

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

DEPT: Behavioral Health And Recovery Services

BOARD AGENDA # B-7

Urgent

Routine

AGENDA DATE September 1, 2015

CEO Concurs with Recommendation YES NO

4/5 Vote Required YES NO

(Information Attached)

SUBJECT:

Approval to Adopt the Fiscal Year 2015-2016 Mental Health Services Act Plan Update, Authorize the Behavioral Health Director to Submit the Plan Update to the Mental Health Services Oversight and Accountability Commission, and Adjust the Fiscal Year 2015-2016 Budget

STAFF RECOMMENDATIONS:

1. Adopt the Fiscal Year 2015-2016 Mental Health Services Act (MHSA) Plan Update.
2. Authorize the Behavioral Health Director to sign and submit the Fiscal Year 2015-2016 MHSA Plan Update to the Mental Health Services Oversight and Accountability Commission (MHSOAC).
3. Authorize the General Services Agency (GSA) Purchasing Division to issue Request for Proposals (RFPs) on behalf of Behavioral Health and Recovery Services for services discussed in this agenda item.

(Continued on Page 2)

FISCAL IMPACT:

Funding for Mental Health Services Act (MHSA) programs and projects came into existence when California voters approved a 1% tax on annual incomes over \$1 million. These funds are collected by the State and distributed to counties. Counties may only allocate funds for proposed projects and programs after they have been approved by the County Board of Supervisors through the MHSA Plan Update.

(Continued on Page 2)

BOARD ACTION AS FOLLOWS:

No. 2015-415

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

Ayes: Supervisors: O'Brien, Chiesa, Monteith, DeMartini, and Chairman Withrow

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) Approved as recommended

2) Denied

3) Approved as amended

4) X Other:

MOTION:

THIS ITEM WAS CONTINUED TO THE SEPTEMBER 29, 2015 BOARD MEETING

ATTEST:

CHRISTINE FERRARO TALLMAN, Clerk

File No.

Approval to Adopt the Fiscal Year 2015-2016 Mental Health Services Act Plan Update, Authorize the Behavioral Health Director to Submit the Plan Update to the Mental Health Services Oversight and Accountability Commission, and Adjust the Fiscal Year 2015-2016 Budget

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STAFF RECOMMENDATIONS: (Continued)

4. Direct the Auditor-Controller to adjust the Fiscal Year 2015-2016 appropriations and estimated revenue as detailed in the Budget Journal, and verify that the fiscal requirements on the certification form have been met.

FISCAL IMPACT: (Continued)

The new programs and projects described in the MHSA Plan Update are funded with County-allocated MHSA funds and funds previously allocated to the California Housing Finance Agency (CalHFA) on behalf of Stanislaus County Behavioral Health and Recovery Services (BHRS). The Department requests approval to increase appropriations and estimated revenue in the MHSA budget in the amount of \$1,230,000 to support the new programs and projects included in this MHSA Plan Update. There is no impact to the County General Fund.

Over the next three years, total expenditures for these Community Services and Support (CSS) and Innovations (INN) programs are expected to cost \$3,600,000. The Department is requesting one-third (\$1.2 million) of the total this fiscal year. The Prevention and Early Intervention project is a one-time expenditure of \$30,000 for this fiscal year.

CalHFA is the funding agent for the Permanent Supportive Housing Project (\$490,000). It is responsible for holding project funds and completing all fiscal transactions on behalf of the County. Thus, the Department is asking for approval of the project but not making a request to increase appropriations as no funds for this project will be received or expended by BHRS.

DISCUSSION:

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

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

Since the implementation of MHSA, the behavioral health care services in our community have been significantly increased, and quantifiable outcomes attest to the

effectiveness of these services and projects. BHRS receives funding on an annual basis through the MHSA. Funds may only be used for services and activities specified in the Act. These funds must be used within three years of allocation or they revert back to the State for redistribution to other counties.

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

On May 1, 2015, the BHRS Representative Stakeholder Steering Committee (RSSC) convened to review "Idea Bank" suggestions. Stakeholders were reminded about their work on June 20, 2014 where they voted to prioritize target populations and strategies for CSS and PEI and established Mental Health Adaptive Dilemmas for INN. Priorities from the Board of Supervisors were also shared with the group. The Board of Supervisors priorities are reduction in suicide rate, expanded efforts to deal with homelessness, stigma reduction approaches, reduction in incarceration, reduction in Emergency Room visits, and prevention efforts. Stakeholders were also asked to submit additional ideas. BHRS Senior Leadership Team (SLT) then reviewed all ideas submitted and refined them before coming back to the stakeholders with program funding recommendations in July.

On July 17, 2015 the MHSA Stakeholder Steering Committee met and approved the following proposals to be included in the Plan Update. The Department is now requesting Board of Supervisors approval to submit the Plan Update to the State Mental Health Services Oversight and Accountability Commission (MHSOAC) for their approval to implement.

Recommended Programs and Projects

CSS - Full Service Partnership (FSP) for Children/Youth with Severe Emotional Disturbance (SED)

This new CSS Full Service Partnership (FSP) would serve children/youth, ages 6-17, with Severe Emotional Disturbance (SED) in Stanislaus County. At any one time, up to 24 children/youth with SED would be served through this FSP to help decrease psychiatric and medical hospitalizations, decrease incarcerations, and decrease

homelessness. This FSP would provide outreach and engagement, case management, initial and ongoing assessment, psychiatric services, and linkages to adjunct services.

