student must immediately repay all funds in the event that the student:

13.2.1 Fails to satisfactorily complete requirements for the MSW within the normal time period;

13.2.2 Prior to the completion of the work requirement, refuses to apply for or accept qualified employment in COUNTY, or a contract agency that provides public mental health services within the county or an alternative county required in section 11;

13.2.3 Violates, in field placement or employment, NASW or agency codes of ethics;

13.2.4 Falsifies information on the student agreement form; or

13.2.5 Voluntarily terminates the MSW program or required employment or is terminated from required COUNTY or a contract agency that provides public mental health services within the county employment due to incompetent or unethical performance.

13.3 UNIVERSITY agrees to withhold degrees and privileges, where possible, and to actively pursue stipend repayment through its loan collection procedures. It may

charge interest and fees to cover the costs of collection. Any stipend monies recouped shall be immediately returned to COUNTY.

13.4 Exceptions to payback requirements, such as postponements and waivers, may be made by the Committee if personal hardship, disability, or death is judged to have caused unavoidable interruption in meeting program requirements.

14. NOTICE

Any notice, communication, amendment, addition or deletion to this Agreement, including change of address of either party during the term of this Agreement, which UNIVERSITY or COUNTY shall be required or may desire to make shall be in writing and may be personally served or, alternatively, sent by prepaid first class mail to the respective parties as follows:

To County: County of Stanislaus
Behavioral Health and Recovery Services
Attn: Contract Manager
800 Scenic Drive
Modesto, CA 95350

To University: California State University Stanislaus
Master of Social Work Program
801 W. Monte Vista Avenue
Turlock, CA 95382
(209) 667-3091

IN WITNESS WHEREOF, the parties have executed this Agreement on the date(s) shown below.

COUNTY OF STANISLAUS

APPROVED TO CONTENT:

Madelyn Schlaepfer, Ph.D. CEAP Date
Behavioral Health Director ,

CALIFORNIA STATE UNIVERSITY, STANISLAUS

Robin Ringstead, Ph.D. Date
Director, Social Work Program

APPROVED AS TO FORM:
John P. Doering
County Counsel

Russell Giambelluca, M.B.A. Date
Vice President, Business & Finance

Marc Hartley Date
Deputy County Counsel

James T. Strong Date
Provost

BOS Action Item: 2014-245, May 20, 2014

ATTACHMENT A

MENTAL HEALTH MASTER OF SOCIAL WORK STUDENT AGREEMENT

I, _____, desire to participate in the Mental Health Master of Social Work Program, hereinafter referred to as "PROGRAM", supported by Stanislaus County Behavioral Health and Recovery Services, hereinafter referred to as "COUNTY". I have been accepted in, and I am pursuing a course of study in social work/social welfare at California State University, Stanislaus, hereinafter referred to as "UNIVERSITY", beginning _____, 20___, and ending not later than _____, 20___, leading to the Master of Social Work/Social Welfare degree.

1. RESPONSIBILITIES OF UNIVERSITY

I understand that UNIVERSITY will:

1.1 Assign me to required course work and to field placements in mental health and related services.

1.2 If I am not currently employed in a California county or other public agency, fingerprint and screen me to establish that I have no felony or misdemeanor convictions that would disqualify me from employment in public mental health services.

1.3 Provide me with a $_____ annual stipend paid in quarterly payments for the academic year(s) that I participate in the PROGRAM.

1.4 Suspend or terminate stipend payments if I am not performing satisfactorily in the PROGRAM. If UNIVERSITY decides that I am not performing satisfactorily because of a problem which can be corrected, UNIVERSITY reserves the right to suspend stipend payments until the problem is corrected. UNIVERSITY shall notify me of intent to suspend or terminate stipend prior to such action being taken.

2. RESPONSIBILITIES OF STUDENT

As a participant in this PROGRAM, I agree to:

2.1 Be pre-screened for employment, be fingerprinted and participate in the criminal clearance process. If I have ever been convicted of a felony or misdemeanor crime that shall disqualify me from employment in public mental health, I shall be ineligible for, or terminated from, the PROGRAM. I shall then be responsible for the repayment of any and all money awarded for stipend as well as collection costs.

2.2 Satisfactorily complete the courses and field placements designed by UNIVERSITY to meet the requirements of the PROGRAM, maintaining good standing in the school of social work.

2.3 Unless specifically waived by UNIVERSITY, provide use of my automobile as necessary for field placement and possess a valid driver's license and auto liability insurance.

2.4 Render twelve (12) months of continuous and satisfactory full-time employment in an entry level mental health position for each academic year of stipend/graduate study. I commit to return to, or accept, employment in the COUNTY or a contract agency that provides public mental health services that provides my educational stipend. I may be assigned to any regional office in the order of priority established by the agency director. Appointment to and continuation in all such positions shall be subject to all applicable county civil service rules and policies.

2.5 Report to work at the assigned position or apply to work at an open position in COUNTY or contract agency that provides public mental health services immediately upon graduation (see Agreement, Item 9.1 and Item 11.5) from UNIVERSITY with a Master's Degree. If COUNTY or a contract agency that provides public mental health services is unable to provide qualified employment, I may seek and accept offers of employment with a contract agency that provides public mental health services of the COUNTY or with other California county department of mental health.

2.6 Should no qualified mental health position be available with a contract agency of COUNTY that provides public mental health services, or other California county department of mental health within four (4) months of my graduation, I may request permission to accept a position in a related county program or non-profit agency serving county mental health clients.

2.7 Should no qualified position in a contract agency of COUNTY that provides public mental health services or other California county department of mental health, or related county program serving county mental health clients, be available within one year of graduation, I may request a waiver of payback requirements. Such a waiver must show evidence of a comprehensive search of all relevant agencies within seventy-five (75) miles of my home.

2.8 Unless waived, repay any stipend support provided by UNIVERSITY and costs incurred by UNIVERSITY in securing repayment if I:

2.8.1 Fail to satisfactorily complete requirements for the MSW within the normal academic year;

2.8.2 Prior to the completion of the work requirement, refuse to apply for, or accept, qualified employment in COUNTY or a qualified alternative county or agency that provides public mental health services;

2.8.3 Violate in field placement or employment, NASW, or agency codes of ethics;

2.8.4 Falsify information on the student agreement form; or

2.8.5 Voluntarily terminate the MSW program or required employment or am terminated from required county mental health employment due to incompetent or unethical performance.

2.9 Maintain my status as a citizen, or permanent resident, of the United States throughout the period of my participation in the PROGRAM, including the work requirement period.

3. OPTIONS TO REPAY STIPEND

If, by any reason, I do not graduate at the completion of the academic year because of termination of enrollment from UNIVERSITY, I shall pay UNIVERSITY at an agreed upon amount each month, for a period of time not to exceed three years, the total stipend amount paid to me, with interest and fees to cover the costs of collection, beginning no later than the fourth calendar month following the date of termination of enrollment. The three-year repayment option is contingent on my execution of a repayment agreement with UNIVERSITY. My failure to execute such an agreement shall cause the total stipend amount owed, to become immediately due and payable. If I fail, without written approval of UNIVERSITY, to make any scheduled monthly payment, according to the agreement, the total amount still owed shall immediately become due and payable. If I fail, without written approval of UNIVERSITY, to make any scheduled monthly payment, according to the agreement, the total amount still owed shall immediately become due and payable. I authorize UNIVERSITY to recover the total accrued amount still owed, plus interest, applicable costs and attorney's fees, by any means provided by law.

4. INTERRUPTION OF STUDIES

If, for any reason, I interrupt my studies and delay graduation, I must notify UNIVERSITY and, either request a "hardship" exemption that defers repayment for no more than one year, or repay the stipend according to repayment procedures. If I am a county mental health employee or employed by a contract agency that provides public mental health

services on educational leave, any such interruption of studies must be approved by the agency director.

5. **COUNTY BUDGET CUTS**

If my employment is terminated due to County unavailability of budget funds, I shall search for employment as specified above. If no employment is available, I may request release from further performance of this Agreement.

6. **STUDENT HARDSHIP, DISABILITY, OR DEATH**

If I fail to graduate from the PROGRAM during the normal academic term, or to render the applicable period of employment, because of personal hardship or disability, UNIVERSITY may, with permission of the sponsoring county mental health department, postpone payback for up to a year, or in the case of death, forgive the loan. Such postponement may be extended one additional year if the hardship continues. If I become permanently disabled in such a way as to prevent required employment payback, requirements may be waived as above.

7. **AFFIRMATION AND RELEASE OF INFORMATION:**

7.1 I hereby attest that I have never been convicted of a felony or misdemeanor crime that would disqualify me from employment in a county behavioral health department or contract agency that provides public mental health services.

7.2 I hereby attest that I have never been discharged from employment at a county mental health department or other social services agency due to violation of county code/merit system rules or violation of agency or professional codes of ethics.

7.3 In accepting the mental health stipend, I hereby agree to adhere to the provisions identified above.

_____

Student Signature:

_____

Print Name:

_____

Date:

AGREEMENT

This Agreement is made and entered into in the City of Modesto, State of California, by and between the **County of Stanislaus**, through **Behavioral Health and Recovery Services**, hereinafter referred to as **"COUNTY"**, and **California State University, Stanislaus,** hereinafter referred to as **"UNIVERSITY"**, effective the date of the last signature, for and in consideration of the premises, and the mutual promises, covenants, and agreements as are hereinafter set forth.

WHEREAS, COUNTY recognizes there is a shortage of qualified mental health clinical staff that provide services in its Public Mental Health System.

WHEREAS, the passage of the statewide Mental Health Services Act (MHSA) included the need to address shortfall and provides funding for stipends.

WHEREAS, it is to the mutual benefit of the parties that students of the UNIVERSITY's Bachelors of Arts of Psychology (BA), Master Social Work (MSW) and Master of Science in Psychology complete their professional education and provide services within a County system.

NOW, THEREFORE, in consideration of the covenants, conditions, and stipulations hereinafter expressed and in consideration of the mutual benefits to be derived therefrom, the parties hereto agree as follows:

1. **PURPOSE**

The purpose of this Agreement is to specify the terms under which "COUNTY" provides annual financial aid stipends to Bachelor of Arts and Master of Science in Psychology students at "UNIVERSITY". These stipends are directed toward the support of students who will prepare for careers in public mental health and who will commit to a year of such employment with the COUNTY or a contract agency that provides public mental health services for each academic year of support.

2. **RATIONALE**

2.1 County mental health agencies have put into place new systems of community-based services emphasizing managed care and psychosocial rehabilitation. County directors have identified the lack of appropriately trained and ethnically diverse Undergraduate and Master of Science in Psychology students as a major barrier to effective operation of these systems. The passage of the statewide Mental Health Services Act (MHSA) in 2004 included the need to address the shortage of qualified mental health clinical staff that provides services in this County's Public Mental Health System. All proposed education, training and workforce development programs and activities must incorporate five "Essential Elements" of MHSA:

1. Wellness, Recovery and Resilience Focus
2. Cultural Competence
3. Client and Family Driven System

4. Integrated Service Experiences
5. Community Collaboration

The MHSA Representative Stakeholder Steering Committee recommended as top priority that financial incentives be linked with an ongoing assessment of "hard to fill or retain" positions by language, cultural requirements, consumer and/or family member lived experience, special skills or classifications. The intention of this Agreement is to assist in fulfilling that mandate. Stanislaus Workforce Education and Training Plan under MHSA identified mental health clinicians as a "hard to fill" or retain positions within the county public mental health service system.

2.2 In order to assure an adequate supply of well-trained, committed, and ethnically diverse Bachelor of Arts students in Psychology and Masters degreed students for service in county mental health, it is important that students complete professional education without acquiring a substantial burden of debt. MHSA includes funding for student stipends for Bachelor of Arts, MSW, and Master of Science in Psychology, Behavioral Analysis or Masters of Science in Psychology, Counseling.

3. TERM

The Agreement shall commence July 1, 2014 and continue through June 30, 2015.

4. PAYMENT

4.1 COUNTY shall pay through the following funding sources: Mental Health Services Act, Workforce Education and Training, up to a maximum of $64,750, for master's level students ($9,250 for part time students and $18,500 for full time master students), and up to a total maximum of $24,000 to be disbursed for up to three (3) baccalaureate level students to be supported for the fiscal year 2014/2015. The maximum amount these funds shall be provided quarterly to UNIVERSITY, which will, in turn, provide them to students, selected by UNIVERSITY as set forth below. The amount paid by UNIVERSITY to students shall be mutually agreed to between COUNTY and UNIVERSITY. Each participating student shall sign an agreement, a sample of which is attached (Attachment A Master level and Attachment B for BA level), specifying educational and work obligations, and agreeing to full reimbursement of the funds, should the obligations not be met. UNIVERSITY shall return reimbursed funds to COUNTY.

4.2 COUNTY reserves the right to select no student(s) for stipend support for the fiscal year 2014/15.

4.3 UNIVERSITY shall invoice COUNTY a flat administrative fee of $7,500 for providing services related to these student stipends.

5. SELECTION OF STIPEND RECIPIENTS

5.1 UNIVERSITY shall seek to enroll candidates for a Bachelor of Arts or Master of Science in Psychology with career commitments to public behavioral health services.

5.2 Behavioral Health and Recovery Service and its partner agencies shall propose qualified candidates for COUNTY supported Baccalaureate level stipend(s). Qualified candidates are admitted part-time students (minimum of 6 units per semester)and are either junior/senior (minimum of 60 semester units) status in a declared Psychology Major with appropriate career objectives and are currently employed full time at County BHRS or contract agencies, obtained satisfactory performance evaluations and are not on probationary status. COUNTY representatives shall review candidates and, together with UNIVERSITY, select recipients. Priority will be given to students who meet the criteria of "hard to fill or retain" positions identified in the MHSA Workforce Education and Training needs assessment. COUNTY reserves the right to not make any selection of recipients, if it so chooses.

5.3 UNIVERSITY shall propose qualified candidates for COUNTY supported Master level student stipend(s). Qualified candidates are admitted full-time students with appropriate career objectives. COUNTY representatives shall review candidates and, together with UNIVERSITY, select recipients. Priority will be given to students who meet the criteria of "hard to fill or retain" positions identified in the MHSA Workforce Education and Training needs assessment. Financial need may be considered in choosing among stipend candidates of equal priority status. COUNTY reserves the right to not make any selection of recipients, if it so chooses.

5.4 If UNIVERSITY has stipend agreements with multiple counties for the master level student(s), it will form a stipend committee, consisting of representatives from each participating county and UNIVERSITY, to review and assign recipients. Should several counties express interest in the same non-employee candidate, said student shall be given the choice of sponsoring county.

6. RESPONSIBILITIES OF UNIVERSITY

6.1 UNIVERSITY shall ensure that baccalaureate stipend students complete the required curriculum as appropriate.

6.2 UNIVERSITY shall ensure that Master level stipend students complete the required curriculum and fieldwork not to exceed (4) four years.

6.3 UNIVERSITY shall assist COUNTY in developing and maintaining quality field

placements. COUNTY'S stipend recipients shall do their required academic year of field placement at COUNTY or a contract agency within the county providing public mental health services.

6.4 UNIVERSITY shall require all students to complete the Student Agreement (see form which is designated "Attachment A" or "Attachment B" and incorporated by this reference), and provide a copy of all completed Student Agreements to the COUNTY BHRS Contract Manager, located at 800 Scenic Drive, Modesto, CA 95350 by October 15, 2014.

7. RESPONSIBILITIES OF COUNTY

7.1 COUNTY shall participate in student selection and monitoring.

7.2 COUNTY shall also participate in the Master's level student curriculum development process, and shall work with UNIVERSITY to develop quality field placements with Master of Science in Psychology supervision.

7.3 In the case of a non-employee student sponsored by COUNTY, COUNTY and/or a contract agency that provides public mental health services within the county may hire the student upon graduation in a position appropriate to a new Master of Science in Psychology student. If no such position is offered within six months of graduation, County may release the graduate for employment with another California public mental health agency, or a non profit contract agency within the county, if the graduate obtains a qualified position.

8. INDEMNIFICATION

Neither party, nor any of its officers or employees, shall be responsible for any damage or liability occurring by reason of anything done or omitted to be done by the other party under or in connection with any work delegated to that party under this Agreement. The parties further agree, pursuant to Government Code section 895.4, that each party shall fully indemnify and hold harmless the other party and its agents, officers, employees and contractors from and against all claims, damages, losses, judgments, liabilities, expenses and other costs, including litigation costs and attorney fees, arising out of, resulting from, or in connection with any work delegated to or action taken or omitted to be taken by such party under this Agreement.

9. RESPONSIBILITIES OF THE STUDENT

9.1 COUNTY and UNIVERSITY agree that a Master level stipend student will be required to participate in, at least, part time study in the required curriculum, complete required course and fieldwork within the normal period of study in an academic year, and satisfy the work requirements immediately upon graduation. This includes the completion of a thesis, if required, in a timely manner.

9.2 Each Master level stipend student will be required to undergo fingerprinting and criminal clearance for the purpose of determining that the student does not have a record of felony or misdemeanor convictions which would disqualify the student from employment in a county. Such disqualification shall also be a disqualification for this program.

10. MONITORING AND PAYBACK DECISIONS

UNIVERSITY shall monitor students' progress in meeting educational and employment requirements and report this to COUNTY on an annual basis. A committee, consisting of the Director of Behavioral Health and Recovery Services and the Dean/Director of UNIVERSITY, or their designees, shall determine appropriate actions should a student fail to make satisfactory progress toward completion of the requirements. Any requests for waivers, delays, or exceptions, to requirements must be approved by the Committee. Should the Committee members disagree, the Director of Behavioral Health and Recovery Services, as provider of the stipend, shall have final decision authority.

11. WORK REQUIREMENTS

11.1 BA level stipend work requirement: Upon completion of the stipend program, or when the student is no longer receiving stipend, student shall commence one (1) year of continuous and satisfactory full-time paid employment with County or a non-profit contract agency that provides public mental health services within the county for each academic year of stipend support.

11.2 Master's level stipend work requirements:

11.2.1 Upon completion of the stipend program, or when student no longer is receiving stipend, the student shall perform one (1) year of continuous and satisfactory full-time paid employment in COUNTY or a non-profit contract agency that provides public mental health services within the county for each academic year of stipend support.

11.2.2 The student shall apply for and accept qualified employment in COUNTY or a non-profit contract agency within the county within six months of graduation.

11.2.3 If COUNTY cannot offer qualified paid employment, the graduate may apply for and accept any qualified paid position in another California public mental health agency. The student shall render one year of continuous and satisfactory full- time paid employment for each academic year of stipend support.

11.2.4 If a graduate cannot obtain employment in COUNTY or a non-profit contract agency within the county within six months of graduation, the

graduate may request permission from the Committee to accept employment in another California public mental health agency. The student shall render one year of continuous and satisfactory full-time paid employment for each academic year of stipend support.

11.2.5 If a graduate cannot obtain qualified employment in COUNTY, contract agency of COUNTY, or another California public mental health agency within one year of graduation, the student may request permission from the Committee to forego the work requirement and any payback of the stipend, and, in appropriate circumstances, the COUNTY may grant that request.

12. STIPEND PAYBACK

12 .1 Stipend payments to a student in poor academic standing (less than 3.0 GPA) may be suspended by the Committee.

12.2 **For Master's level stipend recipients, the stipend student must immediately repay all funds in the event that any one of the following occurs:**

12.2.1 The student fails to satisfactorily complete requirements for the Master of Science in Psychology within four years; if receiving Master's level stipend;

12.2.2 Prior to the completion of the work requirement, the student refuses to apply for or accept qualified employment in COUNTY, or a contract agency that provides public mental health services within the county or an alternative county required in section 11;

12.2.3 The student violates, in field placement or employment, American Psychological Association, American Association of Marriage Family Therapists, or agency codes of ethics;

12.2.4 The student falsifies information on the student agreement form; or

12.2.5 The student voluntarily terminates the Master of Science in Psychology program or required employment or is terminated from required mental health employment with COUNTY or a contract agency within the county due to incompetent or unethical performance.

