

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

DEPT: Behavioral Health And Recovery Services

BOARD AGENDA # B-10

Urgent

Routine

AGENDA DATE December 15, 2015

CEO Concurs with Recommendation YES NO
(Information Attached)

4/5 Vote Required YES NO

SUBJECT:

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

STAFF RECOMMENDATIONS:

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

(Continued on Page 2)

FISCAL IMPACT:

The new programs and projects described in the Mental Health Services Act (MHSA) Plan Update for December 2015 are funded with local MHSA funds for Stanislaus County Behavioral Health and Recovery Services (BHRS). This agenda item requests approval to increase appropriations and estimated revenue in the amount of \$1,571,830 not previously included in the BHRS MHSA 2015-2016 Adopted Final Budget. There is no impact to the County General Fund.

(Continued on Page 2)

BOARD ACTION AS FOLLOWS:

No. 2015-646

On motion of Supervisor Chiesa, Seconded by Supervisor Monteith

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) X Approved as amended

4) Other:

MOTION: **Amended** the item to add Staff Recommendation No. 6 to direct staff to bring back to the Board an annual report on the Child and Youth Full Service Partnership.

ATTEST:


CHRISTINE FERRARO TALLMAN, Clerk

File No.

STAFF RECOMMENDATIONS: (Continued)

4. Approve the first amendment to the agreement with Aspiranet for the provision of a 24/7 crisis intervention program for children and youth through the end of Fiscal Year 2015-2016.
5. Direct the Auditor-Controller to adjust the Fiscal Year 2015-2016 appropriations and estimated revenue as detailed in the Budget Journal.

FISCAL IMPACT: (Continued)

Over the next three years, total expenditures for the recommended Community Services and Support (CSS) Full Service Partnership for Children and Youth and the Supportive Employment programs are expected to cost a total of \$2,804,992. BHRS is requesting \$940,769 for the first year. The CSS Crisis Intervention Program for Children and Youth is to be a one-year pilot project. The cost of this program for one year is \$631,061.

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
- Workforce Education and Training

Since the implementation of MHSA, the behavioral health care services in our community have been significantly increased, and quantifiable outcomes provided at the MHSA Annual Report to the Board of Supervisors each year 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.

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

Through the years, additional MHSA funding has become available as a result of BHRS program cost savings, increased MHSA revenues, delays in program startup, and other

factors. A very robust community stakeholder planning process has played a vital role in helping BHRS with guiding priorities, strategies and funding decisions.

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.

On May 1, 2015, the RSSC reconvened 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. Currently, these priorities are reduction in suicide rate, expanded efforts to deal with homelessness, stigma reduction approaches, reduction in incarceration, reduction in Emergency Room visits, prevention efforts, and housing development in accord with a Master Plan.

Stakeholders were asked to submit additional ideas. BHRS Senior Leadership Team 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 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 program recommendations for MHSA funding.

Of the proposals recommended for approval at the July 17, 2015 MHSA RSSC meeting, the following are being brought to the Board of Supervisors for consideration:

Community Services and Supports (CSS):

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, who have had at least one psychiatric hospitalization. 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. Based on

experience with the adult FSPs, the number served in one year is projected to almost double the capacity, i.e., close to 48 served in one year. This FSP would provide outreach and engagement, case management, initial and ongoing assessment, psychiatric services, and linkages to adjunct services.

BHRS' experience with FSPs has been very positive. Substantial reductions in incarceration, homelessness, and psychiatric hospitalizations have demonstrated their effectiveness in dealing with these costly effects of untreated serious mental illness. Currently, there is an FSP for youth involved with the juvenile justice system. The data from this program is focused on reductions in incarceration for juvenile offenders. The data reported in the MHSA Annual Update for Fiscal Year 2015-2016 demonstrated an almost 30% reduction in days incarcerated in the year post admission.

The importance of this proposed FSP is that the children and youth would not need to be involved with Juvenile Justice or Child Welfare systems. This would provide an enhanced service level in our community, which does not exist at this time. Statewide data indicates that there are significant decreases in hospitalization for children involved in an FSP. Los Angeles County, with approximately 7,000 children who have participated in an FSP, reported a 39% decrease in days spent hospitalized. The Los Angeles data is the most recent, i.e., through June 2014.

The recommended FSP will focus on children and youth with a history of psychiatric hospitalizations with a focus on reducing or eliminating future hospitalizations of the children and youth. As such, it is a post-hospitalization intervention and strategy, which keeps children and youth with families and other support systems. With the trend in hospitalizations dramatically increasing in Fiscal Year 2014-2015, from 114 admissions to 160, and projected to exceed that number in Fiscal Year 2015-2016 with over 200 admissions, the FSP is clearly a proven strategy to reverse this trend. In addition, projected savings in hospitalization costs reduces the impact on Realignment funding, which is rarely, if ever, sufficient to meet the mandated program costs.