INN - Crisis Intervention Program (CIP) for Children/Youth

The Innovation component provides funding to evaluate the effectiveness of new approaches in mental health. Innovation projects contribute to learning about and addressing unmet need rather than having a primary focus on providing services. It is an opportunity to “try out” new approaches that can inform current and future practices/approaches in communities.

This Crisis Intervention Program (CIP) would increase the quality of mental health services for children and youth, ages 6-17. The aim is to make a change to an existing mental health practice/approach. A CIP has traditionally focused on serving the adult population. Currently, the County-operated adult CIP has been shown to reduce the need for psychiatric inpatient services by allowing up to 23 hours to stabilize an acute crisis. This CIP for children/youth would be accessible for the CSS FSP described above as well as others in crisis.

Up to 100 children would be served through this Innovation project. It would address the Mental Health Adaptive Dilemma of improving the well-being of children and seek to decrease child hospitalizations, which are only available out of the county, increase family engagement, and provide vital family support for children and youth.

Plans are to issue an RFP which would include both the CSS FSP for children and youth and the INN CIP through the Stanislaus County Purchasing Department and use county processes to determine approved proposals. Following the approval process at the County level, proposals will then be submitted to the MHSOAC for State approval.

CSS – Supportive Housing Services/Outreach & Engagement (O&E 2) - Proposal to Expand Supportive Employment and Housing Services to include Mental Health Consumer Employment Program

This expansion includes a consumer employment component to increase job opportunities for mental health consumers in Stanislaus County. To support this effort, the program will be utilizing extra help staff.

The goal is to increase job opportunities by creating a career ladder for persons/family members with lived experience. The program will also include mentoring and training in various programs and areas of BHRS, including contract providers.

Approval to Adopt the Fiscal Year 2015-2016 Mental Health Services Act Plan Update, Authorize the Behavioral Health Director to Submit the Plan Update to the Mental Health Services Oversight and Accountability Commission, and Adjust the Fiscal Year 2015-2016 Budget
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HOUSING – CalHFA Housing - Proposal to Approve Granger Permanent Supportive Housing Project

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

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

Proposal to Increase Allocation for California Mental Health Services Authority (CalMHSA) Statewide (PEI) Initiative

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 is the second largest component and accounts for twenty percent of Stanislaus County’s 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 increase protective factors and reduce the stigma and discrimination of mental illness.

This statewide Initiative includes the Know the Signs Suicide Prevention and Each Mind Matters Anti-Stigma Campaigns. California Mental Health Services Authority (CalMHSA) was established in 2009 and provides counties an independent administrative and fiscal intergovernmental structure for jointly developing, funding, and implementing mental health services and educational programs at the state, regional, and local levels. By participating in this statewide initiative, Stanislaus County has access to outreach materials on suicide prevention, stigma reduction, and other mental health issues that would not be possible on a local level.

A central component of CalMHSA’s vision is to continually promote systems and services arising from a commitment to community mental health and to the values of MHSA. In February 27, 2015, the RSSC approved \$90,000 for the Statewide Initiative, which was later approved by the Board of Supervisors on June 2, 2015. This proposed increase of \$30,000 will bring the total County allocation amount to 4% of the PEI budget, which is the minimum that CalMHSA would like counties to contribute if possible.

Approval to Adopt the Fiscal Year 2015-2016 Mental Health Services Act Plan Update, Authorize the Behavioral Health Director to Submit the Plan Update to the Mental Health Services Oversight and Accountability Commission, and Adjust the Fiscal Year 2015-2016 Budget
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POLICY ISSUE:

Approval of this agenda item supports the Board of Supervisors' priorities of A Healthy Community, Effective Partnerships and Efficient Delivery of Public Services by contracting with community providers to deliver needed services at an appropriate level of care in a cost effective manner.

STAFFING IMPACT:

Staff from Behavioral Health and Recovery Services is available to support this plan. There are no additional staffing requests associated with this agenda item.

CONTACT PERSON:

Madelyn Schlaepfer, Ph.D. Behavioral Health Director Telephone 525-6205

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 Journal Reference Text
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* List - Text								* Number	* Number	Text
	1507	6800110	63280	0000000	000000	000000	00000	670,971		Incr Contracts
	1507	6800110	22430	0000000	000000	000000	00000		670,971	Incr MHSA Revenue
	1507	6802127	65660	0000000	000000	000000	00000	30,000		Incr Special Dept Expense
	1507	6802127	22430	0000000	000000	000000	00000		30,000	Incr MHSA Revenue
	1507	6812180	50020	0000000	000000	000000	00000	109,927		Incr Extra Help Salary-Employment
	1507	6812180	52010	0000000	000000	000000	00000	1,594		Incr FICA
	1507	6812180	52020	0000000	000000	000000	00000	2,198		Incr Def Comp
	1507	6812180	60400	0000000	000000	000000	00000	720		Incr Communications
	1507	6812180	62600	0000000	000000	000000	00000	1,500		Incr Office Supplies
	1507	6812180	62860	0000000	000000	000000	00000	4,800		Incr Office Equipment Non-asset
	1507	6812180	62980	0000000	000000	000000	00000	4,790		Incr Computer Equipment to \$5,000
	1507	6812180	67040	0000000	000000	000000	00000	500		Incr Other Travel Exp
	1507	6812180	71000	0000000	000000	000000	00000	3,000		Incr Support Services
	1507	6812180	22430	0000000	000000	000000	00000		129,029	Incr MHSA Revenue
	1507	6802115	63280	0000000	000000	000000	00000	400,000		Incr Contracts
	1507	6802115	22430	0000000	000000	000000	00000		400,000	Incr MHSA Revenue
Totals:								1,230,000	1,230,000	