12.3 **For BA level stipend recipients, the stipend student must immediately repay all funds in the event that any one of the following occurs:**

12.3.1 The student falsifies information on the student agreement form; or

12.3.2 The Student voluntarily terminates the Bachelor of Arts in Psychology

program or required employment or is terminated from required COUNTY or a contract agency employment.

12.4 UNIVERSITY agrees to withhold degrees and privileges, where possible, and to actively pursue stipend repayment through its loan collection procedures. It may charge interest and fees to cover the costs of collection. Any stipend monies recouped shall be immediately returned to COUNTY.

12.5 Exceptions to payback requirements, such as postponements and waivers, may be made by the Committee if personal hardship, disability, or death is judged to have caused unavoidable interruption in meeting program requirements.

13. NOTICE

Any notice, communication, amendment, addition or deletion to this Agreement, including change of address of either party during the term of this Agreement, which UNIVERSITY or COUNTY shall be required or may desire to make shall be in writing and may be personally served or, alternatively, sent by prepaid first class mail to the respective parties as follows:

To County: County of Stanislaus
Behavioral Health and Recovery Services
Attn: Contract Manager
800 Scenic Drive
Modesto, CA 95350

To University: California State University, Stanislaus
One University Circle
Turlock, CA 95382
(209) 667-3091

COUNTY OF STANISLAUS

Assistant Director

FOR Madelyn Schlaepfer, Ph. D., CEAP 7/2/2014
Behavioral Health Director
DATE: _____

CALIFORNIA STATE UNIVERSITY, STANISLAUS

William F. Potter, Ph. D., BCBA
Chair, Psychology
DATE: 6-24-14

APPROVED AS TO FORM_____
John Doering_
County Counsel

Russell Giambelluca, M.B.A.
Vice President Business & Finance
DATE: 6/26/14

Marc Hartley
Deputy County Counsel

James T. Strong, Ph. D.
Provost
DATE: 6.27.14

APPROVED AS TO FORM
John Doering,
County Counsel

Marc Hartley
Deputy County Counsel

Russell Giambelluca, M.B.A.
Vice President Business & Finance
DATE: _____

James T. Strong, Ph. D.
Provost
DATE: _____

ATTACHMENT A

MASTER OF SCIENCE IN PSYCHOLOGY
STUDENT STIPEND AGREEMENT

I, _____, desire to participate in the Mental Health stipend program associated with the Master of Science in Psychology in (academic program). The stipend program will hereinafter be referred to as "PROGRAM", supported by Stanislaus County Behavioral Health and Recovery Services, hereinafter referred to as "COUNTY". I have been accepted in, and I am pursuing a full-time/part-time course of study in Master of Science in Psychology program at California State University, Stanislaus, hereinafter referred to as "UNIVERSITY", beginning _____, 20___, and ending not later than _____, 20___, leading to the Master of Science in Psychology degree.

1. **RESPONSIBILITIES OF UNIVERSITY**

I understand that UNIVERSITY will:

1.1 Assign me to required course work and to field placements in mental health and related services.

1.2 If I am not currently employed in a California county or other public agency, fingerprint and screen me to establish that I have no felony or misdemeanor convictions that would disqualify me from employment in public mental health services.

1.3 Provide me with a $ _____annual stipend paid in quarterly payments for the academic year(s) that I participate in the PROGRAM.

1.4 Suspend or terminate stipend payments if I am not performing satisfactorily in the academic program. If UNIVERSITY decides that I am not performing satisfactorily because of a problem which can be corrected, UNIVERSITY reserves the right to suspend stipend payments until the problem is corrected. UNIVERSITY shall notify me of intent to suspend or terminate stipend prior to such action being taken.

2. **RESPONSIBILITIES OF STUDENT**

As a participant in this PROGRAM, I agree to:

2.1 Be pre-screened for employment, be fingerprinted and participate in the criminal clearance process. If I have ever been convicted of a felony or misdemeanor crime that shall disqualify me from employment in public mental health, I shall be

ineligible for, or terminated from, the PROGRAM. I shall then be responsible for the repayment of any and all money awarded for stipend as well as collection costs.

2.2 Satisfactorily complete the courses and field placements designed by UNIVERSITY to meet the requirements of the PROGRAM, and maintaining good standing in the academic program.

2.3 Unless specifically waived by UNIVERSITY, provide use of my automobile as necessary for field placement and possess a valid driver's license and auto liability insurance.

2.4 Render twelve (12) months of continuous and satisfactory full-time employment in an entry level mental health position for each academic year (or equivalent for part-time students) of stipend/graduate study. I commit to return to, or accept, employment in the county behavioral health department or a contract agency that provides my educational stipend. I may be assigned to any program as specified by the agency director. Appointment to and continuation in all such positions shall be subject to all applicable county civil service rules and policies.

2.5 Report to work at the assigned position or apply to work at an open position in COUNTY or contract agency immediately upon graduation from UNIVERSITY with a Master's of Science Psychology Degree. If COUNTY or contract agency is unable to provide qualified employment, I may seek and accept offers of employment with a contract agency of the COUNTY or with other California public mental health agencies.

2.6 Should no qualified mental health position be available with a contract agency of COUNTY, or other California county department of mental health within six (6) months of my graduation, I may request permission to accept a position in a related county program or non-profit agency serving county mental health clients.

2.7 Should no qualified position in a contract agency of COUNTY or other California county department of mental health, or related county program serving county mental health clients, be available within one year of graduation, I may request a waiver of payback requirements. Such a waiver must show evidence of a comprehensive search of all relevant agencies within seventy-five (75) miles of my home.

2.8 Unless waived, repay any stipend support provided by UNIVERSITY and costs incurred by UNIVERSITY in securing repayment if I:

2.8.1 Fail to satisfactorily complete requirements for the Master of Science in Psychology within the four year timeframe;

2.8.2 Refuse to apply for, or accept, qualified employment in COUNTY or a qualified alternative county or agency, prior to the completion of the work requirement;

2.8.3 Violate in field placement or employment, or agency codes of ethics; or be removed from the Psychology program for lack of academic progress or other violations.

2.8.4 Falsify information on the student agreement form; or

2.8.5 Voluntarily terminate the Master of Science in Psychology program or required employment or am terminated from required county mental health employment due to incompetent or unethical performance.

2.9 Maintain my status as a citizen, or permanent resident, of the United States throughout the period of my participation in the PROGRAM, including the work requirement period.

3. OPTIONS TO REPAY STIPEND

If, by any reason, I do not graduate because of termination of enrollment from UNIVERSITY, I shall pay UNIVERSITY at an agreed upon amount each month, for a period of time not to exceed three years, the total stipend amount paid to me, with interest and fees to cover the costs of collection, beginning no later than the fourth calendar month following the date of termination of enrollment. The three-year repayment option is contingent on my execution of a repayment agreement with UNIVERSITY. My failure to execute such an agreement shall cause the total stipend amount owed, to become immediately due and payable. If I fail, without written approval of UNIVERSITY, to make any scheduled monthly payment, according to the agreement, the total amount still owed shall immediately become due and payable. I authorize UNIVERSITY to recover the total accrued amount still owed, plus interest, applicable costs and attorney's fees, by any means provided by law.

4. INTERRUPTION OF STUDIES

If, for any reason, I interrupt my studies and delay graduation, I must notify UNIVERSITY and, either request a "hardship" exemption that defers repayment for no more than one year, or repay the stipend according to repayment procedures. If I am a

county mental health employee or contract agency employee on educational leave, any such interruption of studies must be approved by the agency director.

5. **COUNTY BUDGET CUTS**

If my employment is terminated due to County unavailability of budget funds, I shall search for employment as specified above. If no employment is available, I may request release from further performance of this Agreement.

6. **STUDENT HARDSHIP, DISABILITY, OR DEATH**

If I fail to graduate from the academic program within four years, or fail to obtain appropriate employment within the applicable period of time, because of personal hardship or disability, UNIVERSITY may, with permission of the sponsoring county mental health department, postpone payback for up to a year, or in the case of death, forgive the loan. Such postponement may be extended one additional year if the hardship continues. If I become permanently disabled in such a way as to prevent required employment payback, requirements may be waived as above.

7. **AFFIRMATION AND RELEASE OF INFORMATION:**

7.1 I hereby attest that I have never been convicted of a felony or misdemeanor crime that would disqualify me from employment in a county behavioral health department or contract agency.

7.2 I hereby attest that I have never been discharged from employment at a county mental health department or other social services agency due to violation of county code/merit system rules or violation of agency or professional codes of ethics.

7.3 In accepting the mental health stipend, I hereby agree to adhere to the provisions identified above.

_____

Student Signature: Date

_____

Print Name

ATTACHMENT B

BACHELOR OF ARTS IN PSYCHOLOGY
STUDENT STIPEND AGREEMENT

I, _____, desire to participate in the Mental Health stipend program associated with the Bachelor of Arts in Psychology in (academic program). The stipend program will hereinafter be referred to as "PROGRAM", supported by Stanislaus County Behavioral Health and Recovery Services, hereinafter referred to as "COUNTY". I have been accepted in, and I am pursuing a part-time course of study in Bachelor of Arts in Psychology program at California State University, Stanislaus, hereinafter referred to as "UNIVERSITY", beginning _____, 20__., leading to the Bachelor of Arts in Psychology degree.

1. RESPONSIBILITIES OF UNIVERSITY

I understand that UNIVERSITY will:

1.1 Assign me to required course work in mental health and related services.

1.2 Provide me with a $_____ annual stipend paid in quarterly payments for the academic year(s) that I participate in the PROGRAM.

1.3 Suspend or terminate stipend payments if I am not performing satisfactorily in the academic program. If UNIVERSITY decides that I am not performing satisfactorily because of a problem which can be corrected, UNIVERSITY reserves the right to suspend stipend payments until the problem is corrected. UNIVERSITY shall notify me of intent to suspend or terminate stipend prior to such action being taken.

2. RESPONSIBILITIES OF STUDENT

As a participant in this PROGRAM, I agree to the following:

2.1 If I have ever been convicted of a felony or misdemeanor crime that shall disqualify me from employment in public mental health, I shall be ineligible for, or terminated from, the PROGRAM. I shall then be responsible for the repayment of any and all money awarded for stipend as well as collection costs.

2.2 Satisfactorily complete the courses designed by UNIVERSITY to meet the requirements of the PROGRAM, and maintaining good standing in the academic program (GPA of 3.0 or higher).

2.3 Upon graduation or termination of enrollment from stipend program, I will render twelve (12) months of continuous and satisfactory full-time employment for each academic year (or equivalent for part-time students) of stipend.

2.4 Continue my employment with COUNTY or contract agency as a condition of being a stipend recipient at the UNIVERSITY for pursuit of a Bachelor of Arts degree in Psychology.

2.5 Unless waived, repay any stipend support provided by UNIVERSITY and costs incurred by UNIVERSITY in securing repayment if I:

2.5.1 Terminate qualified employment for COUNTY or a qualified alternative county or agency;

2.5.2 Violate in field placement or employment, or agency codes of ethics; or be removed from the Psychology program for lack of academic progress or other violations.

2.5.3 Falsify information on the student agreement form; or

2.5.4 Voluntarily terminate the Bachelor of Arts in Psychology program or required employment or am terminated from required county mental health employment due to incompetent or unethical performance.

2.6 Maintain my status as a citizen, or permanent resident, of the United States throughout the period of my participation in the PROGRAM, including the work requirement period.

3. OPTIONS TO REPAY STIPEND

If, by any reason, I do not graduate because of termination of enrollment from UNIVERSITY, I shall pay UNIVERSITY at an agreed upon amount each month, for a period of time not to exceed three years, the total stipend amount paid to me, with interest and fees to cover the costs of collection, beginning no later than the fourth calendar month following the date of termination of enrollment. The three-year repayment option is contingent on my execution of a repayment agreement with UNIVERSITY. My failure to execute such an agreement shall cause the total stipend amount owed, to become immediately due and payable. If I fail, without written approval of UNIVERSITY, to make any scheduled monthly payment, according to the agreement, the total amount still owed shall immediately become due and payable. I authorize UNIVERSITY to recover the total accrued amount still owed, plus interest, applicable costs and attorney's fees, by any means provided by law.

4. INTERRUPTION OF STUDIES

If, for any reason, I interrupt my studies and delay graduation, I must notify UNIVERSITY and, either request a "hardship" exemption that defers repayment for no more than one year, or repay the stipend according to repayment procedures. If I am a county mental health employee or contract agency employee on educational leave, any such interruption of studies must be approved by the agency director.

5. COUNTY BUDGET CUTS

If my employment is terminated due to County unavailability of budget funds, I shall search for employment as specified above. If no employment is available, I may request release from further performance of this Agreement.

6. STUDENT HARDSHIP, DISABILITY, OR DEATH

If I fail to graduate from the academic program within my academic plan, or fail to continue my employment within the applicable period of time, because of personal hardship or disability, UNIVERSITY may, with permission of the sponsoring county mental health department, postpone payback for up to a year, or in the case of death, forgive the loan. Such postponement may be extended one additional year if the hardship continues. If I become permanently disabled in such a way as to prevent required employment payback, requirements may be waived as above.

7. AFFIRMATION AND RELEASE OF INFORMATION:

7.1 I hereby attest that I have never been convicted of a felony or misdemeanor crime that would disqualify me from employment in a county behavioral health department or contract agency.

7.2 I hereby attest that I have never been discharged from employment at a county mental health department or other social services agency due to violation of county code/merit system rules or violation of agency or professional codes of ethics.

7.3 In accepting the mental health stipend, I hereby agree to adhere to the provisions identified above.

_____
Student Signature:

_____
Print Name

_____
Date:

AGREEMENT

This Agreement is made and entered into in the City of Modesto, State of California, by and between the **County of Stanislaus**, through **Behavioral Health and Recovery Services**, hereinafter referred to as **"COUNTY"**, and **California State University, Stanislaus,** hereinafter referred to as **"UNIVERSITY"**, effective the date of the last signature, for and in consideration of the premises, and the mutual promises, covenants, and agreements as are hereinafter set forth.

WHEREAS, COUNTY recognizes there is a shortage of qualified mental health clinical staff that provide services in its Public Mental Health System.

WHEREAS, the passage of the statewide Mental Health Services Act (MHSA) included the need to address shortfall and provides funding for stipends.

WHEREAS, it is to the mutual benefit of the parties that students of the UNIVERSITY's Bachelors of Arts of Psychology (BA), Master Social Work (MSW) and Master of Science in Psychology complete their professional education and provide services within a County system.

NOW, THEREFORE, in consideration of the covenants, conditions, and stipulations hereinafter expressed and in consideration of the mutual benefits to be derived therefrom, the parties hereto agree as follows:

1. **PURPOSE**

The purpose of this Agreement is to specify the terms under which "COUNTY" provides annual financial aid stipends to Bachelor of Arts and Master of Science in Psychology students at "UNIVERSITY". These stipends are directed toward the support of students who will prepare for careers in public mental health and who will commit to a year of such employment with the COUNTY or a contract agency that provides public mental health services for each academic year of support.

2. **RATIONALE**

2.1 County mental health agencies have put into place new systems of community-based services emphasizing managed care and psychosocial rehabilitation. County directors have identified the lack of appropriately trained and ethnically diverse Undergraduate and Master of Science in Psychology students as a major barrier to effective operation of these systems. The passage of the statewide Mental Health Services Act (MHSA) in 2004 included the need to address the shortage of qualified mental health clinical staff that provides services in this County's Public Mental Health System. All proposed education, training and workforce development programs and activities must incorporate five "Essential Elements" of MHSA:

1. Wellness, Recovery and Resilience Focus
2. Cultural Competence
3. Client and Family Driven System

4. Integrated Service Experiences
5. Community Collaboration

The MHSA Representative Stakeholder Steering Committee recommended as top priority that financial incentives be linked with an ongoing assessment of "hard to fill or retain" positions by language, cultural requirements, consumer and/or family member lived experience, special skills or classifications. The intention of this Agreement is to assist in fulfilling that mandate. Stanislaus Workforce Education and Training Plan under MHSA identified mental health clinicians as a "hard to fill" or retain positions within the county public mental health service system.

2.2 In order to assure an adequate supply of well-trained, committed, and ethnically diverse Bachelor of Arts students in Psychology and Masters degreed students for service in county mental health, it is important that students complete professional education without acquiring a substantial burden of debt. MHSA includes funding for student stipends for Bachelor of Arts, MSW, and Master of Science in Psychology, Behavioral Analysis or Masters of Science in Psychology, Counseling.

3. TERM

The Agreement shall commence July 1, 2014 and continue through June 30, 2015.

4. PAYMENT

4.1 COUNTY shall pay through the following funding sources: Mental Health Services Act, Workforce Education and Training, up to a maximum of $64,750, for master's level students ($9,250 for part time students and $18,500 for full time master students), and up to a total maximum of $24,000 to be disbursed for up to three (3) baccalaureate level students to be supported for the fiscal year 2014/2015. The maximum amount these funds shall be provided quarterly to UNIVERSITY, which will, in turn, provide them to students, selected by UNIVERSITY as set forth below. The amount paid by UNIVERSITY to students shall be mutually agreed to between COUNTY and UNIVERSITY. Each participating student shall sign an agreement, a sample of which is attached (Attachment A Master level and Attachment B for BA level), specifying educational and work obligations, and agreeing to full reimbursement of the funds, should the obligations not be met. UNIVERSITY shall return reimbursed funds to COUNTY.

4.2 COUNTY reserves the right to select no student(s) for stipend support for the fiscal year 2014/15.

4.3 UNIVERSITY shall invoice COUNTY a flat administrative fee of $7,500 for providing services related to these student stipends.

5. SELECTION OF STIPEND RECIPIENTS

5.1 UNIVERSITY shall seek to enroll candidates for a Bachelor of Arts or Master of Science in Psychology with career commitments to public behavioral health services.

5.2 Behavioral Health and Recovery Service and its partner agencies shall propose qualified candidates for COUNTY supported Baccalaureate level stipend(s). Qualified candidates are admitted part-time students (minimum of 6 units per semester)and are either junior/senior (minimum of 60 semester units) status in a declared Psychology Major with appropriate career objectives and are currently employed full time at County BHRS or contract agencies, obtained satisfactory performance evaluations and are not on probationary status. COUNTY representatives shall review candidates and, together with UNIVERSITY, select recipients. Priority will be given to students who meet the criteria of "hard to fill or retain" positions identified in the MHSA Workforce Education and Training needs assessment. COUNTY reserves the right to not make any selection of recipients, if it so chooses.

5.3 UNIVERSITY shall propose qualified candidates for COUNTY supported Master level student stipend(s). Qualified candidates are admitted full-time students with appropriate career objectives. COUNTY representatives shall review candidates and, together with UNIVERSITY, select recipients. Priority will be given to students who meet the criteria of "hard to fill or retain" positions identified in the MHSA Workforce Education and Training needs assessment. Financial need may be considered in choosing among stipend candidates of equal priority status. COUNTY reserves the right to not make any selection of recipients, if it so chooses.

5.4 If UNIVERSITY has stipend agreements with multiple counties for the master level student(s), it will form a stipend committee, consisting of representatives from each participating county and UNIVERSITY, to review and assign recipients. Should several counties express interest in the same non-employee candidate, said student shall be given the choice of sponsoring county.

6. RESPONSIBILITIES OF UNIVERSITY

6.1 UNIVERSITY shall ensure that baccalaureate stipend students complete the required curriculum as appropriate.

6.2 UNIVERSITY shall ensure that Master level stipend students complete the required curriculum and fieldwork not to exceed (4) four years.

6.3 UNIVERSITY shall assist COUNTY in developing and maintaining quality field

placements. COUNTY'S stipend recipients shall do their required academic year of field placement at COUNTY or a contract agency within the county providing public mental health services.

