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

DEPT: Behavioral Health & Recovery Services

BOARD AGENDA:5.B.9
AGENDA DATE: June 14, 2022

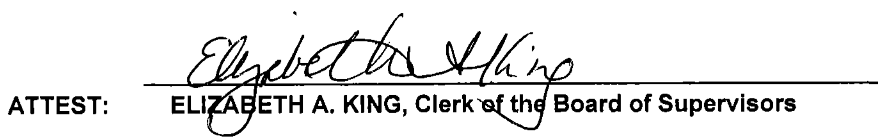
SUBJECT:
Approval to Adopt the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2022-2023

BOARD ACTION AS FOLLOWS: **RESOLUTION NO. 2022-0282**

On motion of Supervisor Grewal **Seconded by Supervisor** C. Condit
and approved by the following vote,
Ayes: Supervisors: B. Condit, Chiesa, Grewal, C. Condit, and Chairman Withrow
Noes: Supervisors: None
Excused or Absent: Supervisors: None
Abstaining: Supervisor: None

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

MOTION:



ATTEST: ELIZABETH A. KING, Clerk of the Board of Supervisors

File No.

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
AGENDA ITEM

DEPT: Behavioral Health & Recovery Services | BOARD AGENDA:5.B.9
AGENDA DATE: June 14, 2022

CONSENT: ☑

CEO CONCURRENCE: YES | 4/5 Vote Required: No

SUBJECT:

Approval to Adopt the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2022-2023

STAFF RECOMMENDATION:

1. Adopt the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2022-2023, updating the Program and Expenditure Plan for Fiscal Year 2022-2023 and reporting actual results from Fiscal Year 2020-2021.
2. Authorize the Behavioral Health Director, or designee, to sign and submit the MHSA Annual Update for Fiscal Year 2022-2023 to the California Department of Health Care Services (DHCS) and the Mental Health Services Oversight and Accountability Commission (MHSOAC).
3. Authorize the Auditor-Controller, or designee, to sign the MHSA County Fiscal Accountability Certification certifying that the fiscal requirements have been met.

DISCUSSION:

Proposition 63, otherwise known as the Mental Health Services Act (MHSA), created a 1% tax on income more than $1 million to expand mental health services. It was designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and their families. MHSA addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that support the public behavioral health system.

Counties are responsible to ensure compliance with Welfare and Institutions (W&I) Code Section 5892(a) and State guidance and to allocate and expend funds in the following categories:

- Innovations – 5%
- Prevention and Early Intervention (PEI) – 19%
- Community Services and Supports (CSS) – 76%

To expend funds, the County must:

- Prepare a Three-Year Program and Expenditure Plan
- Gain approval of the Plan through an annual stakeholder process
- Spend in accordance with an approved Plan
- Prepare and submit MHSA Annual Revenue and Expenditure Reports (RER)

Funding is not tied to demand for services, is not guaranteed, and revenue can be volatile.

As the contracted Mental Health Plan (MHP) with the State of California, Behavioral Health and Recovery Services (BHRS) administers Stanislaus County's behavioral health services and uses MHSA funding to providing integrated mental health and supportive services to adults and older adults with a serious mental illness (SMI) and to children and youth with a serious emotional disturbance (SED). BHRS also uses funding to strengthen prevention and early intervention efforts and to build a “help “first” system of care to eliminate disparities and promote wellness, recovery and resiliency outcomes.

Background

In Fiscal Year 2020-2021, BHRS completed a program review, plans and recommendations that aligned program operations and services with sustainable funding to:

- Prioritize behavioral health treatment services to maximize the number of clients served and leverage state and federal funding.
- Maintain compliance with network adequacy standards.
- Create efficiencies by standardizing team structures and consolidating administrative structures.

Following the program review, BHRS recommended a restructure of operations and a redirection and reprioritization of resources to provide critical treatment services to those most in need.

Recommendations were presented to the Stanislaus County Board of Supervisors (BOS) in the form of the BHRS Strategic Plan (“Strategic Plan”) on March 30, 2021. The BOS approved the Strategic Plan (Resolution No. 2021-0136) and authorized BHRS to make the necessary adjustments to contracted service levels, execute staffing reassignments, negotiate new agreements, and modify existing agreements to support full implementation by July 1, 2021.

The MHSA Program and Expenditure Plan for FY 2021-2022 was aligned with the Strategic Plan and approved by the BOS on June 15, 2021 (Resolution No. 2021-0269). As a result of the alignment, several MHSA programs and services were discontinued effective June 30, 2021, and new programs and services began July 1, 2021.

Annual Update for Fiscal Year 2022-2023

The Annual Update for Fiscal Year 2022-2023 will serve three purposes:

- Outline programmatic changes that are being recommended, that if approved, will become effective in Fiscal Year 2022-2023. Detail about the recommended changes can be found on pages 25-28 of the attached Annual Update.
- Update the Three-Year Program and Expenditure Plan (PEP) for Fiscal Year 2022-2023 as required by 9 CCR § 3310. The updated funding table and individual component worksheets can be found on pages 29-36 of the attached Annual Update.

- Report actual results for programs and services that were funded by MHSA in Fiscal Year 2020-2021. Information can be found on pages 37-175 of the attached Annual Update.

The Annual Update is developed with feedback from the MHSA Advisory Committee. Information about the Community Program Planning Process can be found on pages 177-182 of the attached Annual Update.

Fiscal Year 2022-2023 Program and Expenditure Plan (PEP)

Due to the availability of additional MHSA revenue, BHRS is recommending investments in the following Strategic Initiatives; see pages 13-18 of the Annual Update for a description of the Strategic Initiatives:

- Ensuring Availability of Quality Outpatient Treatment
- Ensuring Availability of Quality Residential Care
- Ensuring Timely Access to Services
- Workforce Development and Training
- Building Administrative Infrastructure and Capabilities

Detailed information about the recommended investments and the Fiscal Year 2022-2023 PEP can be found on pages 25-28 of the attached Annual Update.

Fiscal Year 2020-2021 Actual Results

BHRS faced several challenges in FY 2020-2021 that included staffing vacancies, ongoing absences due to COVID-19 safety measures, and disruptions in established referral processes with collaborative partnerships in the education, healthcare, and criminal justice sectors. MHSA treatment programs maintained on-site and in-person services for high-risk client populations by establishing a staff rotation plan and increasing telehealth services that mitigated the risk of entire program closures in the instance of COVID-19 exposure. The COVID-19 pandemic risk to mental health care was maintaining adequate staffing levels to provide treatment services.