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Explanation: Increase MHSA revenue and appropriations related to the 2015-16 MHSA Annual Plan			
Requesting Department		CEO	Auditors Office Only
Judi Hinkle	<i>[Signature]</i>	Supervisor's Approval	<i>[Signature]</i>
Prepared by	8/21/2015	8/28/15	8/27/15
Date		Date	Date



**Stanislaus County
Behavioral Health and Recovery Services**

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

**Community Services & Supports (CSS)
Prevention and Early Intervention (PEI)
Innovation (INN)
Housing**

September 2015



WELLNESS • RECOVERY • RESILIENCE

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COUNTY CERTIFICATION

County: Stanislaus

County Mental Health Director	Project Lead
Name: Madelyn Schlaepfer, Ph.D. Telephone Number: 209-525-6225 E-mail: mschlaepfer@stanbhhs.org	Name: Dan Rosas Telephone Number: 209-525-5324 E-mail: drosas@stanbhhs.org
Mailing Address: Stanislaus County Behavioral Health and Recovery Services 800 Scenic Drive Modesto, CA 95350	

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

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

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

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

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

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

Madelyn Schlaepfer, PhD

Mental Health Director/Designee (PRINT)

Signature Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Stanislaus

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

<p>Local Mental Health Director</p> <p>Name: Madelyn Schlaepfer, PhD</p> <p>Telephone Number: (209) 525-6205</p> <p>E-mail: mschlaepfer@stanbhrs.org</p>	<p>County Auditor-Controller / City Financial Officer</p> <p>Name: Lauren Klein, CPA</p> <p>Telephone Number: (209) 525-5673</p> <p>E-mail: kleinl@stancounty.com</p>
<p>Local Mental Health Mailing Address:</p> <p>800 Scenic Drive Modesto, CA 95350</p>	

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, PhD
Local Mental Health Director (PRINT)

Signature Date

I hereby certify that for the fiscal year ended June 30, _____, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated _____ for the fiscal year ended June 30, _____. I further certify that for the fiscal year ended June 30, _____, 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

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



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

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

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

Sincerely,

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

Madelyn Schlaepfer, PhD

COMMUNITY PLANNING AND LOCAL REVIEW PROCESS

Who Participated?

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

While all community members are welcome to participate in MHSa planning processes, there is a Representative Stakeholder Steering Committee (RSSC) charged with providing important input about funding priorities. BHRS was very pleased to have a significant number of consumers, both youth and adult, attend the meetings this year.

Developing a Plan Update

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

Three stakeholder planning meetings were held to consider community priorities and sustainable program funding ideas. This Plan Update is the result of that planning process. It includes the issuing of Requests for Proposals (RFPs) for mental health services and program expansions in Community Services and Supports (CSS). A Housing project is also included in this Plan Update.

The planning process for the Plan Update was a standing agenda item on weekly BHRS Senior Leadership Team meetings but the ultimate endorsement of the proposed plans resided with the RSSC. A Gradients of Agreement¹ approach was used to determine whether or not there was sufficient agreement among committee members to move forward.

At its July 17, 2015 meeting, stakeholders present endorsed BHRS funding proposals to issue an RFP for Community Services and Supports (CSS) to include an Innovation component, expand a CSS Outreach and Engagement program, increase funding for the CalMHSa Prevention and Early Intervention (PEI) Statewide Initiative, and provide funding for a MHSa CalHFA Housing project.

Program details are listed below and in the separate component sections of this Plan Update.

Community Stakeholders and Activities

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

The committee sectors/communities are as follows:

- Diverse Communities
- Education
- Health Care
- Social Services
- Senior Services
- Consumer Partners
- Family Member Partners
- Health Care: Public/Private
- Stanislaus County Regional Areas
- Stanislaus County Chief Executive Office
- Contract Providers of Public Mental Health Services
- Stanislaus County Courts

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

- Housing: Public/Private
- Veterans
- Law Enforcement
- Probation Department
- Public Mental Health Labor Organization
- Behavioral Health and Recovery Services (BHRS)
- Mental Health Board members

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

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

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

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

MHA Stakeholder Meeting
June 20, 2014

CSS, PEI, INN
Population and Strategy Priorities
Mental Health Adaptive Dilemma
Priorities

CSS Population and Strategy Priorities

Population	Strategy	Points
1. Children/Youth	FSP - Full Service Partnership	28
	GSD - General System Development	19
	O&E - Outreach and Engagement	6
2. Adults		30
	FSP	19
	GSD	0
	O&E	11
3. TAYA		7
	FSP	7
	GSD	0
	O&E	0
4. Older Adults		7
	FSP	6
	GSD	0
	O&E	1

Innovation

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

BOS Priorities for Future Funding

BOARD OF SUPERVISORS

- ❖ Reduction in suicide rate
- ❖ Expanded efforts to deal with homelessness/ Address perception that it is growing
- ❖ Stigma reduction approaches
- ❖ Reduction in incarceration
- ❖ Reduction in ER visits
- ❖ Prevention efforts

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

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

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

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

The recommendations were as follows:

Community Services and Supports (CSS) – Joint Proposal to Issue a Request for Proposal (RFP) for a Full Service Partnership (FSP) for children and youth, ages 6-17, with Severe Emotional Disturbance (SED) and an Innovation (INN) Crisis Intervention Program component for children and youth – Funding Amount to be determined after RFP process

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

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

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

The following chart shows the MHSA components and their three year estimated funding amounts.