6.4 UNIVERSITY shall require all students to complete the Student Agreement (see form which is designated "Attachment A" or "Attachment B" and incorporated by this reference), and provide a copy of all completed Student Agreements to the COUNTY BHRS Contract Manager, located at 800 Scenic Drive, Modesto, CA 95350 by October 15, 2014.

7. RESPONSIBILITIES OF COUNTY

7.1 COUNTY shall participate in student selection and monitoring.

7.2 COUNTY shall also participate in the Master's level student curriculum development process, and shall work with UNIVERSITY to develop quality field placements with Master of Science in Psychology supervision.

7.3 In the case of a non-employee student sponsored by COUNTY, COUNTY and/or a contract agency that provides public mental health services within the county may hire the student upon graduation in a position appropriate to a new Master of Science in Psychology student. If no such position is offered within six months of graduation, County may release the graduate for employment with another California public mental health agency, or a non profit contract agency within the county, if the graduate obtains a qualified position.

8. INDEMNIFICATION

Neither party, nor any of its officers or employees, shall be responsible for any damage or liability occurring by reason of anything done or omitted to be done by the other party under or in connection with any work delegated to that party under this Agreement. The parties further agree, pursuant to Government Code section 895.4, that each party shall fully indemnify and hold harmless the other party and its agents, officers, employees and contractors from and against all claims, damages, losses, judgments, liabilities, expenses and other costs, including litigation costs and attorney fees, arising out of, resulting from, or in connection with any work delegated to or action taken or omitted to be taken by such party under this Agreement.

9. RESPONSIBILITIES OF THE STUDENT

9.1 COUNTY and UNIVERSITY agree that a Master level stipend student will be required to participate in, at least, part time study in the required curriculum, complete required course and fieldwork within the normal period of study in an academic year, and satisfy the work requirements immediately upon graduation. This includes the completion of a thesis, if required, in a timely manner.

9.2 Each Master level stipend student will be required to undergo fingerprinting and criminal clearance for the purpose of determining that the student does not have a record of felony or misdemeanor convictions which would disqualify the student from employment in a county. Such disqualification shall also be a disqualification for this program.

10. MONITORING AND PAYBACK DECISIONS

UNIVERSITY shall monitor students' progress in meeting educational and employment requirements and report this to COUNTY on an annual basis. A committee, consisting of the Director of Behavioral Health and Recovery Services and the Dean/Director of UNIVERSITY, or their designees, shall determine appropriate actions should a student fail to make satisfactory progress toward completion of the requirements. Any requests for waivers, delays, or exceptions, to requirements must be approved by the Committee. Should the Committee members disagree, the Director of Behavioral Health and Recovery Services, as provider of the stipend, shall have final decision authority.

11. WORK REQUIREMENTS

11.1 BA level stipend work requirement: Upon completion of the stipend program, or when the student is no longer receiving stipend, student shall commence one (1) year of continuous and satisfactory full-time paid employment with County or a non-profit contract agency that provides public mental health services within the county for each academic year of stipend support.

11.2 Master's level stipend work requirements:

11.2.1 Upon completion of the stipend program, or when student no longer is receiving stipend, the student shall perform one (1) year of continuous and satisfactory full-time paid employment in COUNTY or a non-profit contract agency that provides public mental health services within the county for each academic year of stipend support.

11.2.2 The student shall apply for and accept qualified employment in COUNTY or a non-profit contract agency within the county within six months of graduation.

11.2.3 If COUNTY cannot offer qualified paid employment, the graduate may apply for and accept any qualified paid position in another California public mental health agency. The student shall render one year of continuous and satisfactory full- time paid employment for each academic year of stipend support.

11.2.4 If a graduate cannot obtain employment in COUNTY or a non-profit contract agency within the county within six months of graduation, the

graduate may request permission from the Committee to accept employment in another California public mental health agency. The student shall render one year of continuous and satisfactory full-time paid employment for each academic year of stipend support.

11.2.5 If a graduate cannot obtain qualified employment in COUNTY, contract agency of COUNTY, or another California public mental health agency within one year of graduation, the student may request permission from the Committee to forego the work requirement and any payback of the stipend, and, in appropriate circumstances, the COUNTY may grant that request.

12. STIPEND PAYBACK

12 .1 Stipend payments to a student in poor academic standing (less than 3.0 GPA) may be suspended by the Committee.

12.2 **For Master's level stipend recipients, the stipend student must immediately repay all funds in the event that any one of the following occurs:**

12.2.1 The student fails to satisfactorily complete requirements for the Master of Science in Psychology within four years; if receiving Master's level stipend;

12.2.2 Prior to the completion of the work requirement, the student refuses to apply for or accept qualified employment in COUNTY, or a contract agency that provides public mental health services within the county or an alternative county required in section 11;

12.2.3 The student violates, in field placement or employment, American Psychological Association, American Association of Marriage Family Therapists, or agency codes of ethics;

12.2.4 The student falsifies information on the student agreement form; or

12.2.5 The student voluntarily terminates the Master of Science in Psychology program or required employment or is terminated from required mental health employment with COUNTY or a contract agency within the county due to incompetent or unethical performance.

12.3 **For BA level stipend recipients, the stipend student must immediately repay all funds in the event that any one of the following occurs:**

12.3.1 The student falsifies information on the student agreement form; or

12.3.2 The Student voluntarily terminates the Bachelor of Arts in Psychology

program or required employment or is terminated from required COUNTY or a contract agency employment.

12.4 UNIVERSITY agrees to withhold degrees and privileges, where possible, and to actively pursue stipend repayment through its loan collection procedures. It may charge interest and fees to cover the costs of collection. Any stipend monies recouped shall be immediately returned to COUNTY.

12.5 Exceptions to payback requirements, such as postponements and waivers, may be made by the Committee if personal hardship, disability, or death is judged to have caused unavoidable interruption in meeting program requirements.

13. NOTICE

Any notice, communication, amendment, addition or deletion to this Agreement, including change of address of either party during the term of this Agreement, which UNIVERSITY or COUNTY shall be required or may desire to make shall be in writing and may be personally served or, alternatively, sent by prepaid first class mail to the respective parties as follows:

To County: County of Stanislaus
Behavioral Health and Recovery Services
Attn: Contract Manager
800 Scenic Drive
Modesto, CA 95350

To University: California State University, Stanislaus
One University Circle
Turlock, CA 95382
(209) 667-3091

COUNTY OF STANISLAUS

ASSISTANT DIRECTOR
FOR Madelyn Schlaepfer, Ph. D., CEAP 7/2/2014
Behavioral Health Director
DATE:

CALIFORNIA STATE UNIVERSITY, STANISLAUS

William F. Potter, Ph. D., BCBA
Chair, Psychology
DATE: 6-24-14

APPROVED AS TO FORM_____
John Doering_
County Counsel

Russell Giambelluca, M.B.A.
Vice President Business & Finance
DATE: 6/24/14

Marc Hartley
Deputy County Counsel

James T. Strong, Ph. D.
Provost
DATE: 6.27.14

APPROVED AS TO FORM
John Doering,
County Counsel

Marc Hartley
Deputy County Counsel

Russell Giambelluca, M.B.A.
Vice President Business & Finance
DATE: _____

James T. Strong, Ph. D.
Provost
DATE: _____

ATTACHMENT A

MASTER OF SCIENCE IN PSYCHOLOGY
STUDENT STIPEND AGREEMENT

I, _____, desire to participate in the Mental Health stipend program associated with the Master of Science in Psychology in (academic program). The stipend program will hereinafter be referred to as "PROGRAM", supported by Stanislaus County Behavioral Health and Recovery Services, hereinafter referred to as "COUNTY". I have been accepted in, and I am pursuing a full-time/part-time course of study in Master of Science in Psychology program at California State University, Stanislaus, hereinafter referred to as "UNIVERSITY", beginning _____, 20___, and ending not later than _____, 20___, leading to the Master of Science in Psychology degree.

1. **RESPONSIBILITIES OF UNIVERSITY**

I understand that UNIVERSITY will:

1.1 Assign me to required course work and to field placements in mental health and related services.

1.2 If I am not currently employed in a California county or other public agency, fingerprint and screen me to establish that I have no felony or misdemeanor convictions that would disqualify me from employment in public mental health services.

1.3 Provide me with a $ _____annual stipend paid in quarterly payments for the academic year(s) that I participate in the PROGRAM.

1.4 Suspend or terminate stipend payments if I am not performing satisfactorily in the academic program. If UNIVERSITY decides that I am not performing satisfactorily because of a problem which can be corrected, UNIVERSITY reserves the right to suspend stipend payments until the problem is corrected. UNIVERSITY shall notify me of intent to suspend or terminate stipend prior to such action being taken.

2. **RESPONSIBILITIES OF STUDENT**

As a participant in this PROGRAM, I agree to:

2.1 Be pre-screened for employment, be fingerprinted and participate in the criminal clearance process. If I have ever been convicted of a felony or misdemeanor crime that shall disqualify me from employment in public mental health, I shall be

ineligible for, or terminated from, the PROGRAM. I shall then be responsible for the repayment of any and all money awarded for stipend as well as collection costs.

2.2 Satisfactorily complete the courses and field placements designed by UNIVERSITY to meet the requirements of the PROGRAM, and maintaining good standing in the academic program.

2.3 Unless specifically waived by UNIVERSITY, provide use of my automobile as necessary for field placement and possess a valid driver's license and auto liability insurance.

2.4 Render twelve (12) months of continuous and satisfactory full-time employment in an entry level mental health position for each academic year (or equivalent for part-time students) of stipend/graduate study. I commit to return to, or accept, employment in the county behavioral health department or a contract agency that provides my educational stipend. I may be assigned to any program as specified by the agency director. Appointment to and continuation in all such positions shall be subject to all applicable county civil service rules and policies.

2.5 Report to work at the assigned position or apply to work at an open position in COUNTY or contract agency immediately upon graduation from UNIVERSITY with a Master's of Science Psychology Degree. If COUNTY or contract agency is unable to provide qualified employment, I may seek and accept offers of employment with a contract agency of the COUNTY or with other California public mental health agencies.

2.6 Should no qualified mental health position be available with a contract agency of COUNTY, or other California county department of mental health within six (6) months of my graduation, I may request permission to accept a position in a related county program or non-profit agency serving county mental health clients.

2.7 Should no qualified position in a contract agency of COUNTY or other California county department of mental health, or related county program serving county mental health clients, be available within one year of graduation, I may request a waiver of payback requirements. Such a waiver must show evidence of a comprehensive search of all relevant agencies within seventy-five (75) miles of my home.

2.8 Unless waived, repay any stipend support provided by UNIVERSITY and costs incurred by UNIVERSITY in securing repayment if I:

2.8.1 Fail to satisfactorily complete requirements for the Master of Science in Psychology within the four year timeframe;

2.8.2 Refuse to apply for, or accept, qualified employment in COUNTY or a qualified alternative county or agency, prior to the completion of the work requirement;

2.8.3 Violate in field placement or employment, or agency codes of ethics; or be removed from the Psychology program for lack of academic progress or other violations.

2.8.4 Falsify information on the student agreement form; or

2.8.5 Voluntarily terminate the Master of Science in Psychology program or required employment or am terminated from required county mental health employment due to incompetent or unethical performance.

2.9 Maintain my status as a citizen, or permanent resident, of the United States throughout the period of my participation in the PROGRAM, including the work requirement period.

3. OPTIONS TO REPAY STIPEND

If, by any reason, I do not graduate because of termination of enrollment from UNIVERSITY, I shall pay UNIVERSITY at an agreed upon amount each month, for a period of time not to exceed three years, the total stipend amount paid to me, with interest and fees to cover the costs of collection, beginning no later than the fourth calendar month following the date of termination of enrollment. The three-year repayment option is contingent on my execution of a repayment agreement with UNIVERSITY. My failure to execute such an agreement shall cause the total stipend amount owed, to become immediately due and payable. If I fail, without written approval of UNIVERSITY, to make any scheduled monthly payment, according to the agreement, the total amount still owed shall immediately become due and payable. I authorize UNIVERSITY to recover the total accrued amount still owed, plus interest, applicable costs and attorney's fees, by any means provided by law.

4. INTERRUPTION OF STUDIES

If, for any reason, I interrupt my studies and delay graduation, I must notify UNIVERSITY and, either request a "hardship" exemption that defers repayment for no more than one year, or repay the stipend according to repayment procedures. If I am a

county mental health employee or contract agency employee on educational leave, any such interruption of studies must be approved by the agency director.

5. **COUNTY BUDGET CUTS**

If my employment is terminated due to County unavailability of budget funds, I shall search for employment as specified above. If no employment is available, I may request release from further performance of this Agreement.

6. **STUDENT HARDSHIP, DISABILITY, OR DEATH**

If I fail to graduate from the academic program within four years, or fail to obtain appropriate employment within the applicable period of time, because of personal hardship or disability, UNIVERSITY may, with permission of the sponsoring county mental health department, postpone payback for up to a year, or in the case of death, forgive the loan. Such postponement may be extended one additional year if the hardship continues. If I become permanently disabled in such a way as to prevent required employment payback, requirements may be waived as above.

7. **AFFIRMATION AND RELEASE OF INFORMATION:**

7.1 I hereby attest that I have never been convicted of a felony or misdemeanor crime that would disqualify me from employment in a county behavioral health department or contract agency.

7.2 I hereby attest that I have never been discharged from employment at a county mental health department or other social services agency due to violation of county code/merit system rules or violation of agency or professional codes of ethics.

7.3 In accepting the mental health stipend, I hereby agree to adhere to the provisions identified above.

_____

Student Signature: Date

_____

Print Name

ATTACHMENT B

BACHELOR OF ARTS IN PSYCHOLOGY
STUDENT STIPEND AGREEMENT

I, _____, desire to participate in the Mental Health stipend program associated with the Bachelor of Arts in Psychology in (academic program). The stipend program will hereinafter be referred to as "PROGRAM", supported by Stanislaus County Behavioral Health and Recovery Services, hereinafter referred to as "COUNTY". I have been accepted in, and I am pursuing a part-time course of study in Bachelor of Arts in Psychology program at California State University, Stanislaus, hereinafter referred to as "UNIVERSITY", beginning _____, 20__., leading to the Bachelor of Arts in Psychology degree.

1. RESPONSIBILITIES OF UNIVERSITY

I understand that UNIVERSITY will:

1.1 Assign me to required course work in mental health and related services.

1.2 Provide me with a $_____ annual stipend paid in quarterly payments for the academic year(s) that I participate in the PROGRAM.

1.3 Suspend or terminate stipend payments if I am not performing satisfactorily in the academic program. If UNIVERSITY decides that I am not performing satisfactorily because of a problem which can be corrected, UNIVERSITY reserves the right to suspend stipend payments until the problem is corrected. UNIVERSITY shall notify me of intent to suspend or terminate stipend prior to such action being taken.

2. RESPONSIBILITIES OF STUDENT

As a participant in this PROGRAM, I agree to the following:

2.1 If I have ever been convicted of a felony or misdemeanor crime that shall disqualify me from employment in public mental health, I shall be ineligible for, or terminated from, the PROGRAM. I shall then be responsible for the repayment of any and all money awarded for stipend as well as collection costs.

2.2 Satisfactorily complete the courses designed by UNIVERSITY to meet the requirements of the PROGRAM, and maintaining good standing in the academic program (GPA of 3.0 or higher).

2.3 Upon graduation or termination of enrollment from stipend program, I will render twelve (12) months of continuous and satisfactory full-time employment for each academic year (or equivalent for part-time students) of stipend.

2.4 Continue my employment with COUNTY or contract agency as a condition of being a stipend recipient at the UNIVERSITY for pursuit of a Bachelor of Arts degree in Psychology.

2.5 Unless waived, repay any stipend support provided by UNIVERSITY and costs incurred by UNIVERSITY in securing repayment if I:

2.5.1 Terminate qualified employment for COUNTY or a qualified alternative county or agency;

2.5.2 Violate in field placement or employment, or agency codes of ethics; or be removed from the Psychology program for lack of academic progress or other violations.

2.5.3 Falsify information on the student agreement form; or

2.5.4 Voluntarily terminate the Bachelor of Arts in Psychology program or required employment or am terminated from required county mental health employment due to incompetent or unethical performance.

2.6 Maintain my status as a citizen, or permanent resident, of the United States throughout the period of my participation in the PROGRAM, including the work requirement period.

3. OPTIONS TO REPAY STIPEND

If, by any reason, I do not graduate because of termination of enrollment from UNIVERSITY, I shall pay UNIVERSITY at an agreed upon amount each month, for a period of time not to exceed three years, the total stipend amount paid to me, with interest and fees to cover the costs of collection, beginning no later than the fourth calendar month following the date of termination of enrollment. The three-year repayment option is contingent on my execution of a repayment agreement with UNIVERSITY. My failure to execute such an agreement shall cause the total stipend amount owed, to become immediately due and payable. If I fail, without written approval of UNIVERSITY, to make any scheduled monthly payment, according to the agreement, the total amount still owed shall immediately become due and payable. I authorize UNIVERSITY to recover the total accrued amount still owed, plus interest, applicable costs and attorney's fees, by any means provided by law.

4. INTERRUPTION OF STUDIES

If, for any reason, I interrupt my studies and delay graduation, I must notify UNIVERSITY and, either request a "hardship" exemption that defers repayment for no more than one year, or repay the stipend according to repayment procedures. If I am a county mental health employee or contract agency employee on educational leave, any such interruption of studies must be approved by the agency director.

5. **COUNTY BUDGET CUTS**

If my employment is terminated due to County unavailability of budget funds, I shall search for employment as specified above. If no employment is available, I may request release from further performance of this Agreement.

6. **STUDENT HARDSHIP, DISABILITY, OR DEATH**

If I fail to graduate from the academic program within my academic plan, or fail to continue my employment within the applicable period of time, because of personal hardship or disability, UNIVERSITY may, with permission of the sponsoring county mental health department, postpone payback for up to a year, or in the case of death, forgive the loan. Such postponement may be extended one additional year if the hardship continues. If I become permanently disabled in such a way as to prevent required employment payback, requirements may be waived as above.

7. **AFFIRMATION AND RELEASE OF INFORMATION:**

7.1 I hereby attest that I have never been convicted of a felony or misdemeanor crime that would disqualify me from employment in a county behavioral health department or contract agency.

7.2 I hereby attest that I have never been discharged from employment at a county mental health department or other social services agency due to violation of county code/merit system rules or violation of agency or professional codes of ethics.

7.3 In accepting the mental health stipend, I hereby agree to adhere to the provisions identified above.

_____
Student Signature:

_____
Print Name

_____
Date:

PROVIDER AGREEMENT

BETWEEN

STANISLAUS COUNTY

BEHAVIORAL HEALTH AND RECOVERY SERVICES

AND

GOLDEN VALLEY HEALTH CARE CENTERS

July 1, 2014 – JUNE 30, 2015

TABLE OF CONTENTS

AGREEMENT

Outpatient Services

This Agreement is made and entered into in the City of Modesto, State of California, by and between the **County of Stanislaus**, through **Behavioral Health and Recovery Services**, hereinafter referred to as **"COUNTY"**, and **Golden Valley Health Centers**, a California Non-profit Corporation with its principal place of business identified in **Section 21**, hereinafter referred to as **"CONTRACTOR"**, effective the date of the last signature, for and in consideration of the premises, and the mutual promises, covenants, terms, and conditions hereinafter contained.