There are other benefits to enrollment in an FSP. Emergency events also declined significantly in the most recent year of data in the Central Region, from 45% to 12%. School attendance improved. According to the most recent statewide data, children who were always or most of the time in attendance at one year post enrollment compared with the attendance history at the beginning of enrollment increased from 71% to 83% in the Central Region. There was also improvement in grades. As we know, educational achievement has significant impacts on future well-being.

The ability to intervene early in an individual's mental health challenges often reduces or eliminates future serious mental illness. An FSP is also building protective factors for ongoing well-being.

The estimated cost for the first year will be \$811,740. The cost for three years is estimated to be \$2,417,905.

CSS – Supportive Housing Services/Outreach & Engagement (O&E 2) - Proposal to Expand Supportive Employment 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 is proposing to use up to 12 extra help staff. BHRS currently has a fairly extensive list of job sites that are willing to consider hiring our clients. This expansion would assist in better preparing individuals for employment.

Recent discussions with Alliance Worknet were very helpful in determining how to reduce duplication of efforts. The new Workforce Innovation and Opportunity Act (WIOA) will require a more robust plan to provide more intensive assistance with job skill development. Currently, individuals referred to Alliance Worknet need to be “work ready”. They may require assistance with job search, resume development, and/or job interview skills. Individuals experiencing serious mental health challenges require more basic support due to, including but not limited to, a longer learning curve, lacking appropriate social skills, difficulty coping with pressures at a job site, and having trouble taking directions. One of the most significant issues is that these individuals may stop taking their medications once they have a job, believing that they don’t need them any longer. BHRS Employment staff is frequently involved in adjusting medications and supporting strategies that help individuals remain on medications and in recovery. There may be peer support opportunities as well in which individuals who are successfully making the transition to employment are able to support others attempting to do so.

As Alliance Worknet is able to broaden the scope of their services, referral to Alliance Worknet would occur sooner than it does at present. Both BHRS and Alliance Worknet have discussed cross-training staff in each Department. The ability to have Alliance Worknet be the conduit to employment may further assist with stigma reduction in that an individual’s mental health challenges may not be a focus at all.

The goals are 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, including Community Based Organizations. The goal is to have at least 50% of the participants gain employment in the private sector.

The estimated cost of this program for the first year is \$129,029. The estimated cost for three years is \$387,087.

Crisis Intervention Program (CIP) for Children/Youth

This CIP is designed to be a one-year pilot program that would increase the quality of mental health services for children and youth, ages 6-17. It will also introduce another level of care not currently available in our County. In fact, this level is not available in many counties. The current CIP has focused on serving the adult population. This county-operated adult CIP has been shown to reduce the need for psychiatric inpatient services by allowing additional time in a quiet environment to stabilize an acute crisis. This CIP for children/youth would function in a similar fashion. It will have a capacity for four individuals to be treated at one time.

Currently, children and youth may wait for hours and sometimes days in an Emergency Department of an acute general hospital due to a statewide shortage of psychiatric inpatient beds for minors. In addition, most of these beds are quite distant from our County and, consequently, families and other supports. The potential trauma associated with both of these issues can further worsen an individual's mental health crisis and lead to ongoing, severe emotional disorders, even post-hospitalization. While minors who are the County's responsibility will have priority for admission to the CIP, it would be available to all minors regardless of insurance coverage, as available. MHSA funds can be used to treat underserved individuals, who do not have this benefit included in their insurance coverage. As noted in the description of the FSP above, this CIP has the potential to also improve the future well-being of minors in that they may not have to experience the trauma of separation from family and also not be exposed to events that worsen their condition. They can be referred to ongoing treatment, if necessary, to continue to develop resiliency and better strategies to deal with the issues that led to the mental health crisis.

It is projected that 80 to 100 children would be served through this program. The CIP is a pre-hospitalization strategy that is focused on keeping minors out of a psychiatric hospital. The goals are to improve the well-being of children, increase family engagement, and provide vital family support for children and youth in Stanislaus County in crisis. Potentially, this program could be self-sustaining if a significant number of minors are diverted from hospitalization.

Plans are to amend the Aspiranet contract to enable them to broaden their current episodic crisis services to a 24/7 crisis intervention program. The estimated cost for this one year pilot program is \$631,061.

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.