MHSA non-treatment core programs, such as outreach programs and various support services, maintained a minimal level of service delivery due to staff reassignments to maintain adequate staffing levels in the prioritized treatment programs. COVID-19 risk mitigation impacts on schools, such as reduced number of students on campus and school closures, resulted in reduced routine mental health referrals in the Children's System of Care and was experienced in other sectors such as healthcare and social services.

As the Department transitions to the COVID-19 endemic phase and fully implements the Strategic Plan, MHSA funding remains a primary resource in providing treatment services to underserved/unserved populations. This Annual Update and PEP outlines the ending of the previous MHSA PEP and the Department's allocation of MHSA funding to further evolve the Strategic Plan with investments in key strategic initiatives designed to increase access to treatment services for serious mental health disorders while strengthening the mental health continuum of care through leveraging partnerships with education, managed care and commercial health insurance sectors. The Department is collaborating with these key partners to assess the impact of

increased State funding in these sectors and align these new services to meet the current and emerging mental health treatment needs of the community.

Actual results for programs and services that were funded by MHSA in Fiscal Year 2020-2021 are shown on pages 37-175 of the attached Annual Update. As noted earlier, with the alignment of the MHSA PEP to the BHRS Strategic Plan, MHSA programs and services were restructured, and multiple programs were concluded effective June 30, 2021. If the program or service continued into Fiscal Year 2021-2022, operational information is provided.

POLICY ISSUE:

Welfare and Institutions Code, Section 5847 (a), requires that Counties prepare and submit a Three-Year Program and Expenditure Plan (Plan) and Annual Updates (Update), adopted by the County's Board of Supervisors, to the Mental Health Services Oversight and Accountability Commission (MHSOAC) and the Department of Health Care Services (DHCS) within 30 days of adoption. All expenditures of MHSA funds for mental health programs in a County must be consistent with a currently approved Plan or Update as required in Welfare and Institutions Code, Section 5892(g).

All Plans and Updates are required to include:

- Certification by the County Mental Health Director to ensure County compliance with pertinent regulations, laws, and status of the Mental Health Services Act, including stakeholder engagement and non-supplantation requirements per Welfare and Institutions Code, Section 5847 (b)(8); and
- Certification by the County Mental Health Director and the County Auditor-Controller that the County has complied with any fiscal accountability requirements and that all expenditures are consistent with the Mental Health Services Act per Welfare and Institutions Code, Section 5847 (b)(9).

FISCAL IMPACT:

The programs described in the Plan are supported by Mental Health Services Act (MHSA) funding, which leverages Medi-Cal Federal Financial Participation (FFP) and several other funding streams to maximize services provided to the community. To support all MHSA components and programs $83.3 million in appropriations, $67.8 million in estimated revenue and $15.5 million use of fund balance was included in the BHRS 2022-2023 Proposed Budget. There is no additional impact to County General Fund associated with the approval of this agenda item.

BOARD OF SUPERVISORS' PRIORITY:

The recommended actions are consistent with the Board of Supervisors' priorities of *Supporting Community Health* and *Delivering Efficient Public Services and Community Infrastructure* by providing mental health and substance use disorder services in the community through vendor partnerships.

STAFFING IMPACT:

The continuation of services described in the attached Annual Update will be facilitated by existing BHRS staffing and resources. There is no additional staffing impact associated with the approval of this agenda item.

CONTACT PERSON:

Ruben Imperial, MBA (209) 525-6222
Director, Behavioral Health and Recovery Services

ATTACHMENT(S):

1. MHSA FY 2022-2023 Annual Update

STANISLAUS COUNTY
MENTAL HEALTH SERVICES ACT
ANNUAL UPDATE FOR FISCAL YEAR 2022-2023

Behavioral Health and Recovery Services

WELLNESS • RECOVERY • RESILIENCE

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COUNTY COMPLIANCE CERTIFICATION

County: Stanislaus

County Mental Health Director Name: Ruben Imperial, MBA Telephone Number: 209-525-6225 E-mail: Rimperial@stanbhrs.org	Project Lead Name: Carlos Cervantes Telephone Number: 209-525-6247 E-mail: ccervantes@stanbhrs.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 Annual 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 Fiscal Year 2022-2023 Annual 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.

Ruben Imperial

Mental Health Director/Designee (PRINT)   Signature   Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Stanislaus

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

Local Mental Health Director	County Auditor-Controller
Name: Ruben Imperial, MBA Telephone Number: (209) 525-6225 E-mail: RImperial@stanbhrs.org	Name: Kashmir Gill Telephone Number: (209) 525-7507 E-mail: GillK@stancounty.com
Local Mental Health Mailing Address: 800 Scenic Drive Modesto, CA 95350	

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.

Ruben Imperial

Local Mental Health Director — Signature — Date

I hereby certify that for the fiscal year ended June 30, 2021, 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, 2020. I further certify that for the fiscal year ended June 30, 2021, 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.

Kashmir Gill

County Auditor Controller / City Financial Officer — Signature — Date

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

Message from the Director

Stanislaus County Behavioral Health and Recovery Services (BHRS) presents the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2022-2023. Over the past year, BHRS has undergone an organizational restructure to strengthen core treatment services capabilities for Stanislaus County residents with serious mental illness (SMI) and substance use disorders (SUD) as outlined in the Department's Strategic Plan. In addition, the Department continued to respond to the impacts of the COVID-19 pandemic, the public health orders, and their combined effects on the community, clients, families, and the behavioral health workforce.

This Annual Update continues to align MHSA funding, along with several State and Federal allocations and grant funds, with the Department's Strategic Plan by directing funding to key strategies, such as:

- Expanding clinical training and program and staff development
- Expanding residential mental health treatment
- Increasing outpatient capacity for children and adults
- Managing caseloads
- Decreasing assessment wait times
- Housing support services for clients that are experiencing homelessness.

These investments will continue to increase the capacity of the Department's core treatment services to meet the needs of the MHSA priority underserved and unserved populations.