MHSA Component	Estimated Total Funding Amount
Community Services and Supports (CSS)	Up to \$2,012,913
CSS - Outreach and Engagement (O&E)	\$387,087
Innovation (INN)	Up to \$1,200,000
Housing (CalHFA)	\$490,000
Prevention and Early Intervention (PEI) CalMHSA	\$30,000

A Gradients of Agreement exercise was used to determine whether or not there was sufficient consensus among voting stakeholders to move forward with each of the proposals. Stakeholders were asked to cast votes for the proposals individually and reach agreement using the Gradients of Agreement framework shown below.

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

Stakeholders approved each of the proposals presented at the meeting. Information about the individual approved proposal recommendations and stakeholder comments are included in the MHSA component sections of this Plan Update.

Local Review Process

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

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

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

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

Substantive Comments and Response:

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

The Stanislaus County Mental Health Board approved the Plan Update Fiscal Year 2015-2016 during its meeting on July 23, 2015 after hearing a presentation about the document.

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Community Services & Supports Overview

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

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

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

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

Full Service Partnership funded programs provide integrated services to the most unserved and underserved and that are at high risk of homelessness, incarceration, hospitalization and out-of-home placement. Strategies are considered a "wraparound" approach to engaging service recipients as partners in their own self-care, treatment, and recovery. Program results include reductions in incarceration, homelessness, psychiatric hospitalizations, and emergency room visits.

Full Service Partnership 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 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 disturbances. 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 extensive services.

General System Development 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 funded programs focus on special activities needed to reach diverse underserved communities. Strategies include community outreach by diverse community-based organizations. Crisis-oriented respite housing is also provided to help consumers avoid unnecessary incarceration, provide short-term housing, and linkages to services.

Outreach & Engagement Programs in Stanislaus County:

- O&E-02 – Supportive Housing Services

The following proposals were recommended for approval at the July 17, 2015 MHSA RSSC meeting:

CSS - Proposal to Issue RFP for Full Service Partnership (FSP) for Children/Youth with Severe Emotional Disturbance (SED) – Funding amount to be determined through RFP Process

This new CSS Full Service Partnership (FSP) would serve children/youth, ages 6-17, with Severe Emotional Disturbance (SED) in Stanislaus County. It will include an Innovation component to develop a Crisis Intervention Program (CIP) for this at-risk population.

At any one time, up to 24 children/youth with SED would be served through this FSP to help decrease psychiatric and medical hospitalizations, decrease incarcerations, and decrease homelessness. This FSP would provide outreach and engagement, case management, initial and ongoing assessment, psychiatric services, and linkages to adjunct services.

CSS - Joint RFP to include an Innovation (INN) component, a Crisis Intervention Program (CIP), for Children/Youth– Funding amount to be determined through RFP Process

The CIP would increase the quality of mental health services for children and youth, ages 6-17. The aim is to make a change to an existing mental health practice/approach. A CIP has traditionally focused on serving the adult population.

Up to 100 children would be served through this Innovation project. It would address the Mental Health Adaptive Dilemma of improving the well-being of children and seek to decrease child hospitalizations, increase family engagement, and provide vital family support for children and youth.

CSS – Supportive Housing and Employment Services/Outreach & Engagement (O&E 2) - Proposal to Expand Supportive Housing and Employment Services to include Mental Health Consumer Employment Program - \$387,087

This expansion includes a consumer employment component to increase job opportunities for mental health consumers in Stanislaus County. Up to twelve (12) part-time clerical/community aides would be hired through the program.

The goals are to increase job opportunities by creating a career ladder for persons/family members with lived experience and build peer support. The program will also include mentoring and training in various programs and areas of BHRS, including contract providers.

CSS - CalHFA Housing- Proposal to Approve Granger Permanent Supportive Housing Project - \$490,000

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

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

CSS- Full Service Partnership (FSP) for Children/Youth with SED - FSP-08

Proposal to Release Joint RFP for FSP Services and INN Project for Crisis Intervention Program

This new Full Service Partnership (FSP) will serve children/youth, ages 6-17, with Severe Emotional Disturbance (SED). The program will provide intensive case management to children with serious psychiatric disabilities who are Medi-Cal eligible.

The primary focus is on relationship building with service recipients and how to better assist them on the path to wellness and recovery. This new FSP includes a continuum of care, crisis intervention, and wraparound funding, in alignment with the severity of the mental health challenges experienced by these service recipients.

This RFP will include an MHSA Innovation component to operate a Crisis Intervention Program (CIP) for this population. The CIP will increase the quality of mental health services for children and make a change to an existing mental health practice/approach.

Plans are to issue the joint RFP through the Stanislaus County Purchasing Department and use county processes to determine and award approved proposals. Following the approval process at the county level, proposals will then be submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for state approval.

Details about the CIP are listed in the Innovation section of this Plan Update.