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

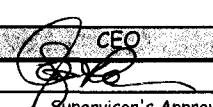
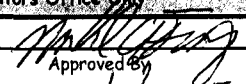
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* List - Text								* Number	* Number	Text
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	1507	6800110	22430	0000000	000000	000000	00000		676,743	Incr MHSA Revenue
	1507	6800110	33950	0000000	000000	000000	00000		134,997	Incr Medi-Cal Revenue
	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
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	1507	6800110	63280	0000000	000000	000000	00000	631,061		Incr Contracts - Children's CIP
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	1507	6800110	33950	0000000	000000	000000	00000		306,938	Incr Medi-Cal Revenue
Totals:								1,571,830	1,571,830	

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

Explanation: Increase MHSA revenue and appropriations related to the 2015-16 MHSA Annual Plan

Requesting Department	CEO	Data Entry	Auditors Office Only
Judi Hinkle			
Prepared by 12/9/2015	Supervisor's Approval 12/11/15	Keyed by	Prepared By
Date	Date	Date	Date
			 Approved By 12/11/2015



**Stanislaus County
Behavioral Health and Recovery Services**

**Mental Health Services Act
Plan Update FY 2015-2016**

Community Services & Supports (CSS)

December 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

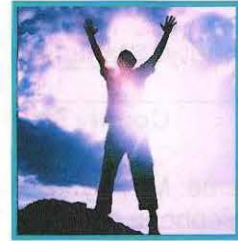
Mental Health Director/Designee (PRINT)

Signature

Date

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.



This Plan Update was developed to include three other funding proposals, all under Community Services and Support (CSS). One is the release of a Request for Proposals (RFP) for a Full Service Partnership (FSP) for children and youth with Severe Emotional Disturbance (SED). The other is an expansion of an Outreach and Engagement (O&E) supportive employment program to increase job opportunities for mental health consumers in Stanislaus County. The third proposal is for a Crisis Intervention Program (CIP) for children and youth that would be a one year pilot program.

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

Sincerely,



Madelyn Schlaepfer, PhD
Stanislaus County Behavioral Health Director

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 before the submission of Stanislaus County's 2015-2016 Annual Update on June 3, 2015 to the Mental Health Services Oversight and Accountability Commission (MHSOAC) and continued after that date.

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).

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.

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

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.

- 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 MHSA funding.

Stakeholders were reminded about their work on June 20, 2014 where they voted to prioritize target populations and strategies for CSS and PEI, and established Mental Health Adaptive Dilemmas for INN. 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.

MHSO Stakeholder Meeting
June 20, 2014

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

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

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

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

BOS Priorities for Future Funding

- ❖ 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

More recent discussions with Board of Supervisors members resulted adding an additional priority, which is housing development in accord with a Master Plan for Housing.

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 MHSOAC 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 participation in developing an "Idea Bank". BOS priorities were also shared with the group.

Based on stakeholder 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.

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

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

The recommendations that are applicable to this Plan Update of December 2015 are as follows:

Community Services and Supports (CSS) – Issue a Request for Proposal (RFP) for a Full Service Partnership (FSP) for children and youth, ages 6-17, with Severe Emotional Disturbance (SED) – Funding up to \$2,417,905 for three years

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

Community Services and Supports (CSS) - Crisis Intervention Program for children and youth, ages 6 – 17 - \$631,067 for one year

December 15, 2017 - This Plan Update is scheduled to go before the Stanislaus County Board of Supervisors. It contains the three funding proposals noted above, all under Community Services and Supports (CSS).

These proposals were approved by the RSSC at its meeting on July 17, 2015.

One is a Request for Proposal (RFP) for a Full Service Partnership (FSP) for children and youth, ages 6-17, with Severe Emotional Disturbance (SED). One is an Outreach and Engagement (O&E) proposal to expand employment opportunities for persons with lived experience. The third proposal is to develop a Crisis Intervention Program (CIP) for children and youth.

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 BHRS 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 on-line at www.stanislausmhsa.com and a phone number to request a hard copy of the document.
- ✓ An announcement was posted in the BHRS Cultural Competency Newsletter

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

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

Substantive Comments and Response:

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

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

On September 1, 2015, an MHSa Plan Update went before the Stanislaus County Board of Supervisors (BOS). The BOS asked for additional information about the proposals and tabled a vote to adopt the Plan Update. Following their feedback, additional information was gathered, and a revised Plan Update for September 2015 was developed and approved by the BOS on September 29, 2015.

This Plan Update for December 2015 includes some of the remaining recommendations that were approved by the RSCC in July 2015. There was a change related to the Crisis Intervention Program. Originally, it was intended to be an Innovation program, but it was decided to fund it as a CSS General System Development (GSD) program.

•••••

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 underserved 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 and Employment Services

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

CSS - Full Service Partnership (FSP) for Children/Youth with SED - FSP-08
Proposal to Release RFP for FSP Services

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 – up to \$2,417,905

This new CSS Full Service Partnership (FSP) would serve children/youth, ages 6-17, with Severe Emotional Disturbance (SED) in Stanislaus County, who have had at least one psychiatric hospitalization. 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. Originally, this proposal was paired with an Innovation project for a Crisis Intervention Program (CIP) for children and youth. The CIP project is now being considered as a separate program under Community Services and Supports (CSS).