In addition to securing and aligning new and emerging State and Federal funding, BHRS has made substantive progress over last several months to implement the Strategic Plan, making the necessary adjustments to contracted service levels, executing staffing reassignments, negotiating new agreements, and modifying existing agreements.

Change is challenging. Meeting the behavioral health treatment needs of the community through a pandemic is challenging. No doubt these parallel conditions created both personal and professional challenges for staff and contract providers. However, these challenges also came with new funding and partnership opportunities that are beginning to weave a network of partnerships that is strengthening the fabric of the community's behavioral health continuum of care. Over the last few years, the Department reengaged key partners in managed care, education, public safety, healthcare, and diverse community collaboratives. Brought together to ensure we continue to maintain access to treatment services through the pandemic, these partnerships are now providing an opportunity to continue to strengthen the behavioral health continuum of care focused on meeting the behavioral health treatment needs of the community as we emerge from the pandemic. There's a growing realization that our pathway still may be unclear, and that no single organization can meet the entirety of the behavioral health needs of the community. However, we also realize that we can accomplish much more working together than alone.

Adapting to change and responding to these challenges required BHRS to have clarity of purpose, resilience, and support for each other and our contract providers. BHRS leadership did not do this work alone. I'd like to thank the following who have led and worked with BHRS leadership over the past year.

- BHRS clients and families for their ongoing partnership in recovery and the valuable insight they provide in strengthening treatment services
- BHRS staff for their resilience and commitment to doing the right thing for clients and the community
- Labor Unions for their collaboration, leadership and clear feedback on process and opportunities
- Contract partners for their willingness to do “whatever it takes” to provide treatment services for the community
- BHRS Leadership (Managers and Coordinators) for their commitment and accountability in managing change, and their focus on ensuring BHRS provides quality behavioral health care
- Board of Supervisors and Chief Executive Office for their faith, support, and patience as we worked through the process

Moving forward, the economic outlook for Fiscal Year 2022-2023 is positive. The State of California is making a “historic” investment in behavioral health services, which has allowed BHRS to make strategic investments in strengthening core treatment services and to build administrative infrastructure and capacity. The Fiscal Year 2022-2023 Program and Expenditure Plan (PEP) represents a renewed and deepened commitment to the provision of essential treatment services by dedicated behavioral health workers in our community.

With gratitude and appreciation,

Ruben Imperial, MBA
Behavioral Health Director

Executive Summary

BHRS Strategic Plan

In Fiscal Year 2020-2021, BHRS completed a program review, plans and recommendations that aligned program operations and services with sustainable funding to:

- Prioritize behavioral health treatment services to maximize the number of clients served and leverage state and federal funding
- Maintain compliance with network adequacy standards
- Create efficiencies by standardizing team structures and consolidating administrative structures

Following the program review, BHRS recommend a restructure of operations and a redirection and reprioritization of resources to provide critical treatment services to those most in need.

Recommendations were presented to the Stanislaus County Board of Supervisors (BOS) in the form of the BHRS Strategic Plan ("Strategic Plan") on March 30, 2021. The BOS approved the Strategic Plan (Resolution No. 2021-0136) and authorized BHRS to make the necessary adjustments to contracted service levels, execute staffing reassignments, negotiate new agreements, and modify existing agreements to support full implementation by July 1, 2021.

The MHSA Program and Expenditure Plan for FY 2021-2022 was aligned with the Strategic Plan and approved by the BOS on June 15, 2021 (Resolution No. 2021-0269). As a result of the alignment, several MHSA programs and services were discontinued effective June 30, 2021 and new programs and services began July 1, 2021.

Mental Health Plan and Drug Medi-Cal Organized Delivery System

As the contracted Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) with the State of California, the County provides behavioral health services for Stanislaus County Medi-Cal Beneficiaries. "Behavioral health" is the term used across the State of California to describe treatment services for both mental illness and SUDs. As the contracted agency, to the extent resources are available (W&I Code Section 5600), BHRS is contractually responsible for the provision of treatment services to the populations outlined below.

<u>Adults with Severe Mental Illness with Functional Impairment</u>

A severe mental illness (SMI) is a behavioral health condition or disorder that is serious, persistent, and debilitating resulting in serious functional impairment, which substantially interferes with the individual's day-to-day activities and life events.

<u>Children and Youth with Severe Emotional Disturbance with Functional Impairment</u>

A Serious Emotional Disturbance (SED) is a diagnosable behavioral health condition, other than a primary SUD or developmental disorder, which results in behavior inappropriate to the child's age according to

expected developmental norms. A child or youth with SED typically has one of the following:

- Substantial impairment in at least two areas (self-care, school functioning, family relationships, ability to function in the community)
- Is either at risk of removal from home or has already been removed or the mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment, or
- Displays psychotic features, risk of suicide or risk of violence due to mental disorder

Adults and Children with Mild, Moderate and Severe Substance Use Disorders

Adults and children/youth with an SUD that results in a serious functional impairment, which substantially interferes with the individual's day-to-day activities and life events.

MHP and DMC-ODS Services

If a client meets criteria for County behavioral health services, a treatment plan is developed, in partnership with the client, that includes services tailored to the individual client's need.

MHP services may include:

- Mental health services
- Medication support services
- Day treatment intensive
- Day rehabilitation
- Crisis intervention
- Crisis stabilization
- Adult residential treatment services
- Crisis residential treatment services
- Psychiatric health facility services

For beneficiaries under 21 years of age

- Intensive Care Coordination
- Intensive Home-Based Services
- Therapeutic Behavioral Services
- Therapeutic Foster Care
- Psychiatric Inpatient Hospital Services
- Targeted Case Management

DMC-ODS services may include:

- Outpatient Treatment
- Intensive Outpatient Treatment
- Outpatient/Intensive Outpatient Treatment Services for At-Risk Youth
- Residential Treatment (subject to prior authorization by the County)
- Withdrawal Management (Detoxification)
- Opioid Treatment (Methadone Maintenance)
- Recovery Support Services
- Case Management and Care Coordination
- Recovery Residences

Services provided and not funded under the Medi-Cal programs:

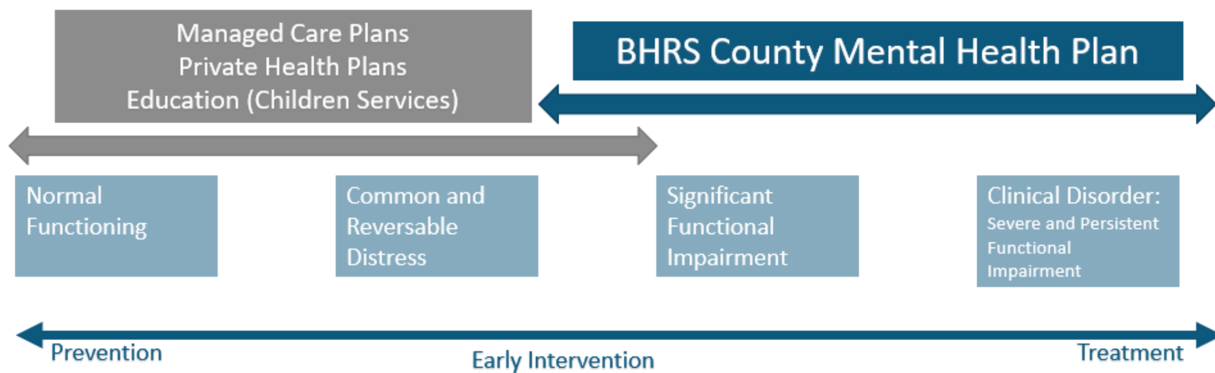
- Services to uninsured individuals
- Prevention services, including but not limited to: SUD prevention, stigma reduction, and suicide prevention
- Fostering innovation through special initiatives such as: early psychosis interventions and peer support services

- Management of the Lanterman-Petris-Short Act, including services to individuals in residential and locked settings, which are excluded from Medi-Cal
- Housing development, assistance, and navigation, including SUD recovery residences

Many of the services not funded by Medi-Cal are provided with MHSA funds.

Community Behavioral Health Continuum of Care

BHRS is not the only behavioral health treatment services provider in Stanislaus County. Medi-Cal managed care health plans and private health plans have a significant role in the provision of treatment services as well. County behavioral health departments cannot address all the needs in the community alone. BHRS is central to and administers a significant amount of behavioral health resources within the local system but is only a part of the system. Recently enacted Senate Bill (SB) 855 (Chapter 151, Statutes of 2020) and State Medi-Cal reforms (such as California Advancing and Innovating Medi-Cal), reinforce the role managed care plans and private health insurance plans must play in providing treatment services and slowing the tide of community members entering the County mental health service system which provides the highest levels of care. Effective prevention and early intervention strategies will have the most impact in this area. BHRS will invest time and resources to strengthening the behavioral health continuum of care, ensuring that community members are provided the right service at the right time by the provider that is best suited and mandated to meet their behavioral health needs. *BHRS is best suited and mandated to provide services for those with the highest level of need and to those individuals with severe behavioral health issues.*



As the MHP, BHRS and contract partners provides mental health treatment for seriously emotionally disturbed (SED) children and youth, and adults and older adults with a serious mental illness (SMI). Medi-Cal beneficiaries who have a diagnosed mental illness that is not severe, are referred to as “mild to moderate” and are treated by Medi-Cal Managed Care Plans and Private Health Insurance Plans. Mild to moderate behavioral health conditions can include behavioral health symptoms that are mild to acute,

but in shorter duration. Individuals in the mild to moderate category will experience some degree of functional impairment but are still able to function and attend to daily responsibilities and engage in activities.

Core Treatment Model

BHRS developed the Core Treatment Model (CTM) framework, which is central to BHRS' strategy to strengthen treatment capabilities as well as navigate the pathway to fiscal sustainability. The CTM clearly describes the population BHRS is mandated to serve and the expected outcomes that will be produced because of the delivery of treatment services. The CTM applies to both mental health and SUDs. By clearly identifying the mandated population, performance measures, and the treatment services that BHRS must provide as the MHP and DMC-ODS, the Department aims to improve both the efficiency and effectiveness of services.

Population	**Adults/Children with SMI/SED with functional impairment**
Performance Measure *"Better Off"*	**Increase functioning / Decreased impairment** *As measured by the LOCUS/CANS/DCR/Perception Surveys*
Core Treatment Model *Strategies to Increase Functioning & Decrease Impairment*	See table below
Performance Measures *"How well we provide services"*	Client & Provider Engagement / Access to Services / Medi-Cal Key Indicators / Provider Clinical Skill / Appropriate Level of Care Placement & Interventions

Treatment Services	Providers	Clinical Standards
Medication Services Medication prescription, administration, and monitoring.	Psychiatrist Registered Nurse Other prescribers	• Evidence Based Practice • Cultural Competency • Network Adequacy Standards • Provider Clinical Skill & Knowledge
Mental Health Clinical Services • Assessment* • Crisis Prevention/Intervention • 1:1 & Group Clinical Intervention • *Psychosocial Rehabilitation* • Care & Services Coordination	Mental Health Clinicians* Behavioral Health Specialist Clinical Service Technicians	
Family, Peer and Community Support	Behavioral Health Specialist Behavioral Health Advocate Clinical Service Technician Community Clerical Aid	

The CTM was developed using the Results-Based Accountability (RBA) framework (RBA). RBA framework is a proven disciplined method that is used by organizations to improve program performance. It is a simple, common sense framework that everyone can understand. The Department has been incrementally integrating the RBA framework into the planning efforts over the last several years. BHRS is committing to implementing the RBA framework throughout the organization for all treatment and administrative functions with the aim of establishing clarity on "whose needs are we here to meet, why do we exist, and why is BHRS uniquely capable of providing it?" The Department realizes that for both clients and the broader community, there are performance measures beyond those identified in the CTM. BHRS will work with clients and community stakeholders to further develop these performance measures. However, the Department's role as the MHP and DMC-ODS is clear, and the CTM provides a simple framework for the community and stakeholders to understand that role.

Behavioral health departments across the State of California have been at the center of community conversations and planning to address homelessness. As part of the Strategic Plan and learning as implementation unfolded, the Department continued to refine how to deploy treatment services to serve the homeless population in Stanislaus County. Individuals experiencing homelessness are an MHSA priority underserved/unserved population, and as a result the Department is required to prioritize resources to meet their behavioral health treatment needs. The Fiscal Year 2022-2023 MHSA Program and Expenditure Plan (PEP) includes funding priorities for individuals experiencing homeless, such as the Behavioral Health Outreach and Engagement (BHOE) Team, Full Services Partnership (FSP) services, Adult Residential Facilities (ARF), housing, respite, and supportive housing services.