WHEREAS, COUNTY has a need for services to establish Mental Health Prevention and Early Intervention Services for individuals who are primarily from culturally (Latino/Hispanic, Asian, African-American and Lesbian, Gay, Bi-sexual, Transgender and Questioning (LGBTQ)) and geographically underserved communities within Stanislaus County; and

WHEREAS, CONTRACTOR is specially trained, experienced and competent to implement the mental health Prevention and Early Intervention (PEI) project referred to as "Health /Behavioral Health Integration"; and,

WHEREAS, COUNTY has a need for services that integrate community collaboration, cultural competence, and be client/family driven, with a focus on wellness, recovery and resilience; and,

WHEREAS, CONTRACTOR is able to perform services that integrate community collaboration, cultural competence, and be client/family driven, with a focus on wellness, recovery and resilience,

NOW THEREFORE, in consideration of the mutual promises, covenants, terms and conditions hereinafter contained, the parties hereby agree as follows:

1 RECITALS

The recitals set forth above are a material part of this Agreement

2 SCOPE OF WORK

2.1 The CONTRACTOR shall furnish to the COUNTY upon execution of this Agreement or receipt of the COUNTY's written authorization to proceed, those services and work set forth in Exhibit A, attached hereto and, by this reference, made a part hereof.

2.2 All documents, drawings and written work product prepared or produced by the CONTRACTOR under this Agreement, including without limitation electronic data

files, are the property of the CONTRACTOR; provided, however, the COUNTY shall have the right to reproduce, publish and use all such work, or any part thereof, in any manner and for any purposes whatsoever and to authorize others to do so. If any such work is copyrightable, the CONTRACTOR may copyright the same, except that, as to any work which is copyrighted by the CONTRACTOR, the COUNTY reserves a royalty-free, non-exclusive, and irrevocable license to reproduce, publish, and use such work, or any part thereof, and to authorize others to do so.

2.3 Services and work provided by the CONTRACTOR at the COUNTY's request under this Agreement will be performed in a timely manner consistent with the requirements and standards established by applicable federal, state and COUNTY laws, ordinances, regulations and resolutions, and in accordance with a schedule of work set forth in **Exhibit A**. If there is no schedule, the hours and times for completion of said services and work are to be set by the CONTRACTOR; provided, however, that such schedule is subject to review by and concurrence of the COUNTY.

3. NONDISCRIMINATION

3.1 During the performance of this Agreement, CONTRACTOR and its subcontractors shall not unlawfully discriminate, harass, or allow harassment against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (cancer), age (over 40), marital status, and denial of family care leave. CONTRACTOR and subcontractors shall insure that the evaluation and treatment of their employees and applicants for employment are free from such discrimination and harassment. CONTRACTOR and subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12990 (a-f) et seq.) and the applicable regulations promulgated thereunder (California Code of Regulations, Title 2, Section 7285 et seq.). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code Section 12990 (a-f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations, are incorporated into this Agreement by reference and made a part hereof as if set forth in full. CONTRACTOR and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a

collective bargaining or other Agreement.

3.2 Consistent with the requirements of applicable Federal or State Law, the CONTRACTOR shall not engage in any unlawful discriminatory practices in the admission of clients, assignment of accommodations, treatment, evaluation, or in any other respect on the basis of race, color, gender, religion, marital status, national origin, age (over 40), sexual preference, or mental or physical disability (including individuals with AIDS or those with a record of or who are regarded as having a substantially limiting impairment), or medical condition (cancer-related), pregnancy related condition, or political affiliation or belief. This policy shall be in writing, in English and Spanish. It shall be posted in all public areas.

4. BILLING AND PAYMENT

4.1 Payment information is identified in the attached exhibit(s).

4.2 CONTRACTOR shall submit an invoice to COUNTY's Accounts Payable, 800 Scenic Drive, Modesto, California 95350, no more often than monthly. CONTRACTOR shall make a good faith effort to submit claims by the tenth of each month. The invoice shall include the number of people serviced and the type of activities used to service these people.

5. CULTURAL COMPETENCY

5.1 CONTRACTOR shall ensure that cultural competency is integrated into the provision of services. The terms of this section of the Agreement shall be reviewed during contract monitoring meetings.

5.2 COUNTY will provide the Cultural Competence Plan (CCP) to CONTRACTOR when submitted to the California Department of Health Care Services and as updated annually.

5.3 CONTRACTOR shall adhere to the provisions of the COUNTY CCP, as submitted and updated, and provide information as required for submitting and updating the CCP.

5.4 CONTRACTOR shall document evidence that interpreter services are offered and provided for threshold languages at all points of contact. CONTRACTOR shall also document the response to the offer of interpreter services.

5.5 CONTRACTOR shall regularly have a representative participate in the COUNTY Cultural Equity and Social Justice Committee.

6. QUALITY MANAGEMENT

6.1 CONTRACTOR shall be in full compliance with COUNTY's Quality Management Plan and Risk Management Program. COUNTY shall have access to, and conduct audits and reviews of, records, policies and procedures, incident reports, and related activities it deems necessary to support these functions.

7. COMPLIANCE

7.1 COUNTY has accepted as policy an Organizational Compliance Plan which addresses compliance with Federal, State, and local laws, regulations, rules and guidelines. It is expected that CONTRACTOR shall maintain a similar compliance plan for its organization, which is consistent with COUNTY's Plan.

7.2 CONTRACTOR shall ensure that compliance is integrated into the provision of services. This shall be reviewed during contract monitoring meetings.

7.3 CONTRACTOR shall comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act and the Federal Water Pollution Control Act. Violations shall be reported to the Centers for Medicare and Medicaid Services.

7.4 CONTRACTOR shall comply with the provisions of Title 42, CFR, Section 438.610 and Executive Orders 12549 and 12689, "Debarment and Suspension," which excludes parties listed on the General Services Administration's list of parties excluded from federal procurement or non-procurement programs from having a relationship with CONTRACTOR.

7.5 CONTRACTOR shall not employ or contract with providers or other individuals and entities excluded from participation in Federal health care programs under either Section 1128 or 1128A of the Social Security Act. Federal financial participation is not available for providers excluded by Medicare, Medicaid, or the State Children's Insurance Program, except for emergency services.

7.6 CONTRACTOR shall not allow services to be provided under the terms of this Agreement by any officer, employee, subcontractor, agent or any other individual or entity that is on the List of Excluded Individuals/Entities maintained by the U. S. Department of Health and Human Services, Office of the Inspector General (OIG), or the California State Medi-Cal Suspended and Ineligible Provider List (S&I), maintained by the California Department of Health Care Services.

7.6.1 CONTRACTOR shall insure that all officers, employees, subcontractors, agents or other individuals or entities are not on the two lists in this section at the time of hiring.

7.6.2 CONTRACTOR shall thereafter semi-annually insure that all officers, employees, subcontractors, agents or other individuals or entities are not on the two lists in this section.

7.6.3 CONTRACTOR shall immediately notify the COUNTY upon discovery of any officer, employee, subcontractor, agent or other individual or entity who are found on either of the two lists in this section.

7.6.4 COUNTY provides to CONTRACTOR the following references to the two lists found in this section. COUNTY does not guarantee that these references will not change from time to time.

7.6.4.1 OIG list is currently found at the following web address: http://exclusions.oig.hhs.gov/

7.6.4.2 A link to the S&I list is currently found at the following web address: http://www.medi-cal.ca.gov/references.asp Near the bottom of the page click, on the "Suspended & Ineligible Provider List."

8. PATIENTS' RIGHTS AND PROBLEM RESOLUTION

8.1 CONTRACTOR shall comply with all relevant rules, regulations, statutes, and COUNTY policies and procedures related to individuals' rights to a grievance process, an appeal process. CONTRACTOR shall ensure that each patient has adequate information about the CONTRACTOR's processes to include at a minimum:

8.1.1 Description of grievance and appeal process;

8.1.2 Posting notices explaining the process procedures;

8.1.3 Making grievance forms and appeal forms along with self addressed envelopes available for beneficiaries at CONTRACTOR sites;

8.1.4 Making interpreter services and TDD/TTY available to beneficiaries during normal business hours.

8.1.5 No provision of this Agreement shall be construed to replace or conflict with the duties of COUNTY's Patients' Rights Advocates as described in Section 5520 of the Welfare and Institutions Code.

9. CONFIDENTIALITY AND INFORMATION SECURITY

9.1 CONTRACTOR and its officers, employees, agents representative, subcontractors and all others acting on behalf of CONTRACTOR shall comply with applicable laws and regulations, including but not limited to Section 14100.2

and 5328 et seq. of the California Welfare and Institutions (W&I) Code, and 45 CFR Parts 160, 162, and 164 regarding the confidentiality and security of individually identifiable health information (IIHI) as required by **Exhibit B** of this Agreement.

9.2 Records shall be disclosed only in accordance with all applicable State and Federal laws and regulations, including those relating to the privacy of protected health information, confidentiality of medical records, patient consents to release information, and the therapist-patient privilege. Such information shall be used only for appropriate claims and quality management purposes, unless specifically authorized by the client. Confidentiality regulations shall apply to all electronic media.

10. MONITORING/REVIEW ASSISTANCE/RECORDS

10.1 CONTRACTOR agrees to maintain books, records, documents, and other evidence necessary to facilitate contract monitoring and audits pursuant to Section 640, Title 9, Division 1, Chapter 3, Article 9, of the California Code of Regulations and the policies of Behavioral Health and Recovery Services.

10.2 CONTRACTOR agrees that the COUNTY shall have access to facilities, program documents, records, staff, clients/patients, or other material or persons the COUNTY deems necessary to monitor and audit services rendered

10.3 CONTRACTOR shall provide any necessary assistance to COUNTY in its conduct of facility inspections, and operational reviews of the quality of care being provided to beneficiaries, including providing COUNTY with any requested documentation or reports in advance of a scheduled on-site review.

10.4 CONTRACTOR shall participate in regularly scheduled contract monitoring designed to review various aspects of contract services, including actual costs, cost per unit, number of units, amount of required match, and State rates.

10.5 The CONTRACTOR shall be subject to the examination and audit of the Department or Auditor General for a period of three years after final payment under contract (Government Code § 8546.7).

10.6 CONTRACTOR shall provide any necessary assistance to COUNTY in its conduct of facility inspections, and operational reviews of the quality of care being provided to beneficiaries, including providing COUNTY with any requested documentation or reports in advance of a scheduled on-site review. CONTRACTOR shall also provide any necessary assistance to COUNTY and the

External Quality Review Organization contracting with the State Department of Health Care Services in the annual external quality review of the quality of care, quality outcomes, timeliness of, and access to, the services being provided to beneficiaries under this Agreement. CONTRACTOR shall provide a corrective action plan when requested and correct deficiencies as identified by such inspections and reviews according to the time frames delineated in the resulting reports.

10.7 The CONTRACTOR shall allow the Department, DHCS, HHS, the Comptroller General of the United States, and other authorized federal and state agencies, or their duly authorized representatives, to inspect or otherwise evaluate the quality, appropriateness, and timeliness of services performed under this Agreement, and to inspect, evaluate, and audit any and all books, records, and facilities maintained by the CONTRACTOR and its subcontractors pertaining to such services at any time during normal business hours. Books and records include, but are not limited to, all physical records originated or prepared pursuant to the performance under this Agreement including working papers, reports, financial records and books of account, beneficiary records, prescription files, subcontracts, and any other documentation pertaining to covered services and other related services for beneficiaries. Upon request, at any time during the period of this Agreement, the CONTRACTOR shall furnish any such record, or copy thereof, to the Department, DHCS, or HHS. Authorized agencies shall maintain the confidentiality of such books and records in accordance with applicable laws and regulations.

11. REPORTING

11.1 CONTRACTOR shall submit a six- (6) month program report electronically to the following e-mail address; contracts@stanbhrs.org by February 13, 2015. The report shall include data related to performance outcomes, as defined in Exhibit A.

11.2 CONTRACTOR shall submit a year-end program report electronically to the following e-mail address; contracts@stanbhrs.org by September 4, 2015. The report shall include a summary of the year's events; an update on the challenges

and strategies; evidence of meeting contract outcomes; update of cultural competency activities; staff training.

11.3 CONTRACTOR shall provide COUNTY with any other reports, which may be required by State, Federal or local agencies for compliance with this Agreement.

12. INVENTORY

12.1 CONTRACTOR shall report to COUNTY, with the annual program report, any equipment with a cost of $1,000 or more, purchased with funds from this Agreement. Such report shall include the item description, model and serial number (if applicable), purchase price, date of purchase and physical location of the each item.

12.2 CONTRACTOR shall make all equipment available during normal business hours for the COUNTY to conduct a physical inspection and/or place a COUNTY inventory tag on the equipment, if desired.

12.3 CONTRACTOR shall be solely responsible for maintenance of inventory while in CONTRACTOR's possession. Records evidencing maintenance and any upgrades shall be provided to COUNTY as part of the inventory in the event of termination of this Agreement.

12.4 COUNTY reserves title to any property purchased or financed from the proceeds of this Agreement, if such property is not fully consumed in the performance of this Agreement. This provision shall be operational even though such property may have been purchased in whole or in part by Federal funds and absent a Federal requirement for transfer of title.

13. PERSONNEL

13.1 CONTRACTOR shall adhere to the Statement of Compliance as specified in **Exhibit C**.

13.2 All CONTRACTOR staff providing services under the terms of this Agreement shall have successfully passed a criminal background check appropriate to their job classification and duties. CONTRACTOR shall not knowingly allow services to be provided under the terms of this Agreement by any person convicted of financial fraud involving Federal or State funds.

13.3 CONTRACTOR assures COUNTY that it complies with the Americans with Disabilities Act (ADA) of 1990, (42 U.S.C. 12101 et seq.), which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA.

13.4 All personnel rendering services under this Agreement shall be employed by, or under contract to CONTRACTOR, and shall be appropriately supervised. Services shall be under the direction of CONTRACTOR's Clinical Director or employee who shall be a licensed mental health professional or other appropriate individual as described in Sections 622 through 630 of Title 9, of the California Code of Regulations.

13.5 All staff providing service under registration with the California State Board of Behavioral Health Science, or the Board of Psychology, shall be supervised by a licensed mental health professional, i.e., a Licensed Clinical Social Worker; Marriage Family Therapist; or Clinical Psychologist.

13.6 All staff providing services under this Agreement must obtain a National Provider Identifier (NPI).

13.7 CONTRACTOR shall ensure a process for credentialing of licensed staff is in place, which includes at a minimum, background checks and license verification.

13.8 CONTRACTOR shall provide COUNTY with the name, a copy each of the Curriculum Vitae, Medical License, and DEA Certificate of each new physician providing services under this Agreement at least two (2) weeks prior to the provision of service.

13.9 All CONTRACTOR staff transporting clients under the terms of this Agreement shall have received and possess a valid California Drivers License and, if not covered by CONTRACTOR for auto insurance, shall maintain at least minimum coverage.

13.10 CONTRACTOR's staff shall be linguistically and culturally qualified to meet the current and projected needs of the client community. CONTRACTOR shall ensure that staff providing bilingual services are fluent in their identified language.

14. CODE OF ETHICS

CONTRACTOR's Code of Ethics shall be consistent with COUNTY's Code of Ethics.

15. WORKPLACE REQUIREMENTS

15.1 CONTRACTOR shall report all incidents of client suicides, homicides, or other unusual occurrences resulting in serious harm to clients or staff, using the Outpatient Incident/Occurrence Reporting Form. Such forms shall be faxed to COUNTY's BHRS Risk Manager within twenty-four (24) hours of time of occurrence or as soon as possible.

15.2 CONTRACTOR shall participate, as appropriate, in COUNTY's Root Cause Analysis investigations related to CONTRACTOR's incidents.

15.3 CONTRACTOR shall maintain a safe facility that is as free from safety hazards as is possible. Any reporting of unsafe working conditions by employees or others shall be immediately appraised and addressed.

15.4 CONTRACTOR hereby certifies that it complies with the requirements of the Drug-Free Workplace Act of 1990 (Government Code Section 8350 et seq.) and provides a drug-free workplace.

15.5 Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and CONTRACTOR may be ineligible for award of any future Agreements if the COUNTY determines that any of the following has occurred: (1) CONTRACTOR has made a false certification or, (2) violates the certification by failing to carry out the requirements as noted above.

16. ACKNOWLEDGEMENT

All public relations and educational material shall mention that CONTRACTOR's Program(s) is funded or partially funded by the Stanislaus County Board of Supervisors and Behavioral Health and Recovery Services.

17. FINANCIAL RELATIONSHIPS

17.1 CONTRACTOR shall maintain program statistical records in the manner required by the COUNTY, State Department of Health Care Services, and applicable licensing agencies, and make such records available to COUNTY upon request.

17.2 CONTRACTOR shall maintain accurate accounting records of its costs and operating expenses. Such records shall be maintained until State audit findings are resolved. They shall be open to inspection by COUNTY, the Grand Jury, the State Controller, and the State Director of the Department of Health Care Services, or any of their deputies.

17.3 CONTRACTOR shall, if applicable, comply with the Single Audit Act and the audit reporting requirements set forth in OMB Circular A-144. This audit shall be submitted to COUNTY within one hundred twenty (120) days after the end of the CONTRACTOR's fiscal year.

17.4 CONTRACTOR shall adhere to Title XIX of the Social Security Act, and conform to all other applicable Federal and State statutes and regulations.

18. REQUIRED LICENSES, CERTIFICATES, OR PERMITS

Any licenses, certificates, or permits required by the Federal, State, County, or municipal governments for CONTRACTOR to provide the services and work described in this Agreement shall be procured by CONTRACTOR and be valid at the time CONTRACTOR enters into this Agreement. Further, during the term of this Agreement, CONTRACTOR shall maintain such licenses, certificates, and permits in full force and effect. Licenses, certificates, and permits may include, but are not limited to, driver's licenses, professional licenses or certificates, and business licenses. Such licenses, certificates, and permits shall be procured and maintained in force by CONTRACTOR at no direct expense to COUNTY. CONTRACTOR shall comply with all applicable local, state, and federal laws, rules and regulations.

19. INDEMNIFICATION

19.1 To the fullest extent permitted by law, CONTRACTOR shall indemnify, hold harmless and defend COUNTY and its agents, officers, and employees against all claims, damages, losses, judgments, liabilities, expenses and other costs, including litigation costs and attorneys' fees, arising out of, resulting from, or in connection with the performance of this Agreement by CONTRACTOR or CONTRACTOR's officers, employees, agents, representatives or subcontractors and resulting in or attributable to personal injury, death, or damage or destruction to tangible or intangible property, including the loss of use. Notwithstanding the foregoing, CONTRACTOR's obligation to indemnify the COUNTY and its agents, officers and employees for any judgment, decree or arbitration award shall extend only to the percentage of negligence or responsibility of the CONTRACTOR in contributing to such claim, damage, loss and expense.

19.2 CONTRACTOR's obligation to defend, indemnify and hold COUNTY and its agents, officers, and employees harmless under the provisions of this paragraph is not limited to or restricted by any requirement in this Agreement for CONTRACTOR to procure and maintain a policy of insurance.

19.3 To the fullest extent permitted by law, the COUNTY shall indemnify, hold harmless and defend the CONTRACTOR and its officers, employees, agents, representatives or subcontractors from and against all claims, damages, losses, judgments, liabilities, expenses and other costs, including litigation costs and attorney's fees, arising out of or resulting from the negligence or wrongful acts of COUNTY and its officers or employees.

20. INSURANCE

20.1 CONTRACTOR shall take out, and maintain during the life of this Agreement, insurance policies with coverage at least as broad as follows:

20.1.1 General Liability. Comprehensive general liability insurance covering bodily injury, personal injury, property damage, products and completed operations with limits of no less than One Million Dollars ($1,000,000) per incident or occurrence. If Commercial General Liability Insurance or other form with a general aggregate limit is used, either the general aggregate limit shall apply separately to any act or omission by CONTRACTOR under this Agreement or the general aggregate limit shall be twice the required occurrence limit.

20.1.2 Professional Liability. Professional malpractice liability insurance with limits of no less than One Million Dollars ($1,000,000) aggregate. Such professional liability insurance shall be continued for a period of no less than one year following completion of the CONTRACTOR's services.

20.1.3 Automobile Liability Insurance. If CONTRACTOR or CONTRACTOR's officers, employees, agents, representatives or subcontractors utilize a motor vehicle in performing any of the work or services under this Agreement, owned/non-owned automobile liability insurance providing combined single limits covering bodily injury, property damage and transportation related pollution liability with limits or no less than One Million Dollars ($1,000,000) per incident or occurrence.