At any one time, up to 24 children/youth with SED would be served through this FSP to help decrease psychiatric and medical hospitalizations, and decrease incarcerations and homelessness. This FSP would provide outreach and engagement, case management, initial and ongoing assessment, psychiatric services, and linkages to adjunct services. With the adult FSPs, the actual number served in one year is almost double the capacity, i.e., close to 48 served in one year. It is expected that clients will move to lower levels of care over time and allow other children and youth to be admitted to this highest level of outpatient care.

BHRS' experience with FSPs has been very positive. Substantial reductions in incarceration, homelessness, and psychiatric hospitalizations have demonstrated their effectiveness in dealing with these costly effects of untreated serious mental illness. Currently, there is an FSP for youth involved with the juvenile justice system. The data from this program is focused on reductions in incarceration for juvenile offenders. The data reported in the MHSA Annual Update for Fiscal Year 2015-2016 demonstrated an almost 30% reduction in days incarcerated in the year post admission.

There are other benefits to enrollment in an FSP. Emergency events also declined significantly in the most recent year of data in the Central Region from 45% to 12%. School attendance improved. According to the most recent statewide data, children who were always or most of the time in attendance at one year post enrollment compared with the attendance history at the beginning of enrollment increased from 71% to 83% in the Central Region. There was also improvement in grades. As we know, educational achievement has significant impacts on future well-being.

The ability to intervene early in an individual's mental health challenges often reduces or eliminates future serious mental illness. An FSP is also building protective factors for ongoing well-being.

Plans are to issue the RFP through the Stanislaus County Purchasing Department and use county processes to determine and award approved proposals. 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 acute general hospitals, 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 the number of clients in psychiatric facilities, aversion of out of county hospitalizations, 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 FSP 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

On July 17, 2015, 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 relevant to this proposal 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?**

The current program, under contract through a community agency, provides time limited services (up to 30 days) for this at-risk population. 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 and interface with existing programs.

- **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.

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

As the program develops, it may be possible, with BOS approval, to augment staffing to permit a larger number of individuals to be served at any one time. However, at this point, the intention is to limit the maximum capacity to 24.

CSS - Crisis Intervention Program (CIP) for Children and Youth

Proposed Expansion of a Current Contract

CSS – Proposal to Develop a Crisis Intervention Program (CIP) for Children and Youth – \$631,061

The CIP was approved by stakeholders, originally as an Innovation project. Incorporating input from the Board of Supervisors members led to a decision to fund this project as a CSS General System

Development project. This allows for an opportunity to serve a broad group of children and youth who are underserved with the development of a focused local plan for crisis intervention for these individuals.

Further and extensive discussion between BHRS and its hospital partners revealed an even more serious situation when it comes to appropriate local options for these children and youth in crisis, who often wait for extended periods of time in emergency rooms of an acute general hospital due to a statewide shortage of psychiatric inpatient beds for minors. In addition, most of these beds are quite distant from our County and, consequently, families and other supports. The potential trauma associated with both of these issues can further worsen an individual's mental health crisis and lead to ongoing, severe emotional disorders, even post-hospitalization.

Having the option of a CIP would allow for the potential to improve the future well-being of some of the minors in that they may not have to experience the trauma of separation from family and also not be exposed to events that worsen their condition. Children brought into overcrowded Emergency Departments (EDs) for disposition can become increasingly distressed. They are reportedly apt to be placed in close proximity to adults with psychiatric conditions also waiting for placement. This increased stress further aggravates an already difficult situation, making recovery less likely to occur quickly.

In Stanislaus County, our CIP has traditionally focused on serving the adult population. Stanislaus County and its partners were very successful in establishing an adult Crisis Intervention Program near an acute general hospital that serves many of the adults in crisis. This CIP led to a significant improvement in both care and return on investment financially. The adult CIP has been shown to reduce the need for psychiatric inpatient services by allowing time to stabilize an acute crisis in a non-stressful setting. They can be referred to ongoing treatment, if necessary, to continue to develop resiliency and better strategies to deal with the issues that led to the mental health crisis. Additionally, the development of a CIP for children and youth will offer family support and work to increase family engagement.

The CIP will involve leasing space, hopefully in a location near the acute general hospital, so that time in the Emergency Department (ED) will be significantly shortened. Children and youth can easily be taken to the CIP. It is expected that at least 80 to 100 children would be served through this one year CSS program.

MHSA Stakeholder Approval Process

On July 17, 2015, all RSSC members present unanimously endorsed this proposal when it was being considered as an Innovation project. Although, the MHSA component funding the project has changed, the components agreed upon by the RSSC have not changed.