Request for Proposal- Funding Amount to be determined through RFP Process

The creation of this new FSP will offer the following:

- Provide services 24 hours a day, seven days a week to provide Full Service Partnership (FSP) level services to clients
- Work collaboratively with Doctor's Medical Center, the Community Emergency Response Team (CERT) and Warm Line to ensure client immediate needs are met
- Reduced client/staff ratios
- Provide outreach and engagement, case management, initial and ongoing assessment, and psychiatric services
- Provide support services including wraparound funds to help with clients immediate and temporary needs such as food, clothing, and shelter
- Outcomes will include reductions in length of stay for clients in psychiatric facilities, avert out of county hospitalization, increased family involvement with child or youth in crisis, immediate client and family access to mental health services and decrease in incarcerations.

FSP- 08 - Targeted number of individuals to be served at any one time in FY 2015-16:

Age of Individuals	# of Individuals FSP*	# of Individuals GSD**	# of Individuals O&E**
Children/Youth (0-17 yrs)**	24	0	0
TAYA (16-25 yrs)***		0	0
Adults (18-59 yrs)***		0	0
Older Adults (60+ yrs)***		0	0
Total	24	0	0

*New GSD services (No previous number of individuals)

**No General System Development/Outreach & Engagement services or funds in this FSP

***This program does not serve TAYA, Adults, or Older Adults

MHSA Stakeholder Approval Process

All RSSC members present agreed with this proposal. Seventy percent (70%) of the representative stakeholders present voted to fully endorse this proposal recommendation while thirty percent (30%) voted to endorse the proposal with a minor point of contention. The minor points are listed below with responses from BHRS:

- **What are the differences between this FSP project and another program currently working with the child/youth population? How will it work with existing programs? And why one provider for both programs?**

The current program, under contract through a community agency, provides time limited services (up to 30 days) for this at-risk population and would connect clients to this new FSP. And this FSP would provide services 24/7 on an on-going basis.

This is a Request for Proposal (RFP) which means the provider selected will have to demonstrate in its proposal how it intends to provide the services in the community. It is not uncommon to have one contractor manage two programs. BHRS currently has a contract with a provider to administer and operate a 16-bed locked Psychiatric Health Facility (PHF) for adults and to operate a 4-bed behavioral health Crisis Stabilization Unit (CSU) for the same population.

- **Who will apply for this RFP and who will be the provider?**

This is an RFP that is currently under development. Interested providers will have to apply through the Stanislaus County Purchasing department. Their proposals must show how they plan to provide the services for this population including a budget on how much the project will cost. The proposals will be reviewed and scored and ultimately must be approved by the Stanislaus County Board of Supervisors.

- **Will the FSP program limit the number of children/youth participating in the Innovation Crisis Intervention Program (CIP)?**

The FSP and CIP are two different programs with the same goal of improving the well-being of children and youth. The CIP is an Innovation project that must contribute something new to the mental health field. At least 100 children will be served. It would provide crisis support up to 23 hours, as well as interventions to prevent psychiatric and medical hospitalizations. The CIP would ensure that, as often as possible, children remain in Stanislaus County instead of leaving the county for psychiatric hospitalizations that are far away, preventing parents from visiting them. Children served through the FSP could also receive services through the CIP.

- **There was also a comment that the FSP should serve more children.**

As the program develops, it may be possible to augment staffing to permit a larger number of individuals to be served at any one time.

CSS-Supportive Housing and Employment Services - O&E 02

Operated by Behavioral Health and Recovery Services

Providing employment opportunities and peer support are important services to improve the well-being and recovery of individuals in the mental health system. The reality is that the majority of people with mental health problems want to work but often the support they need is not available. This program expansion would provide that support to help people get and keep work.

Up to now, Stanislaus County BHRS has not had a program solely committed to mentoring and employing adult consumers. The idea to develop such a program directly came from Stanislaus County consumers and their families. It was the result of an MHSAs stakeholder meeting and was among the ideas developed through an "Idea Bank" exercise on February 27, 2015.

Outreach and employment programs for homeless and mentally ill residents of Stanislaus County are part of MHSAs Supportive Housing and Employment Services in Stanislaus County. The BHRS operated program also includes Transitional Housing and Permanent Housing for this at-risk population.

Proposed Program Expansion: \$387,087

- **Mental Health Consumer Employment Proposal**

This BHRS operated program will increase job opportunities for consumers by creating a career ladder for persons/family members with lived experience. It would also build peer support for this at risk community.

Through this expansion, BHRS would hire up to 12 part-time clerical/community aides and provide mentoring and training in various programs and areas of BHRS, including contract providers.

MHSAs Stakeholder Approval Process

All RSSC members present agreed with the proposal. Ninety four percent (94%) endorsed this proposal recommendation. Six percent (6%) approved the proposal with a minor point of contention. The concern was that the program would only serve BHRS programs.

During the discussion, the BHRS Senior Leadership Team told the group the agency would explore community based organization partnerships to help find jobs for mental health consumers.

Prevention and Early Intervention Overview

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 and accounts for twenty percent of Stanislaus County’s 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 increase protective factors and reduce the stigma and discrimination of mental illness.

Stanislaus County has 8 PEI projects that include 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 Prevention and Early Intervention component plays an important role in reaching the desired MHSA long-term results of wellness, recovery, and resilience for identified populations.