20.1.4 Workers' Compensation Insurance. Workers' Compensation insurance as required by the California Labor Code. In signing this contract, CONTRACTOR certifies under section 1861 of the Labor Code that CONTRACTOR is aware of the provisions of section 3700 of the Labor Code which requires every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of that code, and that CONTRACTOR will comply with such provisions before commencing the performance of the work of this Agreement.

20.2 Any deductibles, self-insured retentions or named insureds must be declared in writing and approved by COUNTY. At the option of COUNTY, either: (a) the insurer shall reduce or eliminate such deductibles, self-insured retentions or

named insureds, or (b) CONTRACTOR shall provide a bond, cash, letter of credit, guaranty or other security satisfactory to COUNTY guaranteeing payment of the self-insured retention or deductible and payment of any and all costs, losses, related investigations, claim administration and defense expenses. COUNTY, in its sole discretion, may waive the requirement to reduce or eliminate deductibles or self-insured retentions, in which case, CONTRACTOR agrees that it will be responsible for and pay any self-insured retention or deductible and will pay any and all costs, losses, related investigations, claim administration and defense expenses related to or arising out of CONTRACTOR's defense and indemnification obligations as set forth in this Agreement.

20.3 CONTRACTOR shall provide a specific endorsement to all required insurance policies, except Workers' Compensation insurance and Professional Liability insurance, if any, naming COUNTY and its officers, officials and employees as additional insureds regarding: (a) liability arising from or in connection with the performance or omission to perform any term or condition of this Agreement by or on behalf of CONTRACTOR, including the insured's general supervision of its sub-contractors; (b) services, products and completed operations of CONTRACTOR; (c) premises owned, occupied or used by CONTRACTOR; and (d) automobiles owned, leased, hired or borrowed by CONTRACTOR. For Workers' Compensation insurance, the insurance carrier shall agree to waive all rights of subrogation against COUNTY and its officers, officials and employees for losses arising from the performance of or the omission to perform any term or condition of this Agreement by CONTRACTOR.

20.4 CONTRACTOR's insurance coverage shall be primary insurance regarding COUNTY and COUNTY's officers, officials and employees. Any insurance or self-insurance maintained by COUNTY or COUNTY's officers, officials and employees shall be excess of CONTRACTOR's insurance and shall not contribute with CONTRACTOR's insurance.

20.5 Any failure to comply with reporting provisions of the policies shall not affect coverage provided to COUNTY or its officers, officials, employees or volunteers.

20.6 CONTRACTOR's insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.

20.7 Each insurance policy required by this section shall be endorsed to state that coverage shall not be suspended, voided, canceled by either party except after thirty (30) days' prior written notice has been given to COUNTY. CONTRACTOR shall promptly notify, or cause the insurance carrier to promptly notify, the COUNTY of any change in the insurance policy or policies required under this Agreement, including, without limitation, any reduction in coverage or in limits of the required policy or policies.

20.8 Insurance shall be placed with California admitted insurers (licensed to do business in California) with a current rating by Best's Key Rating Guide acceptable to the COUNTY; provided, however, that if no California admitted insurance company provides the required insurance, it is acceptable to provide the required insurance through a United States domiciled carrier that meets the required Best's rating and that is listed on the current List of Eligible Surplus Line Insurers maintained by the California Department of Insurance. A Best's rating of at least A-:VII shall be acceptable to COUNTY; lesser ratings must be approved in writing by COUNTY.

20.9 CONTRACTOR shall require that all of its subcontractors are subject to the insurance and indemnity requirements stated herein, or shall include all subcontractors as additional insureds under its insurance policies.

20.10 At least ten (10) days prior to the date CONTRACTOR begins performance of its obligations under this Agreement, CONTRACTOR shall furnish COUNTY with certificates of insurance and with original endorsements showing coverage required by this Agreement, including, without limitation, those that verify coverage for subcontractors of CONTRACTOR. The certificates and endorsements for each insurance policy are to be signed by a person authorized by the insurer to bind coverage on its behalf. All certificates and endorsements shall be received and, in COUNTY's sole and absolute discretion, approved by COUNTY. COUNTY reserves the right to require complete copies of all required insurance policies and endorsements, at any time.

20.11 The limits of insurance described herein shall not limit the liability of CONTRACTOR and CONTRACTOR's officers, employees, agents, representatives or subcontractors.

21. NOTICE

Any notice, communication, amendments, additions, or deletions to this Agreement

including change of address of either party during the term of this Agreement, which either party shall be required or may desire to make, shall be in writing and may be personally served or sent by prepaid first class mail to the respective parties as follows:

County: County of Stanislaus
Behavioral Health and Recovery Services
Attention: Contract Manager
800 Scenic Drive
Modesto, CA 95350

Contractor: Tony Weber
Golden Valley Health Centers
737 West Childs Avenue
Merced, CA 95341

22. CONFLICTS

CONTRACTOR agrees that it has no interest and shall not acquire any interest, directly or indirectly, which would conflict in any manner or degree with the performance of the work and services under this Agreement.

23. SEVERABILITY

If any portion of this Agreement or application thereof to any person or circumstance shall be declared invalid by a court of competent jurisdiction or if it is found in contravention of any Federal, State or County statute, ordinance, regulation, the remaining provisions of this Agreement, or the application thereof, shall not be invalidated there and shall remain in full force and effect to the extent that the provisions of this Agreement are severable.

24. AMENDMENT

This Agreement may only be modified, amended, changed, added to, or subtracted from by mutual consent of the parties hereto if such amendment or change is in written form and executed with the same formalities as this Agreement and attached to the original Agreement to maintain continuity.

25. ENTIRE AGREEMENT

This Agreement supersedes any and all other agreements, either oral or in writing, between any of the parties herein with respect to the subject matter hereof and contains all the agreements between the parties with respect to such matter. Each party acknowledges that no representations, inducements, promises or agreements, oral or

otherwise, have been made by any party, or anyone acting on behalf of any party, which are not embodied herein, and that no other agreement, statement or promise not contained in this Agreement shall be valid or binding.

26. RELATIONSHIP OF PARTIES

This is an Agreement by and between two (2) independent contractors and is not intended to, and shall not be construed to be, nor create the relationship of agent, servant, employee, partnership, joint venture, or any other similar association.

27. REFERENCES TO LAWS AND RULES

In the event any statute, regulation, or policy referred to in this Agreement is amended during the term of this Agreement; the parties shall comply with the amended provision as of the effective date of such amendment.

28. ASSIGNMENT

28.1 COUNTY has relied upon the skills, knowledge, experience, and training presented by CONTRACTOR, as an inducement to enter into this Agreement. CONTRACTOR shall not assign or subcontract this Agreement, either in whole or in part, without prior written consent of COUNTY, which shall not be unreasonably withheld.

28.2 CONTRACTOR shall not assign any monies due or to become due under this Agreement without the prior written consent of COUNTY.

29. AVAILABILITY OF FUNDS

Payments for services provided in accordance with the provisions of this Agreement are contingent upon the availability of County, State, and Federal funds. If Federal, State, or local entities do not appropriate sufficient funds for this program, the County has the option to terminate this Agreement or amend the Agreement to reflect any reduction of funds.

30. WAIVER OF DEFAULT

Waiver of any default by either party to this Agreement shall not be deemed to be waiver of any subsequent default. Waiver of breach of any provision of this Agreement shall not be deemed to be a waiver of any other or subsequent breach, and shall not be construed to be a modification of the terms of this Agreement unless this Agreement is modified as provided above.

31. VENUE

This Agreement shall be deemed to be made under, and shall be governed by and construed in accordance with, the laws of the State of California. Any action brought to

enforce the terms or provisions of this Agreement shall have venue in the County of Stanislaus, State of California.

32. TERM

3.1 This Agreement shall commence on July 1, 2014 and continue through June 30, 2015. Either party may terminate this Agreement, with or without cause, by giving thirty (30) days prior written notice to the other party. COUNTY may suspend or terminate this Agreement for cause upon written notice to CONTRACTOR immediately, or upon such notice, as COUNTY deems reasonable. If the default is cured by CONTRACTOR to the satisfaction of COUNTY, or COUNTY determines that the default should be excused, COUNTY may reinstate the Agreement, or revoke the termination upon application by CONTRACTOR.

32.2 This Agreement shall terminate automatically on the occurrence of (a) bankruptcy or insolvency of either party, (b) sale of CONTRACTOR 's business, (c) cancellation of insurance required under the terms of this Agreement, and (d) if, for any reason, CONTRACTOR ceases to be licensed or otherwise authorized to do business in the State of California, and the CONTRACTOR fails to remedy such defect or defects within thirty (30) days of receipt of notice of such defect or defects.

33. SURVIVAL

Notwithstanding any other provision of this Agreement, the following clauses shall remain in full force and effect and shall survive the expiration or termination of this Agreement: Paragraph 4 , "Billing and Payment", Paragraph 9, "Confidentiality & Information Security, Paragraph 19 "Indemnification", and Paragraph 28 "Assignment".

IN WITNESS WHEREOF, the parties have executed this Agreement on the date(s) shown below.

COUNTY OF STANISLAUS
BEHAVIORAL HEALTH AND
RECOVERY SERVICES

Madelyn Schlaepfer, Ph. D. CEAP Date
Behavioral Health Director

GOLDEN VALLEY HEALTH
CENTERS

6/23/14

Tony Weber Date
~~Deputy~~ CEO

enforce the terms or provisions of this Agreement shall have venue in the County of Stanislaus, State of California.

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IN WITNESS WHEREOF, the parties have executed this Agreement on the date(s) shown below.

COUNTY OF STANISLAUS
BEHAVIORAL HEALTH AND
RECOVERY SERVICES

Adrian Caruso MFA 6/26/14

Madelyn Schlaepfer, Ph. D. CEAP Date
Behavioral Health Director

GOLDEN VALLEY HEALTH
CENTERS

Tony Weber Date
Deputy CEO

APPROVED AS TO FORM
John P. Doering, County Counsel

Marc Hartley
Deputy County Counsel

BOS Action Item: 2014-245 Date: May 20, 2014

EXHIBIT A

PREVENTION and EARLY INTERVENTION PROJECT

"HEALTH/ BEHAVIORAL HEALTH INTEGRATION"

CONTRACTOR shall provide behavioral health prevention and early intervention services to persons from underserved cultural and geographic communities within Stanislaus County who do not currently have access to such services.

1 **DEFINITIONS:**

1.1 "Prevention services" include activities to address risk factors prior to the actual occurrence or diagnosis of a mental illness

1.2 "Early intervention services" are those interventions of a short-duration and relatively low intensity appropriate to measurably improve a mental health related problem or condition early in its manifestations or to prevent such a problem or condition from getting worse.

2 **STAFFING**

2.1 CONTRACTOR shall assign licensed (or license eligible) mental health clinicians (3.0 FTE) to its sites in Turlock, Newman, Patterson and West Modesto (Hanshaw Middle School). Fifty (50) percent of assigned clinicians shall be fluently bilingual (English/Spanish). Contractor shall also assign a licensed psychiatrist (.1 FTE) to provide consultation to primary care providers or assess patients as needed.

3 **SCOPE OF SERVICES**

3.1 CONTRACTOR shall integrate into its primary care clinics routine identification of behavioral health needs of its patients; patient psycho-education and skill training; implementation of brief patient centered behavior change interventions and necessary linkage to needed community services and supports including specialty mental health care.

3.2 The array of services provided shall include but not limited to:

3.2.1 Routine screening of all clinic patients using standardized protocols and instruments for depressive, anxiety and substance use/abuse disorders.

3.2.2 Behavioral Health Assessments of patients upon referral.

3.2.3 Behavioral health consultation with primary care and other providers to assist with care management.

3.2.4 Therapeutic interventions for patients needing brief treatment using

evidence based approaches.

3.2.5 Patient education focused on patient self-management of behavioral health problems or behavioral health aspects of chronic or acute illness using evidence based materials, curriculum and approaches. Materials, presentations and other interactions must be available in both English and Spanish language.

3.2.6 Psychotropic medication management through primary care providers who have immediate access to psychiatric consultation and if necessary psychiatric assessment of patients.

3.2.7 Formal and informal referral and linkage of persons to additional resources as needed.

3.2.8 Education and training of primary care providers and other staff to enhance their skills and effectiveness in treating behavioral health problems.

3.2.9 Services will be culturally sensitive and appropriate and provided in the patients preferred language. Services shall be available in both English and Spanish.

3.3 CONTRACTOR shall provide the necessary training and orientation of all staff to insure that the services within the scope of this agreement are met.

3.4 CONTRACTOR shall be responsible for administering the following questionnaires and surveys to patients and staff:

3.4.1 PHQ-9 questionnaire routinely for all patients upon initial contact and for persons scoring a 5 (all providers).

3.4.2 A patient satisfaction survey (as approved by COUNTY) to all persons receiving behavioral health services. Administration shall include a baseline assessment at the beginning of service and one other subsequent administration.

3.4.3 A survey (as approved by COUNTY) administered annually to staff to measure satisfaction and feedback regarding the model and scope of services under this agreement.

3.5 CONTRACTOR will utilize an appropriate measurement instrument to collect and report data that assesses the individual impact of services stipulated in this agreement.

3.6 CONTRACTOR shall provide bi-annual narrative reports, due February 13, 2015 and September 4, 2015 which shall include but not be limited to the following

information:

3.6.1 Total number of unduplicated persons served by clinics covered under this agreement by age, ethnicity/race, preferred language, gender and location of service.

3.6.2 List of unduplicated persons receiving behavioral health services in clinics covered by this agreement by age, gender, ethnicity/race, preferred language, location of service, initial behavioral health diagnosis and number of contacts. (List shall include sufficient identifiers to allow COUNTY to determine whether person is concurrently enrolled in other COUNTY behavioral health programs).

3.6.3 List of unduplicated persons by age, gender, ethnicity/race, preferred language, date(s) of contract and location of services and performance measurement data assessing the impact of services provided under this agreement.

3.6.4 Number and percentage of unduplicated persons returning for second and third behavioral health contacts within a three month period by age, ethnicity/race, gender, preferred language, and location of services.

3.6.5 Average client satisfaction scores for each item on client satisfaction instrument and summary of comments.

3.6.6 Average staff satisfaction scores for each item on staff satisfaction score and summary of comments.

3.7 Narrative report shall be submitted electronically to COUNTY at contracts@stanbhrs.org The narrative shall be in the format established for Contractor which can be used for MHSA outcomes reporting.

3.8 CONTRACTOR shall collect and report quarterly Results-Based Accountability (RBA) data according to the following schedule:

- Quarter 1 (July-September): Friday, October 31, 2014
- Quarter 2 (October-December):Saturday, January 31, 2015
- Quarter 3 (January-March): Thursday, April 30, 2015
- Quarter 4 (April-June): Friday, July 31, 2015

All RBA quarterly reports will be submitted to PEIsubmit@stanbhrs.org

4 EXPECTED OUTCOMES

4.8 Access to behavioral health services for a minimum of 1600 individuals of all ages not currently clients of BHRS or its network of providers under this

agreement (COUNTY shall provide verification based on data submitted by CONTRACTOR).

4.9 Improvement in patient's behavioral health documented through performance measure data.

4.10 Patient satisfaction with services.

4.11 Staff satisfaction with the Integrated Behavioral Health program.

5. COMPENSATION

5.1 CONTRACTOR will be reimbursed through the following funding sources: Mental Health Services Act: Prevention and Early Intervention.

5.2 In consideration of CONTRACTOR's provision of services required under the terms of this Agreement, COUNTY shall reimburse CONTRACTOR an amount not to exceed the Contract Maximum of $310,360.00 for salaries, benefits and other operating costs.

5.3 CONTRACTOR shall invoice COUNTY under the terms of this agreement monthly for the services delivered in the previous month, including any "supplemental services". Supplemental services" are defined as services that are valid and billable under the terms of the Agreement, but the services were provided in a period other than the previous month (current billing period) and the costs for delivering these "supplemental services" are not included in the expenditures/costs for the previous month. "Supplemental services" shall be separately stated on the invoice.

5.3.1 Unless Section 5.3.2 below applies, the monthly invoice shall be equal to the monthly program costs for delivering all the services required by this Agreement. The CONTRACTOR shall provide a monthly expenditure report to accompany the invoice in support of the program costs on the invoice.

5.3.2 The CONTRACTOR shall calculate the cost for delivering only the Medi-Cal billable services by applying a rate agreed to by all parties to the monthly Medi-Cal units of service provided by the CONTRACTOR under the terms of Agreement. This shall be called the "Interim Cost". In the event this "Interim Cost" amount is greater than the Program Costs for delivering all the services required by this Agreement, 5.3.1 above, CONTRACTOR shall use the "Interim Cost" calculated in this Section on the monthly invoice. CONTRACTOR shall provide a document showing the calculation in this Section with each monthly

invoice, whether this calculation is larger than the amount in Section 5.3.1 or not. The rate used to calculate the "Interim Costs" in the monthly invoices may be modified during the term of this agreement in order to approximate the projected actual program costs.

5.4 COUNTY shall reimburse CONTRACTOR for any undisputed invoices, which COUNTY and CONTRACTOR agree represent the costs of delivering the services required under the terms of the Agreement for the period covered by the invoice, within 30 days of invoice receipt. CONTRACTOR agrees that the monthly invoices represent an estimate of the actual program costs and not a final settlement for the costs of delivering the services under the terms of this Agreement. CONTRACTOR understands that the maximum amount to be paid by the COUNTY during the term of this Agreement is $310,360.00. CONTRACTOR shall manage the program operations and program costs to insure the provision of services for the full term of this Agreement.

5.5 CONTRACTOR shall provide COUNTY a quarterly projection of annual expenditures. In the event projected annual expenditures are to be less than the Contract Maximum, the rate used to calculate the "Interim Costs" in the monthly invoices may be modified to reflect the reduced cost of providing the required services.

5.6 CONTRACTOR shall submit an annual Cost Report to COUNTY upon request from the COUNTY, generally in November for the previous Fiscal Year. COUNTY shall settle to the CONTRACTOR's actual costs of delivering the services during the term of this Agreement in approximately January. The COUNTY and CONTRACTOR shall agree that the approved units of service from the COUNTY Electronic Health Record and actual program costs are the actual services and costs used for purpose of this contract and final cost report settlement. Settlement is limited to the Contract Maximum.

5.7 CONTRACTOR shall provide COUNTY a Fiscal Year Expenditure Budget by August 1, 2014. This report will be sent to the attention of the Contracts Manager.

5.8 CONTRACTOR by the tenth of each month shall submit an invoice electronically to abhrs@stanbhrs.org or by mail to the following address:

Stanislaus County Behavioral Health & Recovery Services (BHRS)
800 Scenic Drive, Building 4
Modesto, Ca 95350
Attention: Account Payable

6. **TERM:**

The term of this Agreement shall be July 1, 2014 through June 30, 2015.

7. **DUPLICATE COUNTERPARTS**

This Agreement may be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute on and the same agreement.

8. **FUNDING**

If, during the time, which this Agreement is in effect, funds are not allocated to COUNTY or Behavioral Health and Recovery Services, sufficient to allow for a continuation of this agreement, then COUNTY may, at its sole discretion, terminate this Agreement, without penalty from or further obligation to CONTRACTOR. CONTRACTOR shall have no further obligation to COUNTY.

Confidentiality and Information Security Provisions
Direct Service Providers

1. As a covered entity, the Contractor shall comply with applicable laws and regulations, including but not limited to Sections 14100.2 and 5328 et seq. of the Welfare and Institutions Code and with the privacy and security requirements of Title II of the Health Insurance Portability and Accountability Act of 1996, (Public Law 104-91), also known as "HIPAA", and Title XIII of the American Recovery and Reinvestment Act of 2009, (Public Law 111-5), "the ARRA/HITECH Act" or "the HITECH Act", as these laws may be subsequently amended, and implementing regulations enacted by the Department of Health and Human Services at 45 CFR Parts 160-164, and, regulations enacted with regard to the HITECH Act. The foregoing laws and rules are sometimes collectively referred to hereafter as "HIPAA".