CSS-Supportive Housing and Employment Services - O&E 02 Operated by Behavioral Health and Recovery Services

CSS- Outreach and Engagement – O&E 2 – Proposal to Expand Supportive Employment – \$387,087

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 to do so is not available. This program expansion would provide the needed support to help people obtain and keep employment.

Up to now, Stanislaus County BHRS has not had a program solely committed to mentoring while individuals are also part-time employed. The idea to develop such a program came directly from Stanislaus County consumers and their families. It was the result of an MHSA stakeholder meeting and was among the ideas developed through an "Idea Bank" exercise on February 27, 2015.

This Outreach and Engagement expansion would provide employment opportunities and peer support to improve the well-being and recovery of individuals in the mental health system. This expansion will increase job opportunities for mental health consumers in Stanislaus County. While BHRS currently has a

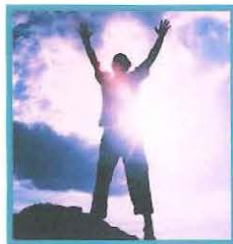
fairly extensive list of job sites that are willing to consider hiring our clients, this program will increase job readiness for up to 12 individuals living with serious mental health challenges in Stanislaus County by offering paid extra-help opportunities as clerical/community aides or similar classifications in other settings. This expansion would assist in better preparing individuals for full-time employment while experiencing the benefits of earning an income. The intent is to interface with the County's Alliance Worknet as the individuals are able to function at a level required of the Alliance Worknet program. The ability to have Alliance Worknet be the conduit to employment may further assist with stigma reduction in that an individual's mental health challenges may not be a focus at all.

The proposed O&E program will develop opportunities for intensive job coaching for individuals and family members with lived experience. The goals of the program are to get people ready for full-time employment through intensive case management, mentoring, and support at the job site as necessary. The goals are to increase job opportunities by creating a career ladder for persons/family members with lived experience. The program may also include mentoring and training in various programs, including Community Based Organizations. The goal is to have at least 50% of the participants gain employment in the private sector.

MHSA Stakeholder Approval Process

At its July 17, 2015 meeting, 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. This concern has been further addressed by the ultimate interface with Alliance Worknet



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

**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 Aspiranet, 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, 2015 to provide psychiatric hospital diversion and crisis intervention to children and adolescents who are referred to COUNTY's Community Emergency Response Team (CERT); and

WHEREAS, in order to increase the quality of mental health services for children and youth ages 6-17 in Stanislaus County, County is in need of a level of care that is not currently available; and

WHEREAS, a Crisis Intervention Program (CIP) for children and youth is a pre-hospitalization strategy that is focused on keeping minors out of a psychiatric hospital, improving the well-being of children, increasing family engagement and providing vital family support for children and youth in Stanislaus County in crisis; and

WHEREAS, Contractor is specially trained, experienced, competent and has the capacity to perform the services and has agreed to provide such services.

NOW, THEREFORE, in consideration of the mutual promises, covenants, terms, and conditions hereinafter contained, the Agreement is amended to add the provision of a Crisis Intervention Program (CIP) for children and youth by increasing the contract maximum amount by \$631,061, from \$613,283 to \$1,244,344, and increasing the Federal Financial Participation requirement amount by \$306,938, from \$100,000 to \$406,938. This amendment is incorporated into the Agreement as follows:

- I. Exhibit A is deleted in its entirety and replaced with the attached Revised Exhibit A to include the provision of a Crisis Intervention Program.
- II. 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.

SIGNATURES SET FORTH ON FOLLOWING PAGE

**COUNTY OF STANISLAUS
BEHAVIORAL HEALTH AND
RECOVERY SERVICES**

ASPIRANET

Madelyn Schlaepfer 12/21/2015
Madelyn Schlaepfer, Ph.D. Date
Behavioral Health Director