The Department also continues to build its internal capacity and partnerships with local affordable housing partners to take advantage of state and federal housing funds to increase housing and residential treatment for the nearly 300 clients that are currently enrolled in treatment services and are experiencing homeless, living in shelters or in the streets. Developing additional housing units for individuals with SMI requires partnerships with the network of cities, the County, and housing development stakeholders. Unless BHRS has access to housing units for clients experiencing homelessness, the best the Department can expect for treatment outcomes is to mitigate on-going risk in their lives because of housing instability.

Annual Update for Fiscal Year 2022-2023

The Annual Update for Fiscal Year 2022-2023 will serve three purposes:

- Outline programmatic changes that are being recommended, that if approved, will become effective in Fiscal Year 2022-2023. Detail about the recommended changes can be found on pages 25-28.
- Update the Three-Year Program and Expenditure Plan (PEP) for Fiscal Year 2022-2023 as required by 9 CCR § 3310. The updated funding table and individual component worksheets can be found on pages 29-36.
- Report actual results for programs and services that were funded by MHSA in Fiscal Year 2020-2021. Information can be found on pages 37-175.

The Annual Update is developed with feedback from the MHSA Advisory Committee. Information about the Community Program Planning Process can be found on pages 176-177 of this document.

Strategic Initiatives

Now that the Strategic Plan has been implemented, BHRS Leadership has shifted its focus to further developing the behavioral health continuum of care, planning for local impacts of California's Advancing and Innovating Medi-Cal (CalAIM) initiatives, and making strategic investments to build capacity in the Core Treatment Model (CTM) and administrative infrastructure and capabilities.

The Department has identified several Strategic Initiatives that will be focus areas for opportunity over the coming year. A Strategic Initiative is comprised of multiple projects that align actions and resources

to strengthen the capabilities to deliver CTM services as defined in the BHRS Strategic Plan. The Strategic Initiatives mainly emerged from areas of focus identified for further development in the approved Strategic Plan. Additionally, the Department's assessed the first phase of implementation of the Strategic Plan, the current historic behavioral health categorial funding opportunities, and the emerging behavioral health needs of the community, which support the Strategic Initiatives.

The MHSA Program and Expenditure Plan for Fiscal Year 2022-2023 is recommended to align with these Strategic Initiatives.

California's Advancing and Innovating Medi-Cal

California's Advancing and Innovative Medi-Cal (CalAIM) is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory. The Department of Health Care Services (DHCS) and Counties will be innovating and transforming the Medi-Cal delivery system and moving Medi-Cal towards a population health approach that prioritizes prevention and whole person care. The goal is to extend supports and services beyond hospitals and health care settings directly into California communities. The vision is to meet people where they are in life, address social drivers of health, and break down the walls of health care. CalAIM will offer Medi-Cal enrollees coordinated and equitable access to services that address their physical, behavioral, developmental, dental, and long-term care needs, throughout their lives, from birth to a dignified end of life.

CalAIM has a few main goals:

- Identify and manage comprehensive needs through whole person care approaches and social drivers of health
- Improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives, modernization, and payment reform
- Make Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility

There are three main initiatives specific to behavioral health:

- Improve Access and Remove Barriers:
    - Establish a "no wrong door" approach for enrollees to quickly and easily access mental health and substance use disorder services, regardless of the delivery system where they initially seek care. Statewide screening and transition tools are standardized and barriers to care are reduced by streamlining criteria for accessing services.
    - Streamline the administration of substance use and mental health services to address the reality that many people live with both mental health and substance use disorders, and to support integrated care delivery.
- Improve Quality:
    - Modernize reimbursement for providers to incentivize outcomes and quality over volume and cost.
    - Offer enrollees incentive rewards and payments for positive behavioral changes through a significant contingency management pilot program. Contingency management is a

promising, evidence-based treatment for stimulant use disorder that requires abstinence from stimulants as part of comprehensive treatment programs.

- Improve Care Coordination:
    - Create a new model of care for foster children and youth, with a strong emphasis on behavioral health services and care coordination, aligned with national reform efforts.

CalAIM initiatives will be implemented between January 2022 and July 2023:

Policy	Go-Live Date
Changes to Eligibility Criteria for SMHS	January 2022
DMC-ODS 2022-2026	January 2022
Documentation Redesign for SUD & SMHS	July 2022
Co-Occurring Treatment	July 2022
No Wrong Door	July 2022
Standard Screening & Transition Tools	January 2023
Payment Reform Phase 1 - CPT Coding and Transition to FFS and IGT	July 2023

BHRS will also be working and strengthening partnerships with other County Departments (Community Services Agency, Health Services Agency, Area Agency on Aging, Sheriff, and Probation), Managed Care Plans (Health Plan of San Joaquin and Health Net), and community Medi-Cal and other service providers on broader CalAIM initiatives that will impact the behavioral health service delivery system:

- Enhanced Care Management (ECM) for populations of focus
- Community Supports designed to address social drivers of health
- Ensuring continuity of coverage for justice-involved adults and youth

Additional information about CalAIM can be found on DHCS' CalAIM website: https://www.dhcs.ca.gov/CalAIM/Pages/calaim.aspx.

Core Treatment Model Capacity Building

Over the next year, BHRS plans to focus on six Strategic Initiatives to enhance the CTM:

Workforce Development and Training

Staff and contract provider feedback gained during implementation of the Strategic Plan indicated that

this is an area for opportunity for the Department. In order to provide quality treatment and support services, BHRS will be focusing on the following:

- Expanding BHRS training capabilities to increase in-house program development training
- Expanding training opportunities for staff, focused on increasing clinical skill and knowledge
- Developing a team building plan that focuses on systems and program development
- Develop a staff-driven training plan
- Continue development of a recruitment strategy to mitigate risk due to workforce staffing challenges in hard-to-recruit positions

Ensuring Availability of Quality Outpatient Treatment

Over the coming year, BHRS will be ensuring the availability of quality outpatient treatment by focusing on the following:

- Expanding Adult, Children, and Transition Aged Youth (TAY) Behavioral Health Services Team (BHST) capacity
- Improve the therapeutic milieu of treatment program sites through facility improvements, prioritizing children's services