2. Permitted Uses and Disclosures of Individually Identifying Health Information (IIHI) by the Contractor.

   A. *Permitted Uses and Disclosures.* Except as otherwise provided in this Agreement, the Contractor, may use or disclose IIHI to perform functions, activities or services identified in this Agreement provided that such use or disclosure would not violate federal or state laws or regulations.

   B. *Specific Uses and Disclosures Provisions.* Except as otherwise indicated in the Agreement, the Contractor may:

      (1) Use and disclose IIHI for the proper management and administration of the Contractor or to carry out the legal responsibilities of the Contractor, provided that such use and disclosures are permitted by law.

      (2) Use IIHI to provide data aggregation services to County. Data aggregation means the combining of IIHI created or received by the Contractor for the purposes of this Agreement with IIHI received by the Contractor in its capacity as the Contractor of another HIPAA covered entity, to permit data analyses that relate to the health care operations of County.

3. Responsibilities of the Contractor.

   The Contractor agrees:

   A. *Safeguards.* To prevent use or disclosure of IIHI other than as provided for by this Agreement. The Contractor shall develop and maintain an information privacy and security program that includes the implementation of administrative, technical, and physical safeguards appropriate to the size and complexity of the Contractor's operations and the nature and scope of its activities. The information privacy and security programs must reasonably and appropriately protect the confidentiality, integrity, and availability of the IIHI that it creates, receives, maintains, or transmits; and prevent the use or disclosure of IIHI other than as provided for by this Agreement. The Contractor shall provide County with information concerning such safeguards as County may reasonably request from time to time.

      The Contractor shall restrict logical and physical access to confidential, personal (e.g., PHI) or sensitive data to authorized users only.

      The Contractor shall not transmit confidential, personal, or sensitive data via e-mail or other Internet transport protocol over a public network.

B. *Mitigation of Harmful Effects.* To mitigate, to the extent practicable, any harmful effect that is known to Contractor of a use or disclosure of IIHI by Contractor or its subcontractors in violation of the requirements of this Agreement.

C. *Agents and Subcontractors of the Contractor.* To ensure that any agent, including a subcontractor to which the Contractor provides IIHI received from County, or created or received by the Contractor, for the purposes of this contract shall comply with the same restrictions and conditions that apply through this Agreement to the Contractor with respect to such information.

D. *Notification of Electronic Breach or Improper Disclosure.* During the term of this Agreement, Contractor shall notify County immediately upon discovery of any breach of IIHI and/or data, where the information and/or data is reasonably believed to have been acquired by an unauthorized person. Immediate notification shall be made to the County BHRS Privacy Officer, within five (5) business days of discovery. Contractor shall take prompt corrective action to cure any deficiencies and any action pertaining to such unauthorized disclosure required by applicable Federal and State laws and regulations. Contractor shall investigate such breach and provide a written report of the results of the investigation, including any corrective actions taken, and copies of all Notifications made as a result of the breach, to the BHRS Officer, postmarked within thirty (30) calendar days of the discovery of the breach to the address below:

BHRS Privacy Officer
Behavioral Health and Recovery Services
800 Scenic Drive
Modesto, CA 95320
(209) 525-6225

E. *Employee Training and Discipline.* To train and use reasonable measures to ensure compliance with the requirements of this Agreement by employees who assist in the performance of functions or activities under this Agreement and use or disclose IIHI; and discipline such employees who intentionally violate any provisions of this Agreement, including by termination of employment.

4. Termination.

A. *Termination for Cause.* Upon County's knowledge of a material breach of this Agreement by Contractor, County shall either:

(1) Provide an opportunity for Contractor to cure the breach or end the violation and terminate this Agreement if Contractor does not cure the breach or end the violation within the time specified by County.

(2) Immediately terminate this Agreement if Contractor has breached a material term of this Agreement and cure is not possible; or

(3) If neither cure nor termination is feasible, the BHRS Privacy Officer shall report the violation to the Information Security Officer of the Department of Health Care Services.

B. *Judicial or Administrative Proceedings.* County may terminate this Agreement, effective immediately, if (i) Contractor is found liable in a civil matter or guilty in a criminal proceeding for a violation of the HIPAA Privacy or Security Rule or (ii) a finding or stipulation is made, in an administrative or civil proceeding in which the Contractor is a party, that the Contractor has violated a privacy or security standard or requirement of HIPAA, or other security or privacy laws.

C. *Effect of Termination.* Upon termination or expiration of this Agreement for any reason, Contractor shall return or destroy all IIHI received from County that Contractor still maintains in any form, and shall retain no copies of such IIHI or, if return or destruction is not feasible, it shall continue to extend the protections of this Agreement to such information, and limit further use of such IIHI to those purposes that make the return or destruction of such IIHI infeasible. This provision shall apply to IIHI that is in the possession of subcontractors or agents of the Contractor.

5. Miscellaneous Provisions.

A. *Disclaimer.* County makes no warranty or representation that compliance by Contractor with this Agreement, HIPAA or the HIPAA regulations will be adequate or satisfactory for Contractor's own purposes or that any information in the Contractor's possession or control, or transmitted or received by the Contractor, is or will be secure from unauthorized use or disclosure. Contractor is solely responsible for all decisions made by Contractor regarding the safeguarding of IIHI.

B. *Assistance in Litigation or Administrative Proceedings.* Contractor shall make itself, and use its best efforts to make any subcontractors, employees or agents assisting Contractor in the performance of its obligations under this Agreement, available to County at no cost to County to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings against County, its directors, officers or employees for claimed violation of HIPAA, the HIPAA regulations or other laws relating to security and privacy based upon actions or inactions of the Contractor and/or its subcontractor, employee, or agent, except where Contractor or its subcontractor, employee, or agent is a named adverse party.

C. *No Third-Party Beneficiaries.* Nothing expressed or implied in the terms and conditions of this Agreement is intended to confer, nor shall anything herein confer, upon any person other than County or Contractor and their respective successors or assignees, any rights remedies, obligations or liabilities whatsoever.

D. *Interpretation.* The terms and conditions in this Agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HIPAA regulations and applicable State laws. The parties agree that any ambiguity in the terms and conditions of this Agreement shall be resolved in favor of a meaning that complies and is consistent with applicable laws.

E. *Regulatory References.* A reference in the terms and conditions of this Agreement to a section in the HIPAA regulations means the section as in effect or as amended.

F. *Survival.* The respective rights and obligations of Contractor under Section 5.B of this Exhibit shall survive the termination or expiration of this Agreement.

G. *No Waiver of Obligations.* No change, waiver or discharge of any liability or obligation hereunder on any one or more occasions shall be deemed a waiver of performance of any continuing or other obligation, or shall prohibit enforcement of any obligation, on any other occasion.

EXHIBIT C

STATEMENT OF COMPLIANCE

A. CONTRACTOR agrees, unless specifically exempted, compliance with Government Code Section 12900 (a-f) and California Code of Regulations, Title 2, Division 4, Chapter 5 in matters relating to reporting requirements and the development, implementation and maintenance of a Nondiscrimination Program. Contractor agrees not to unlawfully discriminate, harass or allow harassment against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (cancer), age (over 40), marital status, and denial of family care leave. Employment of personnel shall be made solely on the basis of merit.

1. Action shall be taken to ensure applicants are employed, and employees are treated during employment, without regard to their race, religion, color, sex, national origin, age, physical or mental handicap. Such action shall include, but not be limited to, the following: Employment; upgrading; demotion or transfer; recruitment or recruitment advertising; layoff; or apprenticeship. However, recruitment and employment of applicants shall reflect the ethnic and racial composition of the County, particularly those groups not previously, nor currently, having adequate representation in recruitment or hiring. There shall be posted, in conspicuous places, notices available to employees and applicants for employment provided by the County Officer responsible for contracts setting forth the provisions of the Equal Opportunity clause.

2. All solicitations or advertisements for employees placed by or on behalf of CONTRACTOR and/or the subcontractor shall state that all qualified applicants will receive consideration for employment without regard to race, religion, color, sex, national origin, age, or physical or mental handicap.

3. Each labor union or representative of workers with which the County and/or the subcontractor has a collective bargaining agreement, or other contract or understanding, must post a notice provided by the County Officer responsible for contracts, advising the labor union or workers representative of CONTRACTOR's commitments under this Equal Opportunity clause and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

4. In the event of noncompliance with the discrimination clause of this contract or as otherwise provided by State and Federal law, this contract may be canceled, terminated or suspended, in whole or in part, and CONTRACTOR and/or the subcontractor may be declared ineligible for further State contracts in accordance with the procedures authorized in the Department of Health Care Services's Complaint Process.

5. All provision of Paragraph 1 through this paragraph 5 will be included in every subcontract unless exempted by rules, regulations or orders of the Director of the Department of Health Care Services so such provisions will be binding upon each subcontractor. CONTRACTOR will take such action with respect to any subcontract as the State may direct as a means of enforcing such provisions including sanctions for noncompliance provided; however, in the event CONTRACTOR becomes involved in, or is threatened with, litigation with a subcontractor as a result of such direction by the State, CONTRACTOR may request in writing to the State, who, in turn, may request the United States to enter into such litigation to protect the interest of the State and the United States.

B. Services, benefits and facilities shall be provided to patients without regard to their race, color, creed, national origin, sex, age or physical or mental disability, and no one will be refused service because of inability to pay for such services.

1. Nondiscrimination in Services, Benefits and Facilities: There shall be no discrimination in the provision of services because of color, race, creed, national origin, sex, age, or physical or mental disability in accordance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. Section 2000d, rules and regulations promulgated pursuant thereto, or as otherwise provided by State and Federal law. For the purpose of the contract, distinctions on the grounds of color, race, creed, national origin, sex, or age include, but are not limited to, the following: denying a participant any service or benefit to the participant which is different, or is provided in a different manner or at a different time, from that provided to other participants under this contract; subjecting a participant to segregation or separate treatment in any matter related to this receipt of any service; restricting a participant in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit; treating a participant differently from others in determining whether he/she satisfied any admission, enrollment quota, eligibility, membership, or other requirement or condition which individuals must meet in order to be provided any service or benefit; the assignment of times or places for the provision of services on the basis of the race, color, creed, or national origin of the participants to be served. The County and all subcontractors will take action to ensure intended beneficiaries are provided services without regard to color, race, creed, national origin, sex, age, or physical or mental handicap.

2. Procedure for Complaint Process: All complaints alleging discrimination in the delivery of services by the County and/or the subcontractor because of race, color, creed, national origin, sex, age, or physical or mental handicap, may be resolved by the State through the State Department of Health Care Services's Action Complaint Process.

3. Notice of Complaint Process: The County and all subcontractors shall, subject to the approval of the Department of Health Care Services, establish procedures under which recipients of the service are informed of their rights to file a complaint alleging discrimination or a violation of their civil rights with the State Department of Health Care Services.

C. The County and any subcontractor will furnish all information and reports required by the Department of Health Care Services and will permit access to books, records and accounts for purposes of investigation to ascertain compliance with above paragraphs.

D. The County and all subcontractors assure all recipients of service are provided information in accordance with provisions of Welfare and Institutions Code, Sections 5325 and 5325.1, and Sections 5520 through 5550, Cal. Code Regs., tit. 9 §§860 through 868, and 42 C.F.R. §438.100 pertaining to their rights as patients, that the County has established a system whereby recipients of service may file a complaint for alleged violations of their rights.

E. CONTRACTOR agrees to the provisions of Section 504 of the Rehabilitation Act of 1973, as amended, pertaining to the prohibition of discrimination against qualified handicapped persons in all Federally-assisted programs or activities, as detailed in regulations signed by the Secretary of Health, Education and Welfare, effective June 3, 1977, and found in the Federal Register, Volume 42, Number 86, dated May 4, 1977.

Exhibit D
Department of Health Care Services
Mental Health Act
Additional Terms and Conditions

To the extent the funds provided by the Department of Health Care Services (DHCS) are used under the Mental Health Act, the following terms of this Exhibit are used and apply:

1. **Service, Administrative and Operational Requirements**

   A. Contractor shall have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the contractor offers services to non-Medi-Cal beneficiaries. If the Contractor only serves Medi-Cal beneficiaries, the Contractor shall offer hours of operation that are comparable to the hours the Contractor makes available for Medi-Cal services that are not covered.

2. **Provider Selection and Certification**

   A. Contractor shall comply with provisions of 42 C.F.R. §§ 455.104, 455.105, 1002.203, 1002.3, which relate to the provision of information about provider business transactions and provider ownership and control, prior to entering into a contract and during certification or re-certification of the provider.

   B. Contractor shall comply with provisions of 42 C.F.R. § 438.214, which relates to the implementing of written policies and procedures for selection and retention of providers.

3. **Requirements for Day Treatment and Day Rehabilitation**

   If the services to be delivered under the terms of this agreement include day treatment intensive or day rehabilitation, the CONTRACTOR shall have a written description of the day treatment intensive and/or day rehabilitation program that complies with the following:

   A. Contractor shall request payment authorization for day treatment intensive and day rehabilitation services in advance of service delivery under the following conditions:

   1) Day treatment or day rehabilitation will be provided for more than five days a week;

   2) At least every three months for continuation of day treatment intensive;

   3) At least every six months for continuation of day rehabilitation;

   4) Request authorization for mental health services, as defined in Cal. Code Regs. Tit. 9, §1810.227, provided concurrently with day treatment or day

rehabilitation, excluding services to treat emergency and urgent conditions as defined in Cal.Code Regs., Tit.9, §1810.216 and §1810.253. These services shall be authorized with the same frequency as the concurrent day treatment intensive or day rehabilitation services.

B. Contractor shall assure that the advance payment authorization function does not include staff involved in the provision of day treatment intensive, day rehabilitation services, or mental health services provided concurrent to day treatment intensive or day rehabilitation services.

C. Contractor shall meet the requirements of Cal.Code Regs. Tit. 9, § §1840.318, 1840.328, 1840.350 and 1840.352

D. Contractor shall include, at a minimum, the following day treatment intensive and day rehabilitation service components:

1) *Community meetings*. These meetings shall occur at least once a day to address issues pertaining to the continuity and effectiveness of the therapeutic milieu, and shall actively involve staff and beneficiaries. Relevant discussions items include, but are not limited to: the day's schedule, any current event, individual issues that beneficiaries or staff wish to discuss to elicit support of the group and conflict resolution. Community meetings shall:

2) For day treatment intensive, include a staff person whose scope of practice includes psychotherapy;

a) For day rehabilitation, include a staff person who is a physician, a licensed/waivered/registered psychologist, clinical social worker, or marriage and family therapist, and a registered nurse, psychiatric technician, licensed vocational nurse or mental health rehabilitation specialist.

b) *Therapeutic milieu.* This component must include process groups and skill-building groups. Specific activities shall be performed by identified staff and take place during the scheduled hours of operation of the program. The goal of the therapeutic milieu is to teach, model and reinforce constructive interactions involving beneficiaries in the overall program. For example, beneficiaries are provided with opportunities to lead community meetings and to provide feedback to peers. The program includes behavior management interventions that focus on teaching self-management skills that children, youth, adults and older adults may use to control their own lives, to deal effectively with present and future problems, and to function well with minimal or no additional therapeutic intervention. Activities include, but are not limited to, staff feedback to beneficiaries on strategies for symptom

reduction, increasing adaptive behaviors, and reducing subjective distress.

c) *Process groups*. These groups, facilitated by staff, shall assist each beneficiary to develop necessary skills to deal with his/her problems and issues. The group process shall utilize peer interaction and feedback in developing problem-solving strategies to resolve behavioral and emotional problems. Day rehabilitation may include psychotherapy instead of process groups, or in addition to process groups.

d) *Skill-building groups.* In these groups, staff shall help beneficiaries identify barriers related to their psychiatric and psychological experiences. Through the course of group interaction, beneficiaries identify skills that address symptoms and increase adaptive behaviors.

e) *Adjunctive therapies.* These are therapies in which both staff and beneficiaries participate. These therapies may utilize self-expression, such as art, recreation, dance, or music as the therapeutic intervention. Participants do not need to have any level of skill in the area of self-expression, but rather be able to utilize the modality to develop or enhance skills directed toward achieving beneficiary plan goals. Adjunctive therapies assist the beneficiary in attaining or restoring skills which enhance community functioning including problem solving, organization of thoughts and materials, and verbalization of ideas and feelings. Adjunctive therapies provided as a component of day rehabilitation or day treatment intensive are used in conjunction with other mental health services in order to improve the outcome of those services consistent with the beneficiary's needs identified in the client plan,

E. Day treatment intensive shall additionally include:

1) *Psychotherapy.* Psychotherapy means the use of psychological methods within a professional relationship to assist the beneficiary or beneficiaries to achieve a better psychosocial adaptation, to acquire a greater human realization of psychosocial potential and adaptation, to modify internal and external conditions that affect individuals, groups or communities in respect to behavior, emotions and thinking, in respect to their intrapersonal and interpersonal processes. Psychotherapy shall be provided by licensed, registered, or waivered staff practicing within their scope of practice. Psychotherapy does not include physiological interventions, including medication intervention.

2) *Mental Health Crisis Protocol.* Contractor shall ensure that there is an established protocol for responding to beneficiaries experiencing a mental

health crisis. The protocol shall assure the availability of appropriately trained and qualified staff and include agreed upon procedures for addressing crisis situations. The protocol may include referrals for crisis intervention, crisis stabilization, or other specialty mental health services necessary to address the beneficiary's urgent or emergency psychiatric condition (crisis services). If the protocol includes referrals, the day treatment intensive or day rehabilitation program staff shall have the capacity to handle the crisis until the beneficiary is linked to an outside crisis service.

3) *Written Weekly Schedule.* Contractor shall ensure that a weekly detailed schedule is available to beneficiaries and as appropriate to their families, caregivers or significant support persons and identifies when and where the service components of the program will be provided and by whom. The written weekly schedule will specify the program staff, their qualifications, and the scope of their services.

F. *Staffing requirements.* Staffing ratios shall be consistent with the requirements in Cal. Code Regs., tit. 9 §1840.350, for day treatment intensive, and Cal.Code Regs., tit. 9 §1840.352 for day rehabilitation. For day treatment intensive, staff shall include one staff person whose scope of practice includes psychotherapy.

1) Program staff may be required to spend time on day treatment intensive and day rehabilitation activities outside the hours of operation and therapeutic program (e.g., time for travel, documentation, and caregiver contacts).

2) At least one staff person shall be present and available to the group in the therapeutic milieu for all scheduled hours of operation.

3) Day treatment intensive and day rehabilitation programs shall maintain documentation that enables the County and DHCS to audit the program if it uses day treatment intensive or day rehabilitation staff who are also staff with other responsibilities (e.g., as a staff of a group home, a school, or another mental health treatment program). There shall be documentation of the scope of responsibilities for these staff and the specific time in which day treatment intensive or day rehabilitation activities are being performed exclusive of other activities.

G. If a beneficiary is unavoidably absent and does not attend all of the scheduled hours of the day rehabilitation or day treatment intensive program, Contractor will only receive Medi-Cal reimbursement if beneficiary is present for at least 50% of scheduled hours of operation for that day. A separate entry is required and shall be entered in the beneficiary record documenting the reason for the unavoidable absence and the total time (number of hours and minutes) the beneficiary actually attended the program that day. In cases where absences are frequent, Contractor

is responsible for re-evaluating the beneficiary's need for the day rehabilitation or day treatment intensive program, and for taking appropriate action.