Proposal to Increase Allocation for CalMHSA Statewide (PEI) Initiative - \$30,000

This statewide Initiative includes the Know the Signs Suicide Prevention and Each Mind Matters Anti-Stigma Campaigns. CalMHSA, the California Mental Health Services Authority, was established in 2009 and provides counties an independent administrative and fiscal intergovernmental structure for jointly developing, funding, and implementing mental health services and educational programs at the state, regional, and local levels. By participating in this statewide initiative, Stanislaus County has access to outreach materials on suicide prevention and other mental health issues that would not be possible on a local level.

A central component of CalMHSA’s vision is to continually promote systems and services arising from a commitment to community mental health and to the values of MHSA. In February 27, 2015, the RSSC approved \$90,000 for the Statewide Initiative. This proposed increase will bring the total county allocation amount to 4% of the PEI budget, which is the minimum that CalMHSA would like counties to contribute if possible.

MHSA Stakeholder Approval Process

The RSSC stakeholders present unanimously endorsed this proposal recommendation.

Innovation Overview

The main goal of MHSA Innovation (INN) 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. It provides funds and evaluates new approaches in mental health. An Innovation project contributes to learning about and addressing unmet need rather than having a primary focus on providing services.

It's an opportunity to "try out" new approaches that can inform current and future practices/approaches in communities. An Innovative Project may affect virtually any aspect of mental health practices or assess a new or changed application of a promising approach to solve persistent mental health challenges, including but not limited to, administrative, governance, and organizational practices, processes, or procedures; advocacy; education and training for service providers, including nontraditional mental health practitioners; outreach, capacity building, and community development; system development; public education efforts; research; services and interventions, including prevention, early intervention, and treatment. (Section 9, Part 3.2, 5830c)

Like all MHSA components, Innovation projects must be guided by MHSA values:

- Community collaboration - Initiates, supports and expands collaboration and linkages, especially connections with systems, organizations, and practitioners not traditionally defined as mental health
- Cultural competence - Demonstrates cultural competency and capacity to reduce disparities in mental health services and outcomes
- Client/family driven mental health system - Includes ongoing involvement of clients and family members, including but not limited to roles in implementation, staffing, evaluation and dissemination
- Wellness, recovery, and resiliency focus - Prevent mental health problems, increase resilience and/or promote health recovery
- Integrated service experiences for clients and family - Encourages and provides for access to a full range of services provided by multiple agencies, programs and funding sources for clients and family members

Innovation Results:

The purpose of all Innovation projects is to help solve persistent, seemingly intractable mental health challenges (Section 9, Part 3.2, 5830c). In other words, Innovation projects are developed to target a mental health adaptive dilemma, or a challenge that cannot be resolved through habitual or known responses. The result we hope to achieve is the ***development of new best practices in mental health*** by

- Increasing interagency & community collaboration for mental health services or supports
- Increasing quality of mental health services
- Increasing access to underserved populations
- Increasing access to mental health services

Projects must also demonstrate how they can potentially prevent mental health illnesses in the future.

Innovation Strategies:

Innovation projects may employ one of the following strategies to contribute to learning.

- Introduces new mental health practices/approaches that have never been done before
- Makes a change to an existing mental health practice/approach, including adaptation for a new setting or community
- Introduces a new application to the mental health system of a promising community-driven practice/approach or a practice/approach that has been successful in a non-mental health context or setting.

Innovation projects may impact individuals, families, neighborhoods and communities. The Innovation component plays a unique role in reaching the desired MHSA long-term results of wellness, recovery, and resilience for identified populations.

Proposal to include Crisis Intervention Program (CIP) for Children/Youth in Joint Request for Proposal (RFP) with CSS Full Service Partnership (FSP) for Children/Youth with SED

This Innovation project would increase the quality of mental health services for children and youth, ages 6-17. The aim is to make a change to an existing mental health practice/approach. A CIP has traditionally focused on serving the adult population.

At least 100 children would be served through this Innovation project. It would address the Mental Health Adaptive Dilemma of improving the well-being of children and seek to decrease child hospitalizations, increase family engagement, and provide vital family support for children and youth.

Plans are to issue the joint RFP through the Stanislaus County Purchasing Department and use county processes to determine approved proposals. Following the approval process at the county level, proposals will then be submitted to the Mental Health Services Oversight and Accountability Commission (MHSAOAC) for state approval.

MHSA Stakeholder Approval Process

All RSSC stakeholders present unanimously endorsed this Innovation proposal recommendation.

Housing Overview

The MHSAs Housing Program provides funds for development, acquisition, construction, and/or rehabilitation of permanent supportive housing for individuals and their families who have a mental illness and are homeless or at risk of homelessness. In 2006, BHRS was allocated \$4.8 million dollars in MHSAs funding to be used for housing projects.

The Department of Mental Health (DMH) transferred funds to the CalHFA to hold in a sub-account. Since then, BHRS has used the funding to build Bennett Place, an 18 unit apartment complex in Modesto that opened in July 2014. Stanislaus County BHRS currently has a \$1.6 million unencumbered fund balance and is looking at future MHSAs housing opportunities.

CSS/CalHFA - Proposal to Approve Granger Permanent Supportive Housing Project - \$490,000

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

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

MHSAs Stakeholder Approval Process

All RSSC stakeholders present unanimously approved the housing proposal recommendation.