Ensuring Availability of Quality Adult Residential Care

Many adults with SMI and SUD need residential care, rather than outpatient treatment, in order to stabilize the underlying condition and have successful treatment outcomes. For this reason, BHRS will be focusing on ensuring the availability of quality residential care by:

- Expanding mental health treatment beds
- Expanding SUD treatment beds

Ensuring Timely Access to Services

Feedback gained during development of the Strategic Plan indicated that many Stanislaus County Medi-Cal beneficiaries do not know how to access mental health and SUD services, when needed. Recent data also shows that when clients try to access services, there are barriers to doing so such as lack of clarity about how to make an appointment, long-wait times for appointments, and lack of clarity about whether services should be provided by health plans, managed care plans or County Behavioral Health. For these reasons, BHRS will be focusing on the following in the coming year:

- Merge the Access Line with the Behavioral Health Crisis and Support Line (BHCSL)
- Expand assessment capabilities throughout contract programs
- Implement a Brief Intervention Counseling Team (BICT) program with a Substance Abuse Mental Health Services Administration (SAMHSA) Community Mental Health Center (CMHC) grant
- Provide a media campaign specific to how to access behavioral health treatment services
- Provide community education on accessing behavioral health treatment through managed care, commercial health plans and BHRS
- Leverage community collaborative partners to educate MHSA underserved/unserved populations

Strengthening Children's Crisis Continuum of Care

During development of the Strategic Plan, BHRS received feedback that mental health and SUD services for children, through the County, were very disjointed and siloed, there is a lack of residential crisis services for children, and there is a lack of clarity about whether services should be provided by schools, health plans, managed care plans or County Behavioral Health. For these reasons, over the coming year BHRS will be focusing on the following:

- Aligning school district mental health resources with managed care, commercial health plans, and BHRS
- Managed Care School Behavioral Health Incentive Program
- Building crisis services capacity

Expanding Mobile Crisis Response

Feedback gained during development of the Strategic Plan indicated that providing services in the field during a behavioral health crisis would help to de-escalate situations and produce positive outcomes for community members. Other California cities and counties have embedded behavioral health providers with law enforcement to respond to crisis calls and have had successful outcomes. These programs have also had successful results in preventing and diverting individuals from involvement with the criminal justice system and decreasing the number of individuals transported to areas emergency departments for involuntary psychiatric holds. For this reason, BHRS will be focusing on the following over the coming year:

- Implement a mobile crisis response program with a DHCS Crisis Care Mobile Units (CCMU) grant
- Leverage City of Modesto funding to expand CCMU program for the Modesto Police Department (MPD)
- Collaborate with the Sheriff's Office (SO) on developing proposals to expand CCMU

Building Administrative Infrastructure and Capabilities

Over the next year, BHRS also plans to focus on eight Strategic Initiatives to build administrative infrastructure and capabilities in support of the CTM:

Mental Health Services Act Overview

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

MHSA has five (5) components:

- Community Services and Support
- Prevention and Early Intervention
- Workforce Education and Training
- Capital Facilities and Technological Needs
- Innovation

BHRS is working continuously to expand and improve behavioral health services using a "help first" approach that enables community members to access services and supports before they are in crisis. MHSA funds are used to invest in services, supports, prevention, and system infrastructure to support a full and robust continuum of behavioral health care in Stanislaus County.

In partnership with the community, BHRS' mission is to provide and manage effective prevention and behavioral health services that promote the community's capacity to achieve wellness, resiliency, and recovery outcomes. MHSA services require six essential elements:

- Community collaboration
- Cultural competence
- Consumer driven systems of care
- Family driven systems of care
- A focus on wellness, recovery, and resiliency
- Integrated services experiences for consumers and families.

Community Services and Supports

Community Services and Supports (CSS) is defined as mental health services and supports for children and youth, transition age youth, adults, and older adults. These services and supports are similar to those found in Welfare and Institutions Code sections 5800 et. seq. (Adult and Older Adult Systems of Care) and 5850 et. seq. (Children's System of Care) (9 CCR § 3200.080) and has three categories:

- **Full Services Partnership (FSP)** is a service where the collaborative relationship between the County and the client, and when appropriate the client's family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals (9 CCR § 3200.140).

- **General System Development (GSD)** services are designed to improve the County's mental health service delivery system for all clients and/or to pay for specified mental health services and supports for clients, and/or when appropriate their families (9 CCR § 3200.170).
- **Outreach and Engagement (O&E)** are activities to reach, identify, and engage unserved individuals and communities in the mental health system and reduce disparities identified by the County (9 CCR § 3200.240).

Prevention and Early Intervention

Prevention and Early Intervention (PEI) services are intended to prevent mental illnesses from becoming severe and disabling (9 CCR § 3200.245) and the component has five (5) categories:

- **Prevention** is defined as a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal of these programs is to bring about mental health including reduction of the applicable negative outcomes listed in Welfare and Institutions Code Section 5840(d) as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members (9 CCR § 3720).
- **Early Intervention** is defined as treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes listed in Welfare and Institutions Code Section 5840(d) that may result from untreated mental illness)9 CCR § 3710).
- **Stigma and Discrimination Reduction** services are direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families (9 CCR § 3725).
- **Access and Linkage to Treatment** is a set of related activities to connect children with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, and adults and seniors with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, as early in the onset of these conditions as practicable, to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs (9 CCR § 3726).
- **Suicide Prevention** is organized activities that the County undertakes to prevent suicide as a consequence of mental illness. This category of programs does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness (9 CCR § 3730).

At least 51% of PEI funding must be dedicated to serving individuals 25 years or younger (9 CCR § 3706 (b)).

Innovation

Innovation (INN) is a project that the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports (9 CCR § 3200.184) to:

- Introduce a mental health practice or approach that is new to the overall mental health system,

including, but not limited to, prevention and early intervention.
- Make a change to an existing practice in the field of mental health, including but not limited to, application to a different population.
- Apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings.