Vernon Brown, MPA Date
Chief Executive Officer

APPROVED AS TO FORM:
John P. Doering, County Counsel

Marc Hartley
Marc Hartley
Deputy County Counsel

BOS Action Item: 2015-646 December 15, 2015

**COUNTY OF STANISLAUS
BEHAVIORAL HEALTH AND
RECOVERY SERVICES**

ASPIRANET

Madelyn Schlaepfer, Ph.D. Date
Behavioral Health Director

J Reiber for *12-11-15*

Vernon Brown, MPA Date
Chief Executive Officer

APPROVED AS TO FORM:
John P. Doering, County Counsel

Marc Hartley
Deputy County Counsel

BOS Action Item: _____, _____

1. STABILIZATION PROGRAM

- 1.1 CONTRACTOR shall provide intensive, short-term crisis intervention services to children or adolescents who do not meet the criteria for an involuntary psychiatric hospital to include two steps as follows:
 - 1.1.1 CONTRACTOR to provide step down services to children that have been discharged from the hospital to serve and support high risk youth who no longer meet 5150 criteria but continue to be at risk in an effort to avoid re-hospitalization. This is to allow time for connection with outpatient services and assessments to ensure clients are receiving a more intensive level of services such as Therapeutic Behavioral Health Services (TBS) or Home based services or work on eligibility to obtain aftercare services.
 - 1.1.2 CONTRACTOR shall meet with the child in crisis and the child's family to develop a short-term crisis plan that may include in-home family support, in-home family therapy sessions, or a respite stay with a member of the family's support system, which would not exceed 30 days, unless an extension is approved by COUNTY.
- 1.2 CONTRACTOR's staff shall be available 24 hours a day, seven days a week to provide services in response to calls from Behavioral Health Recovery and Services, Community Emergency Response Team.
- 1.3 CONTRACTOR shall collaborate with COUNTY in the implementation and utilization of the "Child and Adolescent Needs and Strengths" (CANS) tool with the client and family.
- 1.4 CONTRACTOR's services shall reflect the core values of COUNTY's CSOC as identified in Exhibit D.
- 1.5 Medi-Cal beneficiaries shall receive the same level of service provided to all other clients served by CONTRACTOR. This requirement is a condition for reimbursement for specialty mental health services.
- 1.6 CONTRACTOR to provide results of internal surveys conducted at or near discharge on annual report.

2. CRISIS INTERVENTION PROGRAM (CIP)

- 2.1 CONTRACTOR staff shall be available 24 hours a day, seven days a week to provide services in response to calls from CERT (Community Emergency Response Team).
- 2.2 CONTRACTOR shall provide primary crisis intervention services in the CIP, for

all children and adolescents who are referred by CERT seeking crisis services in Stanislaus County.

- 2.3 CONTRACTOR shall provide immediate crisis intervention counseling to Children/Adolescents at the CIP and their family to stabilize the crisis situation.
- 2.4 CONTRACTOR shall mobilize community resources and support as necessary for children and their family.
- 2.5 CONTRACTOR shall transition to Aspiranet Crisis Stabilization program.
- 2.6 CONTRACTOR shall provide interactive support and intervention to children while in the CIP.

3. PERFORMANCE OUTCOMES

- 3.1 It is expected that COUNTY will realize an overall decrease in hospitalization as a result of Stanislaus County children receiving intensive, short-term services.
- 3.2 It is expected that CONTRACTOR will monitor client's hospital recidivism and provide reports to COUNTY for a period of three (3) to six (6) months from hospital discharge.
- 3.3 It is expected that clients and families served by CONTRACTOR through this Agreement will report an overall positive response on consumer satisfaction surveys for all programs, with evaluation percentages equal to or greater than responses to COUNTY CSOC programs. Copies of the completed surveys should be clearly labeled and forwarded to COUNTY's Performance Measurement.
- 3.4 It is expected that CONTRACTOR will connect clients to other mental health service providers by time of discharge or no later than 30 days.

4. BILLING AND PAYMENT

- 4.1 COUNTY shall reimburse CONTRACTOR for services delivered under the terms of this Agreement from the following funding sources: 2011 Realignment, 1991 Realignment, Medi-Cal funds, and Mental Health Services Act funds.
- 4.2 In consideration of CONTRACTOR's provision of services required under this Agreement, COUNTY shall reimburse CONTRACTOR for costs associated with operating the Stabilization Program an amount not too exceed \$613,283 for salaries, benefits and other operating costs.
- 4.3 In consideration of CONTRACTOR's provision of services required under this Agreement, COUNTY shall reimburse CONTRACTOR for costs associated with operating the Crisis Intervention Program an amount not too exceed \$631,061 for salaries, benefits and other operating costs.
- 4.4 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 \$1,244,344 for salaries, benefits and other operating costs for both the Stabilization Program and the Crisis Intervention Program.

4.5 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.

4.6 CONTRACTOR shall submit invoices electronically to abhrs@stanbhhs.org or by mail to the following address:

Stanislaus County Behavioral Health & Recovery Services (BHRS)
800 Scenic Drive, Building 4
Modesto, CA 95350
Attention: Accounts Payable

4.7 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 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 the Agreement is \$613,283 for the Stabilization Program. CONTRACTOR shall manage the program operations and program costs to insure the provision of services for the full term of this Agreement.

4.8 CONTRACTOR is expected to generate a minimum of \$100,000 in Medi-Cal Federal Financial Participation (FFP), which is in part the basis for funding the Stabilization Program. The Net County Cost for the provision of services under the terms of this Agreement shall be \$513,283, which is calculated by subtracting the FFP of \$100,000 from the Stabilization Program Maximum of \$613,283.