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

Mental Health Services Act Plan Update Fiscal Year 2014-2015

Presentation to Stanislaus County
Board of Supervisors
September 1, 2015



Behavioral Health and Recovery Services
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Coming together is a beginning;
keeping together is progress;
working together is success.

- Henry Ford, American
Industrialist, Founder of Ford
Motor Company



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Background



- There are five components to MHSA:
 - Community Services and Supports(CSS)
 - Prevention and Early Intervention (PEI)
 - Workforce Education and Training (WE&T)
 - Capital Facilities/Technological Needs (CF/TN)
 - Innovation (INN)



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Background



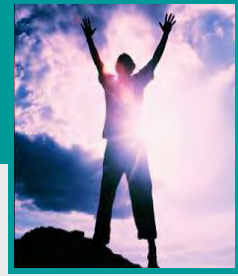
- A Plan Update is required when changes are made to the Annual Update report of services.
- The Annual Update was presented to the Board of Supervisors on June 2, 2015.

Background



- All Plan Updates must be adopted by the County Board of Supervisors.
- Once adopted by the Board, the Plan Update is then submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC).

BOS Priorities for Future Funding



BOARD OF SUPERVISORS

- ❖ Reduction in suicide rate
- ❖ Expanded efforts to deal with homelessness
- ❖ Stigma reduction approaches
- ❖ Reduction in incarceration
- ❖ Reduction in ER visits
- ❖ Prevention efforts



Plan Update Highlights



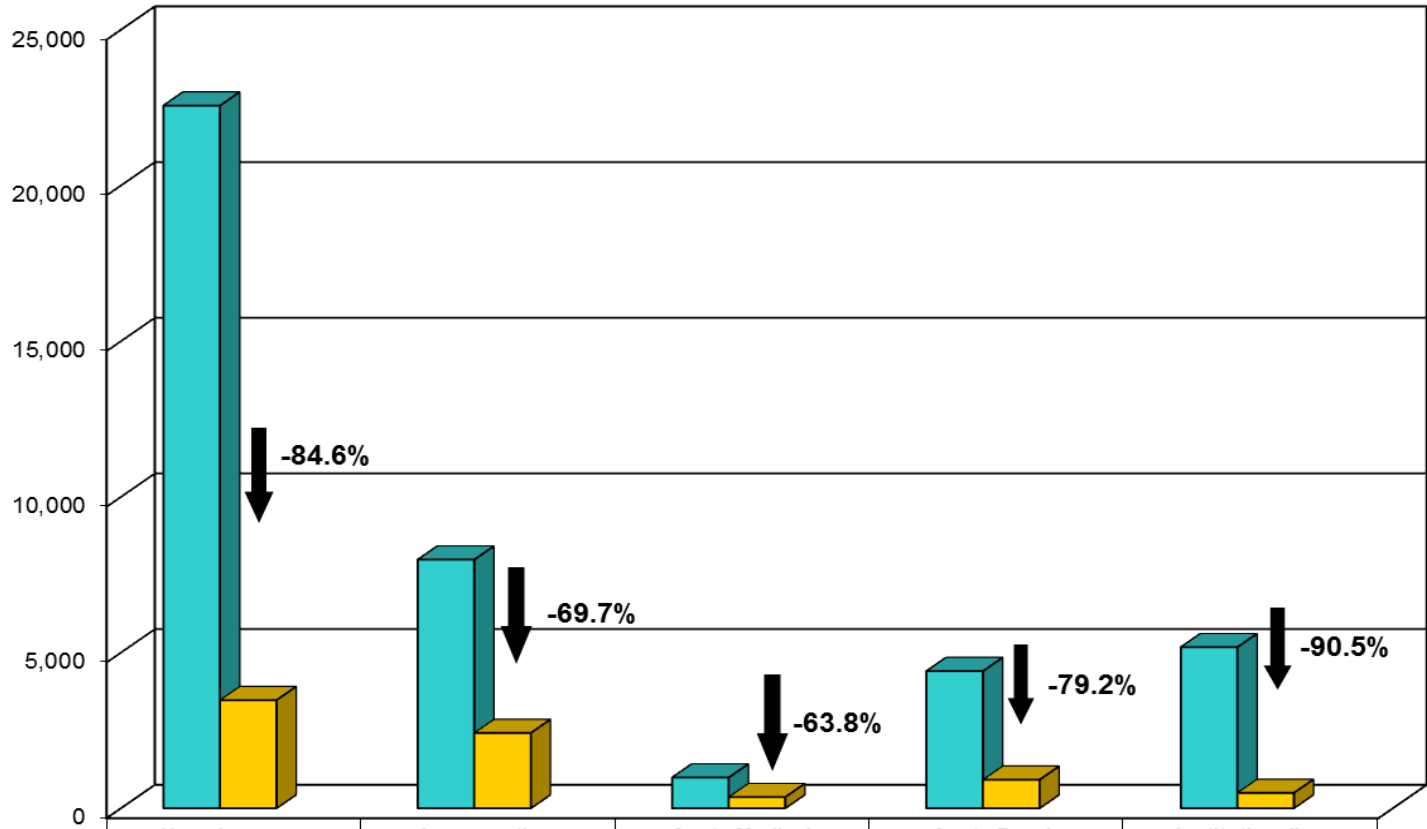
Community Services and Supports (CSS)