Workforce Education and Training

Workforce Education and Training (WE&T) contains five (5) categories:

- **Training and Technical Assistance** programs and/or activities increase the ability of the Public Mental Health System workforce to do the following (9 CCR § 3841):
    - Promote and support the General Standards in 9 CCR § 3320.
    - Support the participation of clients and family members of clients in the Public Mental Health System.
    - Increase collaboration and partnerships among Public Mental Health System staff and individuals and/or entities that participate in and support the provision of services in the Public Mental Health System.
    - Promote cultural and linguistic competence.
- **Mental Health Career Pathways** funds may support (9 CCR § 3842):
    - Programs to prepare clients and/or family members of clients for employment and/or volunteer work in the Public Mental Health System.
    - Programs and coursework in high schools, adult education, regional occupational programs, colleges and universities that introduce individuals to and prepare them for employment in the Public Mental Health System.
    - Career counseling, training and/or placement programs designed to increase access to employment in the Public Mental Health System to groups such as immigrant communities, Native Americans and racial/ethnic, cultural and linguistic groups that are underrepresented in the Public Mental Health System, as underrepresentation is defined in Government Code § 11139.6.
    - Focused outreach and engagement in order to provide equal opportunities for employment to individuals who share the racial/ethnic, cultural and linguistic characteristics of the clients served.
    - Supervision of employees in Public Mental Health System occupations that are in a Mental Health Career Pathway Program.
- **Residency and Internship Programs** funds may support (9 CCR § 3843):
    - Time required of staff, including university faculty, to supervise psychiatric residents training to work in the Public Mental Health System.
    - Time required of staff, including university faculty, to supervise post-graduate interns training to work as psychiatric nurse practitioners, Master of Social Work, marriage and family therapists, or clinical psychologists in the Public Mental Health System.
        - Only faculty time spent supervising interns in programs designed to lead to licensure is eligible.
    - Time required of staff, including university faculty, to train psychiatric technicians to work

    - in the Public Mental Health System.
    - Time required of staff, including university faculty, to train physician assistants to work in the Public Mental Health System and to prescribe psychotropic medications under the supervision of a physician.
    - Addition of a mental health specialty to a physician assistant program.
- **Financial Incentive Programs** may be used to that address one or more of the occupational shortages identified in the County's Workforce Needs Assessment. Financial Incentive Programs include (9 CCR § 3844):
    - Scholarships
    - Stipends
    - Loan assumption programs
- **Workforce Staffing Support** is defined as staff needed to plan, administer, coordinate and/or evaluate Workforce Education and Training programs and activities (9 CCR § 3200.325).

Capital Facilities and Technological Needs

Capital Facilities and Technological Needs (CFTN) is defined as projects for the acquisition and development of land and the construction or renovation of buildings or the development, maintenance or improvement of information technology for the provision of Mental Health Services Act administration, services, and supports. Capital Facilities and Technological Needs does not include housing projects (9 CCR § 3200.022).

Prudent Reserve

Per W&IC 5847(b)(7), counties are required to establish and maintain a Prudent Reserve to ensure children, adults, and seniors can continue receiving services at current levels in the event of an economic downturn. The Prudent Reserve is funded with revenue allocated to the Community Services and Supports component and cannot exceed 33% of a county's average distribution for the previous five years.

MHSA Populations Defined

Mental Health Services Act funds are designed to provide services to several priority populations that are outlined below.

Underserved

Underserved is defined as a client of any age who has been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services but are not provided the necessary or appropriate opportunities to support his/her recovery, wellness and/or resilience (9 CCR § 3200.300). When appropriate, it includes clients whose family members are not receiving sufficient services to support the client's recovery, wellness and/or resilience. These clients include, but are not limited to:

- Those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out of home placement or other serious consequences
- Members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services
- Those in rural areas, Native American rancherias and/or reservations who are not receiving sufficient services

Unserved

Unserved is defined as those individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services (9 CCR § 3200.310). Individuals who may have had only emergency or crisis-oriented contact with and/or services from the County may be considered unserved.

Transition Aged Youth

Transition Age Youth is defined as youth 16 years to 25 years of age (9 CCR § 3200.280).

Funding Allocation

The distribution of MHSA funds takes place on a monthly basis (W&I Code Section 5892(j)(5)) and counties are responsible for ensuring that funds are spent in compliance with W&I Code Section 5892(a):

- 76% for Community Services and Supports (CSS)
- 19% for Prevention and Early Intervention (PEI)
- 5% for Innovations programs (INN)

Annually, based on an average of the past five years allocation, up to 20% of CSS funds may be used for any one or a combination of Workforce, Education and Training, Capital Facilities, Technological Needs, or Prudent Reserve.

Counties receive monthly payments from the California State Controller's Office (SCO) based on an available cash basis. MHSA can be a volatile funding source and is driven by the state of the economy and the way in which state income taxes are assessed and paid. Due to potential volatility in funding, sufficient cash flow to support and sustain MHSA programs is needed. In the event of an economic downturn, programmatic changes will need to be recommended. BHRS estimates the availability of MHSA funding based on the projections provided in the California State Budgets and analysis provided by the County Behavioral Health Directors Association (CBHDA).

Economic Outlook

The economic outlook has drastically changed from a year ago. Since the California budget for FY 2021-2022 was adopted, California's economy has continued its recovery from the COVID-19 Recession. In addition to the growth in the real economy, inflation has significantly accelerated. Meanwhile, higher-wealth segments of the economy continue to do well. These factors have contributed to a significant upgrade to the revenue forecast. California State General Fund revenue is higher than the 2021 Budget Act projections by almost $28.7 billion from 2020-21 through 2022-23. To illustrate the magnitude of this increase: 18 months ago, at the height of the COVID-19 Pandemic, revenues for the 2022-2023 fiscal year were forecast at less than $130 billion. The Governor's Proposed Budget for FY 2022-2023 now projects the same revenue at nearly $200 billion—an increase of more than 50 percent.

California's Long-Term Revenue Forecast shows that Personal Income Tax (PIT), the source for MHSA funds, will increase an average of 5% over the next three years, and is based on a scenario that assumes continued economic growth.

Risk Factors and Mitigation Plans

Several risk factors could either cause a significant slowdown in revenue growth or lead to a recession. The impact of the Omicron variant or other potential future COVID-19 variants, persistent supply chain issues, inflation, stock market volatility, and the lack of affordable housing are all issues that pose a risk to ongoing economic and revenue growth. Even in a moderate recession, revenue declines could be significant.