H. *Documentation Standards.* Day treatment intensive and day rehabilitation shall meet the documentation standards described in Section 11of this exhibit. The documentation shall include the date of service, signature of person providing the service (or electronic equivalent), the person's type of professional degree, licensure or job title, date of signature and the total number of minutes/hours the beneficiary actually attended the program. For day treatment intensive these standards include daily progress notes on activities and a weekly clinical summary reviewed and signed by a physician, a licensed/waivered/registered psychologist, clinical social worker, or marriage and family therapist, or a registered nurse who is either staff to the day treatment intensive program or the person directing the services.

I. Contractor shall ensure that day treatment intensive and day rehabilitation have at least one contact per month with a family member, caregiver or other significant support person identified by an adult beneficiary, or one contact per month with the legally responsible adult for a beneficiary who is a minor. This contact may be face-to-face, or by an alternative method (e.g., e-mail, telephone, etc.). Adult beneficiaries may decline this service component. The contacts should focus on the role of the support person in supporting the beneficiary's community reintegration. Contractor shall ensure that this contact occurs outside hours of operation and outside the therapeutic program for day treatment intensive and day rehabilitation.

J. *Written Program Description.* Contractor shall ensure there is a written program description for day treatment intensive and day rehabilitation. The written program description must describe the specific activities of each service and reflects each of the required components of the services as described in this section.

K. *Additional higher or more specific standards.* COUNTY shall retain the authority to set additional higher or more specific standards than those set forth in this contract, provided the County's standards are consistent with applicable state and federal laws and regulations and do not prevent the delivery of medically necessary day treatment intensive and day rehabilitation.

L. *Continuous Hours of Operation.* Contractor shall apply the following when claiming for day treatment intensive and day rehabilitation services:

1) A half day shall be billed for each day in which the beneficiary receives face-to-face services in a program with services available four hours or less per day. Services must be available a minimum of three hours each day the program is open.

2) A full day shall be billed for each day in which the beneficiary receives face-to-face services in a program with services available more than four hours per day.

3) Although the beneficiary must receive face to face services on a full day or half day claimed, all service activities during that day are not required to be face-to-face with the beneficiary.

4) The requirement for continuous hours of operation does not preclude short breaks (for example, a school recess period) between activities. A lunch or dinner may also be appropriate depending on the program's schedule. Contractor shall not count these breaks toward the total hours of operation of the day program for purposes of determining minimum hours of service.

4. ***Disclosures.***

Contractor shall submit the disclosures below to the County BHRS Contracts Manager regarding the network providers' (disclosing entities') ownership and control. Contractor must submit updated disclosures to the BHRS Contracts Manager upon submitting the provider application, before entering into or renewing a contract with the County, and within 35 days after any change in the subcontract/network provider's ownership or upon request by the County.

A. Disclosures to be provided:

1) The name and address of any person (individual or corporation) with an ownership or control interest in the network provider. The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address;

2). Date of birth and Social Security Number (in the case of an individual);

3). Other tax identification number (in the case of a corporation with an ownership or control interest in the managed care entity or in any subcontractor in which the managed care entity has a 5 percent or more interest);

4). Whether the person (individual or corporation) with an ownership or control interest in the Contractor's network provider is related to another person with ownership or control interest in the same or any other network provider of the Contractor as a spouse, parent, child or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the managed care has a 5 percent or more interest is related to another person with ownership or

control interest in the managed care entity as a spouse, parent, child, or sibling;

5) The name of any other disclosing entity in which the Contractor or subcontracting network provider has an ownership or control interest; and

6) The name, address, date of birth, and Social Security Number of any managing employee of the managed care entity.

B. *Disclosures Related to Business Transactions*. Contractor must submit disclosures and updated disclosures to the County including information regarding certain business transactions within 35 days, upon request.

1) The following information must be disclosed:

a) The ownership of any subcontractor with whom the Contractor has had business transactions totaling more than $25,000 during the 12-month period ending on the date of the request; and,

b) Any significant business transactions between the Contractor and any subcontractor, during the 5 year period ending on the date of the request.

C. *Disclosures Related to Persons Convicted of Crimes*. Contractor shall submit the following disclosures to the County regarding the Contractor's management:

1) The identity of any person who is a managing employee of the Contractor who has been convicted of a crime related to federal health care programs. (42 C.F.R. § 455.106(a) (1), (2).)

2) The identity of any person who is an agent of the Contractor who has been convicted of a crime related to federal health care programs. (42 C.F.R. §455.106(a) (1), (2).) For this purpose, the word "agent" has the meaning described in 42 C.F.R. §455.101.

3) The Contractor shall supply the disclosures before entering into the contract and at any time upon the County's request.

5. **Beneficiary Liability for Payment**

A. Pursuant to Cal. Code Regs., tit.9, § 1810.365, the Contractor shall not submit a claim to, or demand or otherwise collect reimbursement from, the beneficiary or persons acting on behalf of the beneficiary for any specialty mental health or related administrative services provided under this contract, except to collect other health insurance coverage, share of cost, and co-payments. Consistent with 42 C.F.R. § 438.106, the Contractor or an affiliate, vendor, contractor, or sub-subcontractor of the Contractor shall not hold beneficiaries liable for debts in the event that the Contractor becomes insolvent, for costs of covered services for which the State does not pay the Contractor, for costs of covered services for which the State or the Contractor does not pay the providers, for costs of covered services provided under a contract, referral or other arrangement rather than from the Contractor, or for payment of subsequent screening and treatment needed to diagnose the specific condition of or stabilize a beneficiary with an emergency psychiatric condition.

6. **Audits and Recovery of Overpayments**

A. Contractor shall be subject to audits and/or reviews, including client record reviews, by the Department Health Care Services.

7. **Federal Equal Opportunity Requirements**

A. The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. The Contractor will take affirmative action to ensure that qualified applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and career development opportunities and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Federal Government or DHCS, setting forth the provisions of the Equal Opportunity clause, Section 503 of the Rehabilitation Act of 1973 and the affirmative action clause required by the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. 4212). Such notices shall state the Contractor's obligation under the law to take affirmative action to employ and advance in employment qualified applicants without discrimination based on their race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era and the rights of applicants and employees.

B. The Contractor will, in all solicitations or advancements for employees placed

by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era.

C. The Contractor will send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract or understanding a notice, to be provided by the Federal Government or the State, advising the labor union or workers' representative of the Contractor's commitments under the provisions herein and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

D. The Contractor will comply with all provisions of and furnish all information and reports required by Section 503 of the Rehabilitation Act of 1973, as amended, the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. 4212) and of the Federal Executive Order No. 11246 as amended, including by Executive Order 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and of the rules, regulations, and relevant orders of the Secretary of Labor.

E. The Contractor will furnish all information and reports required by Federal Executive Order No. 11246 as amended, including by Executive Order 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and the Rehabilitation Act of 1973, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to its books, records, and accounts by the State and its designated representatives and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.

F. In the event of the Contractor's noncompliance with the requirements of the provisions herein or with any federal rules, regulations, or orders which are referenced herein, this Agreement may be cancelled, terminated, or suspended in whole or in part and the Contractor may be declared ineligible for further federal and state contracts in accordance with procedures authorized in Federal Executive Order No. 11246 as amended and such other sanctions may be imposed and remedies invoked as provided in Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

G. The Contractor will include the provisions of Paragraphs A. through G. in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Federal Executive Order No. 11246 as amended, including by Executive Order 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," or Section 503 of the Rehabilitation Act of 1973 or (38 U.S.C. 4212) of the Vietnam Era Veteran's Readjustment Assistance Act, so that such provisions will be binding upon each subcontractor or vendor. The Contractor will take such action with respect to any subcontract or purchase order as the Director of the Office of Federal Contract Compliance Programs or DHCS may direct as a means of enforcing such provisions including sanctions for noncompliance provided, however, that in the event the Contractor becomes involved in, or is threatened with litigation by a subcontractor or vendor as a result of such direction by DHCS, the Contractor may request in writing to DHCS, who, in turn, may request the United States to enter into such litigation to protect the interests of the State and of the United States.

8. Travel and Per Diem Reimbursement

A. CONTRACTOR reimbursement for travel and per diem expenses under this agreement shall be no higher than the rates currently in effect, as established by the California Department of Personnel Administration (DPA), for nonrepresented state employees as stipulated in DHCS' Travel Reimbursement Information Exhibit. If the DPA rates change during the term of the Agreement, the new rates shall apply upon their effective date and no amendment to this Agreement shall be necessary.

9. Procurement Rules

A. *Equipment/Property definitions*

Wherever the term equipment and/or property is used, the following definitions shall apply:

1) Major equipment/property: A tangible or intangible item having a base unit cost of $5,000 or more with a life expectancy of one (1) year or more and is either furnished by DHCS or the cost is reimbursed through this Agreement. Software and videos are examples of intangible items that meet this definition.

2) Minor equipment/property: A tangible item having a base unit cost of less than $5,000 with a life expectancy of one (1) year or more and is either furnished by DHCS or the cost is reimbursed through this agreement.

B. Nonprofit organizations and commercial businesses shall use a procurement system that meets the following standards:

1) Maintain a code or standard of conduct that shall govern the performance of its officers, employees, or agents engaged in awarding procurement contracts. No employee, officer, or agent shall participate in the selection, award, or administration of a procurement, or bid contract in which, to his or her knowledge, he or she has a financial interest.
2) Procurements shall be conducted in a manner that provides, to the maximum extent practical, open, and free competition.
3) Procurements shall be conducted in a manner that provides for all of the following:
    a. Avoid purchasing unnecessary or duplicate items;
    b. Equipment/property solicitations shall be based upon a clear and accurate description of the technical requirements of the goods to be procured;
    c. Take positive steps to utilize small and veteran owned businesses.

4) Unless waived or otherwise stipulated in writing by DHCS, prior written authorization from the appropriate DHCS Program Contract Manager and the BHRS Contracts Manager will be required before the Contractor will be reimbursed for any purchase of $5,000 or more for commodities, supplies, equipment/property, and services related to such purchases. The Contractor must provide in its request for authorization all particulars necessary, as specified by DHCS, for evaluating the necessity or desirability of incurring such costs. The term "purchase" excludes the purchase of services from a subcontractor and public utility services at rates established for uniform applicability to the general public.

5) In special circumstances, determined by DHCS (e.g., when DHCS has a need to monitor certain purchases, etc.), DHCS may require prior written authorization and/or submission of paid vendor receipts for any purchase, regardless of dollar amount, DHCS reserves the right to either deny claims for reimbursement or to request repayment for any Contractor and/or subcontractor purchase that DHCS determined to be unnecessary in carrying out performance under this agreement.

6) For all purchases, the Contractor must maintain copies of all paid vendor invoices, documents, bids and other information used in vendor selection, for inspection or audit. Justifications supporting the absence of bidding (i.e., sole source purchases) shall also be maintained on file by the Contractor for inspection or audit.

10. **Equipment/Property Ownership/Inventory/Disposition**

A. Unless otherwise stipulated, DHCS shall be under no obligation to pay the cost of restoration, or rehabilitation of the Contractor's and/or Subcontractor's facility which may be affected by the removal of any state equipment and/or property.

B. The Contractor and/or Subcontractor shall maintain and administer a sound business program for ensuring the proper use, maintenance, repair, protection, insurance and preservation of state equipment and/or property

C. .In administering this provision, DHCS may require the Contractor and/or Subcontractor to repair or replace, to DHCS' satisfaction, any damaged, lost or stolen state equipment and/or property. In the event of state equipment and/or miscellaneous property theft, Contractor shall immediately file a theft report with the appropriate police agency and Contractor shall promptly submit one copy of the theft report to the BHRS Contracts Manager.

11. **Motor Vehicles**

The purchase of a vehicle with DHCS funds under this agreement requires that a written request be submitted to the BHRS Contracts Manager and prior written BHRS department approval and authorization must be given prior to the purchase of vehicle.

12. **Income Restrictions**

Unless otherwise stipulated in this Agreement, the Contractor agrees that any refunds, rebates, credits, or other amounts (including any interest thereon) accruing to or received by the Contractor under this Agreement shall be paid by the Contractor to BHRS, to the extent that they are properly allocable to costs for which the Contractor has been reimbursed by BHRS under this Agreement.

13. **Audit and Record Retention**

(Applicable to agreements in excess of $10,000)

A. The Contractor and/or Subcontractor shall maintain books, records, documents, and other evidence, accounting procedures and practices, sufficient to properly reflect all direct and indirect costs of whatever nature claimed to have been incurred in the performance of this Agreement, including any matching costs and expenses. The foregoing constitutes "records" for the purpose of this provision.

B. Contractor agrees that DHCS, the Department of General Services, the Bureau of State Audits, or their designated representatives including the Comptroller General of the United States shall have the right to review and to copy any records and

supporting documentation pertaining to the performance of this Agreement. Contractor agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, the Contractor agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (GC 8546.7, CCR Title 2, Section 1896).

C. The Contractor and/or Subcontractor shall comply with the above requirements and be aware of the penalties for violations of fraud and for obstruction of investigation as set forth in Public Contract Code § 10115.10, if applicable.

D. The Contractor and/or Subcontractor may, at its discretion, following receipt of final payment under this Agreement, reduce its accounts, books and records related to this Agreement to microfilm, computer disk, CD ROM, DVD, or other data storage medium. Upon request by an authorized representative to inspect, audit or obtain copies of said records, the Contractor and/or Subcontractor must supply or make available applicable devices, hardware, and/or software necessary to view, copy and/or print said records. Applicable devices may include, but are not limited to, microfilm readers and microfilm printers, etc.

14. **Site Inspection**

A. The State, through any authorized representatives, has the right at all reasonable times to inspect or otherwise evaluate the work performed or being performed hereunder including subcontract supported activities and the premises in which it is being performed. If any inspection or evaluation is made of the premise of the Contractor or Subcontractor, the Contractor shall provide and shall require Subcontractors to provide all reasonable facilities and assistance for the safety and convenience of the authorized representatives in the performance of their duties. All inspections and evaluations shall be performed in such a manner as will not unduly delay the work.

15. **Federal Contract Funds**
(Applicable only to that portion of an agreement funded in part or whole with federal funds)

A. It is mutually understood between the parties that this Agreement may have been written before ascertaining the availability of congressional appropriation of funds, for the mutual benefit of both parties, in order to avoid program and fiscal delays which

would occur if the Agreement were executed after that determination was made.

B. This agreement is valid and enforceable only if sufficient funds are made available to the State by the United States Government for the fiscal years covered by the term of this Agreement. In addition, this Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress or any statute enacted by the Congress which may affect the provisions, terms or funding of this Agreement in any manner.

C. It is mutually agreed that if the Congress does not appropriate sufficient funds for the program, this Agreement shall be amended to reflect any reduction in funds.

16. **Intellectual Property Rights**

A. Except where DHCS has agreed in a signed writing to accept a license, DHCS shall be and remain, without additional compensation, the sole owner of any and all rights, title and interest in all Intellectual Property, from the moment of creation, whether or not jointly conceived, that are made, conceived, derived from, or reduced to practice by Contractor or DHCS and which result directly or indirectly from this Agreement.

B. Contractor agrees to assign to DHCS all rights, title and interest in Intellectual Property made, conceived, derived from, or reduced to practice by the subcontractor, Contractor, or DHCS and which result directly or indirectly from this Agreement or any subcontract.

17. **Smoke-Free Workplace Certification**

(Applicable to federally funded agreements/grants and subcontracts/sub awards, that provide health, day care, early childhood development services, education or library services to children under 18 directly or through local governments.)

A. Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed.

B. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible party.

C. By signing this Agreement, Contractor or Grantee certifies that it will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The prohibitions herein are effective December 26, 1994.

18. Prohibited Use of State Funds for Software

(Applicable to agreements in which computer software is used in performance of the work.)

A. Contractor certifies that it has appropriate systems and controls in place to ensure that state funds will not be used in the performance of this Agreement for the acquisition, operation or maintenance of computer software in violation of copyright laws.

19. Use of Small, Minority Owned and Women's Businesses

A. Positive efforts shall be made to use small businesses, minority-owned firms and women's business enterprises, whenever possible (i.e., procurement of goods and/or services). Contractors shall take all of the following steps to further this goal.

1) Ensure that small businesses, minority-owned firms, and women's business enterprises are used to the fullest extent practicable.

2) Make information on forthcoming purchasing and contracting opportunities available and arrange time frames for purchases and contracts to encourage and facilitate participation by small businesses, minority-owned firms, and women's business enterprises.

3) Consider in the contract process whether firms competing for larger contracts intend to subcontract with small businesses, minority-owned firms, and women's business enterprises.

4) Encourage contracting with consortiums of small businesses, minority-owned firms and women's business enterprises when a contract is too large for one of these firms to handle individually.

5) Use the services and assistance, as appropriate, of such organizations as the Federal Small Business Administration and the U.S. Department of Commerce's Minority Business Development Agency in the solicitation and utilization of small businesses, minority-owned firms and women's business enterprises.

20. **Alien Ineligibility Certification**

(Applicable to sole proprietors entering federally funded agreements)

A. By signing this Agreement, the Contractor certifies that he/she is not an alien that is ineligible for state and local benefits, as defined in Subtitle B of the Personal Responsibility and Work Opportunity Act. (8 U.S.C. 1601, et seq.)

21. **Contract Uniformity (Fringe Benefit Allowability)**

(Applicable only to nonprofit organizations)

A. Pursuant to the provisions of Article 7 (commencing with Section 100525) of Chapter 3 of Part 1 of Division 101 of the Health and Safety Code, DHCS sets forth the following policies, procedures, and guidelines regarding the reimbursement of fringe benefits.

B. As used herein fringe benefits shall mean an employment benefit given by one's employer to an employee in addition to one's regular or normal wages or salary.

As used herein, fringe benefits do not include

1) Compensation for personal services paid currently or accrued by the Contractor for services of employees rendered during the term of this Agreement, which is identified as regular or normal salaries and wages, annual leave, vacation, sick leave, holidays, jury duty and/or military leave/training.
2) Director's and executive committee member's fees
3) Incentive awards and/or bonus incentive pay.
4) Allowances for off-site pay
5) Location allowances
6) Hardship pay
7) Cost-of-living differentials

B. Specific allowable fringe benefits include:

1) Fringe benefits in the form of employer contribution for the employer's portion of payroll taxes (i.e., FICA, SUI, SDI) employee health plans (i.e., health, dental and vision), unemployment insurance, worker's compensation insurance, and the employer's share of pension/retirement plans, provided they are granted in accordance with established written organization policies and meet all legal and Internal Revenue Service requirements.
2) To be an allowable fringe benefit, the cost must meet the following criteria:
    a) Be necessary and reasonable for the performance of the Agreement;
    b) Be determined in accordance with generally accepted accounting principles;
    c) Be consistent with policies that apply uniformly to all activities of the Contractor.
3) Contractor agrees that all fringe benefits shall be at actual cost.

4) Earned/Accrued Compensation

a) Compensation for vacation, sick leave and holidays is limited to that amount earned/accrued within the agreement term. Unused vacation, sick leave and holidays earned from periods prior to the agreement term cannot be claimed as allowable costs. See Example No. 1.

b) For multiple year agreements, vacation and sick leave compensation, which is earned/accrued but not paid, due to employee(s) not taking time off may be carried over and claimed within the overall term of the multiple years of the Agreement. Holidays cannot be carried over from one agreement year to the next. See Example No. 2.

c) For single year agreements, vacation, sick leave and holiday compensation that is earned/accrued but not paid, due to employee(s) not taking time off within the term of the Agreement, cannot be claimed as an allowable cost. See Example No. 3.

Example No. 1:
If an employee, John Doe, earns/accrues three weeks of vacation and twelve days of sick leave each year, then that is the maximum amount that may be claimed during a one year agreement. If John Doe has five weeks of vacation and eighteen days of sick leave at the beginning of an agreement, the Contractor during a one-year budget period may only claim up to three weeks of vacation and twelve days of sick leave as actually used by the employee. Amounts earned/accrued in periods prior to the beginning of the Agreement are not an allowable cost.