4.9 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 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 the Agreement is \$631,061 for the Crisis Intervention Program. CONTRACTOR shall manage the program operations and program costs to insure the provision of services for the full term of this Agreement.

4.10 CONTRACTOR is expected to generate a minimum of \$306,938 in Medi-Cal Federal Financial Participation (FFP), which is in part the basis for funding the Crisis Intervention Program. The Net County Cost for the provision of services under the terms of this Agreement shall be \$324,123, which is calculated by

subtracting the FFP of \$306,938 from the Crisis Intervention Program Maximum of \$631,061.

- 4.11 FFP revenue projections are based on year to date actual, approved and authorized Medi-Cal units of service. Actual and projected FFP revenue shall be reviewed at regular monitoring meetings by COUNTY and CONTRACTOR during the term of this Agreement. In the event the FFP revenue projected through the term of this Agreement does not meet the budgeted amount necessary to support the program expenditures, CONTRACTOR shall submit a plan to increase the FFP revenue or reduce the operating costs of delivering the services required in this Agreement.
- 4.12 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 purposes of this contract and final cost report settlement. Settlement is limited to the Contract Maximum and is also limited to the Net County Cost after applying the FFP revenue.
- 4.13 CONTRACTOR shall be at risk for shortfalls in FFP revenue and is therefore accountable for submitting/entering services that are eligible for reimbursement into the COUNTY Electronic Health Record (EHR).

Mental Health Services Act Plan Update – December 2015

Presentation to Stanislaus County
Board of Supervisors
December 15, 2015



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

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)



Behavioral Health and Recovery Services

A Mental Health, Alcohol and Drug Service Organization 2

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.

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
- ❖ Housing Development in Accord with a Master Plan



Plan Update Highlights



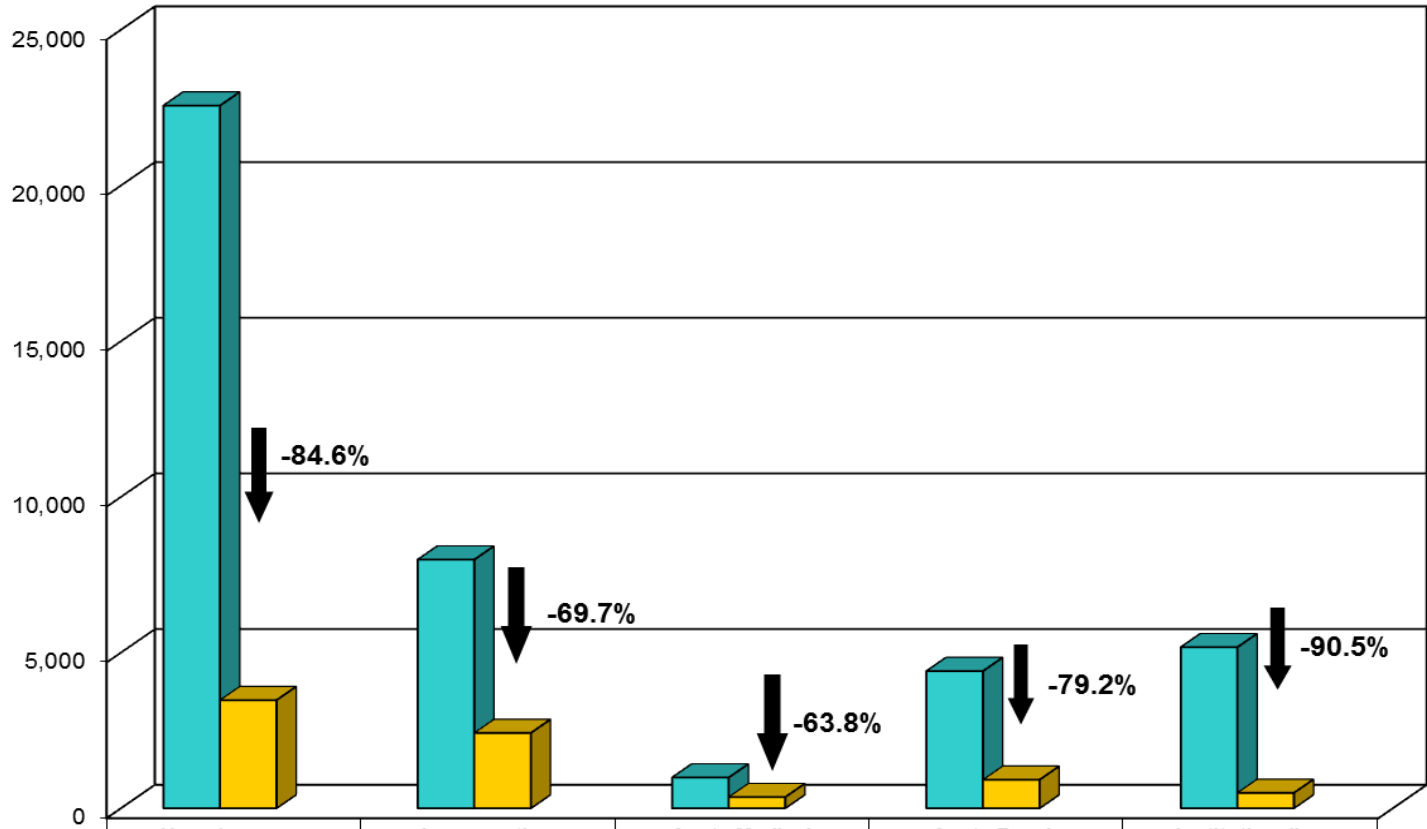
Community Services and Supports (CSS)