- have been in place beginning Fiscal Year 2005/2006
- CSS - Full Service Partnerships (FSPs) are part of this MHSA component
- FSPs provide very intensive services to individuals of all ages who have a serious mental illness or serious emotional disturbance
- Reporting outcomes is required by the State



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FSP Outcomes



	Homelessness	Incarceration	Acute Medical Hospital	Acute Psych Hospital	Institutionalization
# Days 12 months prior to enrollment	22,564	7,984	985	4,404	5,171
# Days post enrollment (annualized)*	3,470	2,417	356	915	492
% change	-84.6%	-69.7%	-63.8%	-79.2%	-90.5%

**All FSP Program Outcomes
for Period 7/1/2013 through 6/30/2014
N=356**

FSP Outcomes

All FSP Programs		
	Incarceration	Acute Psych Hospital
Difference between # of days prior to enrollment and # of days post enrollment	5,567	3,489
Average Daily Rate	\$101.57	\$974

Based only on current ('13-'14) average daily costs and annualized outcome data:

- The number of incarceration days avoided was **5,567**, for a total estimated cost of **\$565,440**
- Number of hospital days avoided was **3,489**, for a total estimated cost of **\$3,398,286**



Plan Update Highlights Proposed CSS Funding

- FSP for Children/Youth
 - Targeted at individuals with severe emotional disorders
 - Increase in past year in children/youth requiring hospitalization



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Plan Update Highlights Proposed CSS Funding

- FSP for Children/Youth
 - Will utilize the proven FSP techniques with minors that have work with adults
 - Services will be provided by contractor chosen through RFP process



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Plan Update Highlights Innovation (INN)



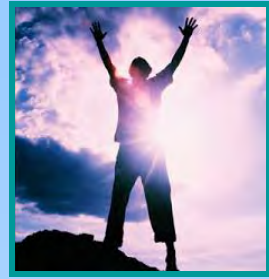
- INN projects must demonstrate one or more of the following:
 - Increase access to underserved groups
 - Increase the quality of services including better outcomes
 - Promote interagency collaboration

Plan Update Highlights Innovation



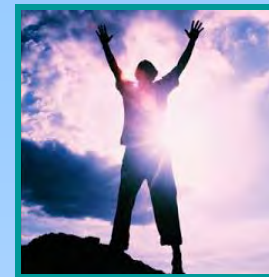
- INN projects must demonstrate one or more of the following:
 - Increase access to services

Plan Update Highlights 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





Plan Update Highlights Proposed INN Funding

- Crisis Intervention Program (CIP) for Children/Youth
 - Will use the CIP model that has been successful with adults
 - Will provide an opportunity to work with children/youth and their families to avoid hospitalization



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Plan Update Highlights Proposed INN Funding

- Crisis Intervention Program (CIP) for Children/Youth
 - 24/7 availability
 - Up to 23 hours to stabilize a crisis
 - Services will be provided by a contractor chosen through RFP process



Plan Update Highlights



- Intent is to have the same contractor provide both the FSP for Children/Youth and this CIP
- Three year estimated total funding:
 - Up to \$2,012,913



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Plan Update Highlights

Proposed CSS Funding

- Proposed Expansion of Supportive Employment Opportunities
 - Creates a career ladder for persons/family members with lived experience
 - A reference to individuals living with mental health challenges either through their own personal experience or those of a family member
 - Valuable because of the understanding and compassion that this builds towards those with mental health challenges



Plan Update Highlights

Proposed CSS Funding

- Proposed Expansion of Supportive Employment Opportunities
 - Creates a career ladder for persons/family members with lived experience
 - Valuable because of the understanding and compassion that this builds towards those with mental health challenges
- Three year estimated total funding:
 - \$387,087





Plan Update Highlights

Proposal to Approve Permanent Supportive Housing Project

- Build four one-bedroom units
- Create a Community Resource Center at the site
- \$490,000



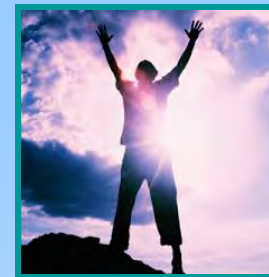
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Plan Update Highlights

Prevention and Early Intervention (PEI)



- 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
- Develops protective factors



Plan Update Highlights Proposed PEI Funding

- Support California Mental Health Services Authority (CaMHSA) - JPA Statewide Initiatives
 - Suicide Prevention Programs
 - Stigma Discrimination Reduction Programs
 - Student Mental Health Initiative



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Plan Update Highlights

Proposed PEI Funding



- Funding for CalMHSA was previously approved by the BOS on June 2, 2015 as part of the Annual Update in the amount of \$90,000
- Request is to add an additional \$30,000
- Brings the County to the 4% of PEI allocation that CalMHSA would like to receive.



Recommendations

1. Adopt the Fiscal Year 2015-2016 Mental Health Services Act (MHSA) Plan Update.
2. Authorize the Behavioral Health Director to sign and submit the Plan Update for Fiscal Year 2015-2016 to the Mental Health Services Oversight and Accountability Commission (MHSOAC).



Recommendations

3. Authorize the General Services Agency (GSA) Purchasing Division to issue Request for Proposals (RFPs) on behalf of Behavioral Health and Recovery Services for services discussed in this agenda item.
4. Authorize the Auditor-Controller to adjust the Fiscal Year 2015-2016 appropriations and estimated revenue as detailed in the Budget Journal.



Questions



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