Example No. 2:
If during a three-year (multiple year) agreement, John Doe does not use his three weeks of vacation in year one, or his three weeks in year two, but he does actually use nine weeks in year three; the Contractor would be allowed to claim all nine weeks paid for in year three. The total compensation over the three-year period cannot exceed 156 weeks (3 x 52 weeks)

Example No. 3:
If during a single year agreement, John Doe works fifty weeks and used one week of vacation and one week of sick leave and all fifty-two weeks have been billed to DHCS, the remaining unused two weeks of vacation and seven days of sick leave may not be claimed as an allowable cost.

23. **Lobbying Prohibition**

(Applicable to all sub awards at all tiers (including subcontractors, subgrants, and contracts under grants and cooperative agreements) of $100,000 or more)

A. Section 1352 of Title 31, U.S.C., provides in part that no appropriated funds may be expended by the recipient of a federal contract or agreement, grant, loan, or cooperative agreement to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any of the following covered federal actions: the awarding of any federal contract or agreement, the making of any federal grant, the making of any federal loan, entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract or agreement, grant, loan or cooperative agreement.

24. **Patient Rights**

Pursuant to 42 C.F.R. § 438.100, Contractor shall take beneficiaries rights into account when providing services, including the right to:

A. Receive information in accordance with 42 C.F.R. § 438.10.
B. Be treated with respect and with due consideration for his or her dignity and privacy.
C. Receive information on available treatment options and alternatives, presented in a manner appropriate to the beneficiary's condition and ability to understand.
D. Participate in decisions regarding his or her health care, including the right to refuse treatment.
E. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
F. Request and receive a copy of his or her medical records, and to request that they be amended or corrected, as specified in 45 C.F.R. §§ 164.524 and 164.526.
G. To be furnished services in accordance with 42 C.F.R. §§ 438.206 through 438.210.
H. To freely exercise his or her rights, and the exercise of those rights will not adversely affect the way the Contractor and its providers or the Department treat the beneficiary.

AMENDMENT
TO PROVIDER AGREEMENT

This Amendment is made and entered into in the City of Modesto, State of California, by and between the County of Stanislaus (hereinafter referred to as "County"), and Telecare Corporation, a California Corporation, (hereinafter referred to as "Contractor"), effective the date of the last signature, for and in consideration of the premises, and the mutual promises, covenants, terms, and conditions hereinafter contained.

WHEREAS, County has experienced a dramatic increase in psychiatric hospitalizations during the past calendar year and Contractor has agreed to provide additional services due to the rise in hospitalizations.

WHEREAS, the Agreement has an error. The number of clients served was incorrectly stated;

WHEREAS, the parties desire to correct the error;

NOW, THEREFORE, in consideration of mutual promises, covenants, terms, and conditions hereinafter contained, the Agreement, which was entered into on July 1, 2014, is amended to correct the number of clients served. This amendment is incorporated into the Agreement as follows:

I. Exhibit A-1, Section A, Target Population, of the Agreement is deleted in its entirety and replaced with the following:

CONTRACTOR shall provide services to 294 individuals who are high risk, have been unserved or underserved by other mental health programs, with emphasis upon those who are discharged from a psychiatric hospital and are seriously mentally ill throughout regions of Stanislaus County. Services will also be provided to individuals who are homeless or at risk for homelessness and/or have historically been high users of crisis-based services including hospital, mobile crisis, emergency rooms and incarceration, have co-occurring alcohol and other drug problems, physical health problems, and are in the western and southern regions of Modesto including those whose race or ethnicity is Latino, African American, Native American, and Southeast Asian (Asian/ Pacific Islander).

II. Exhibit A-1, Section B, Services, Item 2 of the Agreement is deleted in its entirety and replaced with the following:

2. Levels shall be divided with the target numbers as follows:

2.1 Full Service Partnership (FSP) programs:

2.1.1 Westside SHOP (SubUnit 6602), 40 clients between the ages of 18 to 60+.
2.1.2 Partnership TRAC (SubUnit 6603), 72 clients between the ages of 18 to 60+.

2.1.3 Josie's TRAC (SubUnit 6604), 40 clients between the ages of 18 to 25.
2.1.4 MRS TRAC (SubUnit 6614), 12 clients between the ages of 18 to 60+.
2.1.5 Eight (8) to ten (10) of 164 individuals shall be individuals referred by Golden Valley Health Clinics.

2.2 General Systems Development (GSD) programs:

2.2.1 Fast TRAC (ISS), (SubUnit 6605), 45 clients.
2.2.2 Wellness TRAC (SubUnit 6607), 60 clients.
2.2.3 Transition TRAC (SubUnits 6611/6612), 25 clients.

III. All other terms and conditions of said Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Amendment on the date(s) shown below.

COUNTY OF STANISLAUS
BEHAVIORAL HEALTH AND
RECOVERY SERVICES

Madelyn Schlaepfer 9-8-2014
Madelyn Schlaepfer, Ph.D., CEAP Date
Behavioral Health Director

TELECARE CORPORATION

Faith Richie Date
Senior Vice President

Marshall D. Langfeld Date
Senior Vice President and CFO

APPROVED AS TO FORM:
John P. Doering, County Counsel

Marc Hartley
Marc Hartley
Deputy County Counsel

BOS Action Item: — Date: —

2.1.3 Josie's TRAC (SubUnit 6604), 40 clients between the ages of 18 to 25.
2.1.4 MRS TRAC (SubUnit 6614), 12 clients between the ages of 18 to 60+.
2.1.5 Eight (8) to ten (10) of 164 individuals shall be individuals referred by Golden Valley Health Clinics.

2.2 General Systems Development (GSD) programs:

2.2.1 Fast TRAC (ISS), (SubUnit 6605), 45 clients.
2.2.2 Wellness TRAC (SubUnit 6607), 60 clients.
2.2.3 Transition TRAC (SubUnits 6611/6612), 25 clients.

III. All other terms and conditions of said Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Amendment on the date(s) shown below.

COUNTY OF STANISLAUS
BEHAVIORAL HEALTH AND
RECOVERY SERVICES

Madelyn Schlaepfer, Ph.D., CEAP Date
Behavioral Health Director

TELECARE CORPORATION

Faith Richie 8-27-14
Faith Richie Date
Senior Vice President

8/26/14
Marshall D. Langfeld Date
Senior Vice President and CFO

APPROVED AS TO FORM:
John P. Doering, County Counsel

Marc Hartley
Deputy County Counsel

BOS Action Item: _____ Date: _____

SECOND AMENDMENT
TO PROVIDER AGREEMENT

This Amendment is made and entered into in the City of Modesto, State of California, by and between the County of Stanislaus (hereinafter referred to as "COUNTY"), and Telecare Corporation, a California Corporation, (hereinafter referred to as "CONTRACTOR"), effective the date of the last signature, for and in consideration of the premises, and the mutual promises, covenants, terms, and conditions hereinafter contained.

WHEREAS, COUNTY and CONTRACTOR entered into an agreement dated July 1, 2014 to provide services to individuals who are at high risk, have been unserved or underserved by other mental health programs, with emphasis upon those who are discharged from a psychiatric hospital and are seriously mentally ill throughout regions of Stanislaus County; and

WHEREAS, COUNTY has a need to expand Telecare Transition TRAC services to the Psychiatric Health Facility (PHF) and Contractor has agreed to provide additional services; and

NOW, THEREFORE, in consideration of mutual promises, covenants, terms, and conditions hereinafter contained, the Agreement, which was entered into on July 1, 2014, is amended to include the PHF, update the performance outcome measures and increase the contract maximum amount by $230,000 from $4,066,294 to $4,296,294. This amendment is incorporated into the Agreement as follows:

I. Exhibit A-2, Section A, Target Population, of the Agreement is deleted in its entirety and replaced with the following:

> CONTRACTOR shall provide services to individuals being discharged from Doctors Behavioral Health Center (DBHC), Stanislaus Psychiatric Health Facility (PHF), and out-of-county inpatient placement as they transition back to the community with the goal of avoiding re-emergence of symptoms and re-admission to psychiatric hospitals. These individuals will be targeted for services because they are otherwise disconnected from the mental health system of care and have minimal knowledge of how to access needed resources in the system of care and in the community.

II. Exhibit A-2, Section B, Services, Item 1 of the Agreement is deleted in its entirety and replaced with the following:

1. CONTRACTOR will outreach to all psychiatric hospital uninsured and Medi-Cal patients being discharged from psychiatric hospitals who are not currently opened to treatment services. For those consumers who require and accept follow-up support, the TELECARE DISCHARGE TEAM (Transition TRAC) will provide Tracking Case Management for up to 90 days. CONTRACTOR shall provide Tracking Case Management to approximately 25 clients at a given time with a staff-to-client ratio not to exceed 1:15.

III. Exhibit A-2, Section C, Outcomes, of the Agreement is deleted in its entirety and replaced with the following:

1. **Outcome:** Inpatient uninsured and Medi-Cal individuals being discharged from DBHC and out-of-county inpatient placement who are not currently open to BHRS mental health treatment services are contacted by Transition TRAC.

   Indicator: % of inpatient uninsured and Medi-Cal discharges who are not currently open to BHRS Mental Health treatment services contacted by Transition TRAC *(How well?)*
   Target: 90% of inpatient uninsured and Medi-Cal discharges who are not currently open to BHRS Mental Health Treatment services are contacted by Transition TRAC

   Associated Performance Measures:
   - # unduplicated individuals served *(How much?)*
   - # contacts/services *(How much?)*
   - # hospital contacts *(How much?)*
   - Average # contacts/services per individual *(How well?)*
   - Average # services for top 5% of high utilizing individuals *(How well?)*

2. **Outcome:** Consumers who require and accept follow-up support benefit from Tracking Case Management for up to 90 days.

   Indicator: # unduplicated individuals receiving case management *(How much?)*
   Target: Minimum of 25 unduplicated individuals receive case management

   Associated Performance Measures:
   - # case management contacts *(How much?)*
   - % of TT individuals connected and opened to BHRS Mental Health treatment services *(How well?)*
   - % of Transition TRAC individuals connected to BHRS AOD treatment services *(How well?)*
   - % of Transition TRAC individuals connected to community resources *(How well?)*
   - % of Transition TRAC unique individuals who are connected to services *(How well?)*
   - % of Transition TRAC unique case management individuals who are successfully linked with at least one service or community resource *(How well?)*

3. **Outcome:** Transition TRAC consumers in crisis benefit from "on call" services.

   Indicator: % of crisis contacts of individuals currently open to Transition TRAC that are responded to by Transition TRAC *(How well?)*
   Target: 90% of open individuals' crises are responded to by Transition TRAC

Associated Performance Measures:

- # crisis contacts *(How much?)*
- % of Transition TRAC unique individuals who received an additional crisis service while open to Transition TRAC *(How well?)*
- % of Transition TRAC individual crisis contacts admitted to hospital *(How well?)*
- % of Transition TRAC open case management individuals who are presenting in crisis who are hospitalized *(How well?)*
- % of Transition TRAC unique individuals whose additional crisis led to readmission *(How well?)*

4. **Outcome:** Hospital readmission is avoided through Transition TRAC services.

   Indicator: % of Transition TRAC unique individuals readmitted within 7, 14, 30, 60, 90, >90 days *(Better off?)*

   Target: <25% readmitted within 30 days

   Associated Performance Measures:

   - % of Transition TRAC individual readmit hospitalizations within 7, 14, 30, 60, 90, >90 days *(How well?)*
   - % of Transition TRAC unique individuals readmitted within 7, 14, 30, 60, 90, >90 days while open *(Better off)*
   - % of Transition TRAC unique case management individuals readmitted within 7, 14, 30, 60, 90, >90 days while open *(Better off)*
   - % of Transition TRAC unique individuals connected to a BHRS treatment team readmitted within 7, 14, 30, 60, 90, >90 days while open *(Better off)*
   - % of Transition TRAC unique individuals refusing services readmitted within 7, 14, 30, 60, 90, >90 days while open *(Better off)*
   - # of hospitalizations pre-Transition TRAC compared to post-Transition TRAC *(Better off?)*
   - # of hospitalizations pre-Transition TRAC compared to post-Transition TRAC for top 5% of high utilizing individuals *(Better off?)*
   - % of Transition TRAC unique individuals whose additional crisis led to readmission *(How well?)*

5. **Outcome:** Uninsured Transition TRAC consumers become insured

   Indicator: % of Transition TRAC uninsured individuals participating in case management who become insured *(Better off?)*

   Target: 90% become insured

6. **Outcome:** Quarterly reports are submitted by Contractor that indicate the primary reasons for hospitalization.

   Outcome: Quarterly narratives are submitted by Contractor that provide individual Transition TRAC consumer success stories.

IV. All other terms and conditions of said Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Amendment on the date(s) shown below.

COUNTY OF STANISLAUS
BEHAVIORAL HEALTH AND
RECOVERY SERVICES

Madelyn Schlaepfer, Ph.D., CEAP Date
Behavioral Health Director

TELECARE CORPORATION

Faith Richie Date
Senior Vice President

Marshall D. Langfeld Date
Senior Vice President and CFO

APPROVED AS TO FORM:
John P. Doering, County Counsel

Marc Hartley
Deputy County Counsel

BOS Action Item: 2014-296 Date: June 17, 2014

IV. All other terms and conditions of said Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Amendment on the date(s) shown below.

COUNTY OF STANISLAUS
BEHAVIORAL HEALTH AND
RECOVERY SERVICES

Madelyn Schlaepfer, Ph.D., CEAP Date
Behavioral Health Director

TELECARE CORPORATION

Faith Richie 8-27-14
Faith Richie Date
Senior Vice President

8/27/14
Marshall D. Langfeld Date
Senior Vice President and CFO

APPROVED AS TO FORM:
John P. Doering, County Counsel

Marc Hartley
Deputy County Counsel

BOS Action Item: 2014-296 Date: June 17, 2014

AMENDMENT
TO PROVIDER AGREEMENT

This Amendment is made and entered into in the City of Modesto, State of California, by and between the County of Stanislaus (hereinafter referred to as "COUNTY", and Sierra Vista Child & Family Services, a California Non-profit Corporation (hereinafter referred to as "CONTRACTOR"), effective the date of the last signature, for and in consideration of the premises, and the mutual promises, covenants, terms, and conditions hereinafter contained.

WHEREAS, COUNTY and CONTRACTOR entered into an agreement dated July 1, 2014 to provide Mental Health Prevention and Early Intervention Services for individuals who are primarily from culturally (Latino/Hispanic, Asian, African-American and Lesbian, Gay, Bi-sexual, Transgender and Questioning (LGBTQ) and geographically underserved communities within Stanislaus; and

WHEREAS, CONTRACTOR is specially trained, experienced and competent to implement the mental health Prevention and Early Intervention (PEI) project referred to as "Early Psychosis"; and

WHEREAS, COUNTY has a need to increase the services and the CONTRACTOR has agreed to deliver additional Mental Health Prevention and Early Intervention services.

NOW, THEREFORE, in consideration of mutual promises, covenants, terms, and conditions hereinafter contained, the Agreement, which was entered into on July 1, 2014, is amended to increase the contract maximum amount by $125,000 from $325,000 to $450,000. This increase will require the increase of the FFP requirement from $34,600 to $47,748. This amendment is incorporated into the Agreement as follows:

I. Exhibit A, Section 2. TRAINING, Paragraph 2.2 is deleted and replaced with:

2.2 CONTRACTOR shall arrange for training and ongoing clinical and program consultation from Endurance Consulting regarding the EAST Program. Staff funded under this agreement shall have demonstrated beginning competency in the screening, assessment and treatment of early manifestations of psychosis prior to commencement of the delivery of clinical services.

II. Exhibit A, Section 3 STAFFING, Paragraph 3.1, and 3.2 are deleted in their entirety and replaced with

3.1 CONTRACTOR shall assign One (1) Full Time Employee (FTE) Program Supervisor, Three (3) FTE Clinicians, One FTE Case Manager.

3.2 CONTRACTOR shall assign a Psychiatrist at approximately 6-8 hours a month.

III. Exhibit A, Section 4. EVALUATION, Paragraph 4.1.1 and 4.1.2 are deleted in its entirety and replaced with:

4.1.1 Forty (40) individuals and families served (this number includes clients who are accepted into the program as well as clients referred and screened for services. Direct contact must occur for the count.)

4.1.2 600 hours of clinical services. Hours include all client contact.

IV. Exhibit A, Section 5 BILLING AND PAYMENT, Paragraph 5.3, 5.5, 5.6 and 5.8 are deleted and replaced with:

5.3 In consideration of CONTRACTOR's provision of services required in this Agreement, COUNTY shall reimburse CONTRACTOR an amount not to exceed the Contract maximum of $450,000, for salaries, benefits, and other operating expenses.

5.5 COUNTY shall reimburse Contractor for any undisputed invoices, which COUNTY and CONTRACTOR agree represents the costs of delivering the services required under the terms of this Agreement for the period covered by the invoice, within 30 days of invoice receipt. CONTRACTOR agrees that the monthly invoices represent an estimate of the actual program costs and not a final settlement for the costs of delivering the services under the terms of this Agreement. CONTRACTOR understands that the maximum amount to be paid by the COUNTY during the term of this Agreement is $450,000. CONTRACTOR shall manage the program operations and program costs to insure the provision of services for the full term of this Agreement.

5.6 CONTRACTOR is expected to generate a minimum of $47,748 in Medi-Cal Federal Financial Participation (FFP), for applicable programs identified in Exhibit B, which is in part the basis for funding this Agreement. The Net County Cost for the provision of services under the terms of this Agreement shall be $402,252, which is calculated by subtracting the FFP of $47,748 from the Contract Maximum of $450,000.

V. All other term and conditions of said Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Amendment on the date(s) shown below.

COUNTY OF STANISLAUS BEHAVIORAL HEALTH AND RECOVERY SERVICES

10-1-2014

Madelyn Schlaepfer, Ph.D., CEAP Date
Behavioral Health Director

SIERRA VISTA CHILD & FAMILY SERVICES

Judy Kindle Date
Executive Director

APPROVED AS TO FORM:
John P. Doering, County Counsel

Marc Hartley
Deputy County Counsel

BOS Action Item: 2014-511 Date: 9/30/14

IV. Exhibit A, Section 5 BILLING AND PAYMENT, Paragraph 5.3, 5.5, 5.6 and 5.8 are deleted and replaced with:

5.3 In consideration of CONTRACTOR's provision of services required in this Agreement, COUNTY shall reimburse CONTRACTOR an amount not to exceed the Contract maximum of $450,000, for salaries, benefits, and other operating expenses.

5.5 COUNTY shall reimburse Contractor for any undisputed invoices, which COUNTY and CONTRACTOR agree represents the costs of delivering the services required under the terms of this Agreement for the period covered by the invoice, within 30 days of invoice receipt. CONTRACTOR agrees that the monthly invoices represent an estimate of the actual program costs and not a final settlement for the costs of delivering the services under the terms of this Agreement. CONTRACTOR understands that the maximum amount to be paid by the COUNTY during the term of this Agreement is $450,000. CONTRACTOR shall manage the program operations and program costs to insure the provision of services for the full term of this Agreement.

5.6 CONTRACTOR is expected to generate a minimum of $47,748 in Medi-Cal Federal Financial Participation (FFP), for applicable programs identified in Exhibit B, which is in part the basis for funding this Agreement. The Net County Cost for the provision of services under the terms of this Agreement shall be $402,252, which is calculated by subtracting the FFP of $47,748 from the Contract Maximum of $450,000.

V. All other term and conditions of said Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Amendment on the date(s) shown below.

COUNTY OF STANISLAUS
BEHAVIORAL HEALTH AND
RECOVERY SERVICES

Madelyn Schlaepfer, Ph.D., CEAP Date
Behavioral Health Director

SIERRA VISTA CHILD & FAMILY
SERVICES

Judy Kindle 9/23/14
Judy Kindle Date
Executive Director

APPROVED AS TO FORM:
John P. Doering, County Counsel

Marc Hartley
Deputy County Counsel

BOS Action Item: 2014-511 Date: 9/30/14