- CSS - Full Service Partnerships (FSPs) are required part of this MHSA component
- CSS also includes General System Development (GSD) and Outreach and Engagement (O&E)
- 51% of the CSS must be devoted to FSPs
- Effectiveness of an FSP is substantiated by research and our own outcomes



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

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**

Plan Update Highlights Proposed CSS Funding



- FSP for Children/Youth
 - FSPs provide very intensive services to individuals of all ages who have a serious mental illness (adults) or a serious emotional disturbance (children and youth)
 - There has been an increase in the past year in the number of children/youth requiring hospitalization
 - Will utilize the proven FSP techniques with minors that have work with adults



Plan Update Highlights Proposed CSS Funding



- FSP for Children/Youth
 - Techniques include outreach and engagement, intensive case management, psychiatric services, counseling, working with families
 - FSP services are available 24/7
 - FSPs for minors have been shown to improve school attendance, to improve grades, and to reduce emergency room visits



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

Plan Update Highlights Proposed CSS Funding



- FSP for Children/Youth
 - Improvement in overall wellbeing is likely to prevent or lessen the severity of mental illness in the future by building resilience
 - Priority for individuals with Medi-Cal, but open to other children/youth based on seriousness of condition and program capacity
 - Services will be provided by contractor chosen through RFP process
 - Estimated cost for first year is \$811,740



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

Plan Update Highlights Proposed CSS Funding



- Crisis Intervention Program (CIP) for Children/Youth
 - Will use the CIP model that has been successful with adults in reducing psychiatric hospitalizations
 - Will provide an opportunity to work with children/youth and their families to avoid hospitalization in a less stressful setting than an emergency room
 - Priority for individuals with Medi-Cal, but open to other children/youth based program capacity

Plan Update Highlights Proposed CSS Funding



- Crisis Intervention Program (CIP) for Children/Youth
 - 24/7 availability
 - Up to 23 hours to stabilize a crisis
 - Will be a one-year pilot program
 - Intent is to amend the contract of a provider who currently provides crisis services for minors
 - Estimated cost is \$631,061



Plan Update Highlights

Proposed CSS Funding



- Proposed Expansion of Supportive Employment Opportunities
 - Creates job opportunities 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

Plan Update Highlights

Proposed CSS Funding



- Proposed Expansion of Supportive Employment Opportunities
 - Individuals with mental health challenges often require more basic support than Alliance Worknet is able to provide at this time, including but not limited to:
 - Teaching appropriate social skills
 - Providing assistance in coping with job stress
 - Assisting individuals with taking directions
 - Ensuring that individuals adhere to medication regimes

Plan Update Highlights

Proposed CSS Funding



- Proposed Expansion of Supportive Employment Opportunities
 - Plan is to transition to Alliance Worknet once individuals are at a level that is appropriate
 - Meetings are already occurring with Alliance Worknet to establish the parameters of the interface between departments

Plan Update Highlights

Proposed CSS Funding



- Proposed Expansion of Supportive Employment Opportunities
 - Outcomes involve stigma reduction, improved well-being, and a sense of empowerment
 - 12 part-time, paid positions will provide opportunities for mentoring and training in various programs, including in community based organizations
 - Estimated cost for the first year is \$129,029



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

Recommendations

1. Adopt the Fiscal Year 2015-2016 Mental Health Services Act (MHSA) Plan Update of December 2015.
2. Authorize the Behavioral Health Director to sign and submit the Fiscal Year 2015-2016 MHSA Plan Update of December 2015 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. Approve the first amendment to the agreement with Aspiranet for the provision of a 24/7 crisis intervention program for children and youth through the end of Fiscal Year 2015-2016



Recommendations

5. Direct the Auditor-Controller to adjust the Fiscal Year 2015-2016 appropriations and estimated revenue as detailed in the Budget Journal.



Questions



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