BHRS will be taking several actions to better prepare for such an eventuality: including establishing strategic reserves and focusing on one-time spending over ongoing investments to maintain structurally balanced budgets over the long term. When the Governor's Proposed Budget for Fiscal Year 2023-2024 is released in January 2023, BHRS will assess the local impacts and recommend an adjustment to service levels as needed to align program expenditures with available revenue.

Over the last several years, County behavioral health departments across the state have been criticized for the amount of MHSA funding kept in reserves when there is an ever-increasing need for treatment services. The Stanislaus County BHRS budget strategy includes a very aggressive plan to program available funds in Fiscal Year 2022-2023, and aggressively monitoring progress throughout the year for both actual spending levels and state budget projections to ensure that the maximum amount of funding is deployed to meet the current needs of the community. Based on the pace of spending and the state budget projection for Fiscal Year 2023-2024, BHRS may either increase or decrease expenditures throughout the fiscal year.

Fiscal Year 2022-2023 Program and Expenditure Plan

This section of the document provides an overview of programmatic and service level changes that are being recommended for implementation as part of the Program and Expenditure Plan (PEP) for Fiscal Year 2022-2023. Information about allowable services and activities in each of the components can be found on pages 19-23 of this report.

Consistent with direction from the County's Chief Executive Office (CEO), BHRS used the following assumptions to develop the PEP:

- Used Fiscal Year 2021-2022 Adopted Final Budget as base
- Added a 3% escalator for salaries and benefits to account for cost of living increases
- Added a 5.5% escalator for services and supplies, where costs are not already known, to account for cost of living increases
- Used County Cost Allocation Plan (CAP) figures from data provided by CEO
- Added service level adjustments that were approved as part of the Fiscal Year 2021-2022 First Quarter and Midyear Financial Reports:
    - Behavioral Health Crisis and Support Line (BHCSL) – Added three (3) Behavioral Health Specialist I/II positions. As part of the BHRS Strategic Plan BHRS created the BHCSL as the first step in a plan to consolidate access and call center functions. The creation of one "front door" was designed to reduce barriers to accessing treatment services. BHRS will transition the Access Line services to the BHCSL.
    - Telecare Transition Age Youth (TAY) Behavioral Health Services Team (BHST) – Increased contracted TAY BHST to serve an additional 100 clients, provide higher and more intensive services, and ensure that clients have access to the appropriate level of care
    - Turning Point Garden Gate Respite – Added a cook to provide meals to residents, which was previously a service that had been contracted. The amendment will also add a peer navigator to provide peer support to target population to engage, educate and offer support to individuals, their family members, and caregivers in order to successfully connect them to culturally relevant health services, including prevention, diagnosis, timely treatment, recovery management, and follow-up.
- Added service level adjustments that were approved in Fiscal Year 2021-2022 by separate BOS action:
    - Adult Residential Facilities (ARF) – expanded availability of quality residential care by executing contracts with A&A Health Services and God's Love Outreach Ministries (GLOM).

Due to the availability of additional MHSA revenue, BHRS is recommending investments in the following Strategic Initiatives (see pages 13-18 for a description of the Strategic Initiatives):

- Ensuring Availability of Quality Outpatient Treatment
- Ensuring Availability of Quality Residential Care
- Ensuring Timely Access to Services
- Workforce Development and Training
- Building Administrative Infrastructure and Capabilities

Projected Available MHSA Fund Balance on July 1, 2022

BHRS is projecting that there will be approximately $22.9 million in available MHSA fund balance on July 1, 2022:

- CSS $12.6 million
- PEI $4.9 million
- INN $4.2 million
- WE&T $250K
- CFTN $379K
- CalHFA Housing $44K
- Prudent Reserve $500K

Estimated MHSA Funding Allocation for FY 2022-2023

Per the Governor's Proposed Budget for Fiscal Year 2022-2023, a significant increase in MHSA revenue is projected compared to Fiscal Year 2021-2022. Stanislaus County will be allocated approximately 1.319822% of the statewide MHSA collections. BHRS is projecting approximately $44.5 million from new funding and interest earned on existing MHSA fund balance in Fiscal Year 2022-2023:

- CSS $33.7 million
- PEI $8.5 million
- INN $2.3 Million

Community Services and Supports

As part of the Ensuring Availability of Quality Outpatient Treatment initiative, BHRS is recommending the following:

- Adult Medication Clinic increase of $132K - Add one (1) Manager I/II/III to provide additional oversight of the Medication Clinics, improve the oversight of quality metrics regarding psychiatry and medication services to be able to focus on any necessary process improvement opportunities to provide the highest quality services possible.
- Behavioral Health Wellness Center (BHWC) increase of $118K – Add one (1) Behavioral Health Specialist I/II position to provide support to clients with more acute needs or disruptive behavior. This position will also allow the program to increase operational hours to evenings and weekends.
- Adult Behavioral Health Services Team (BHST) increase of $2.8 million - Add one (1) contracted adult BHST to serve 200 clients, provide higher and more intensive services, and ensure that clients have access to the appropriate level of care.
- Children and Transition Age Youth BHST increase of $2.1 million - Add one (1) contracted children's BHST to serve 200 clients, provide higher and more intensive services, and ensure that clients have access to the appropriate level of care.
- Therapeutic Foster Care (TFC) increase of $641K – Increase treatment slots by eight (8), from four (4) to twelve (12) and increase the cost per client to comply with Assembly Bill (AB) 403 (Chapter 773, Statutes of 2015) Continuum of Care requirements. TFC services are short-term, intensive,

highly coordinated, trauma informed and individualized rehabilitative services for children/youth up to age 21 with complex emotional and behavioral needs who are placed with trained and intensely supervised and supported TFC parents. Implementation of TFC was delayed by the COVID-19 pandemic and BHRS is now ready to move forward. Estimated need and cost are higher than the initial projection in Fiscal Year 2019-2020.

As part of the Ensuring Availability of Quality Residential Care initiative, BHRS is recommending the following:

- Adult Residential Facility (ARF) increase of $1.3 million – Increase capacity to ensure that clients are able to access ARF services that include:
  - Meals and housing in a safe environment
  - Supportive care
  - Transportation to community and medical appointments
  - Assistance with daily living skills, peer interaction, and socialization
  - Assistance with symptom management and adherence to treatment plan
  - Collaboration with mental health providers
- Outpatient Specialty Mental Health Services (SMHS) for Conservatees increase of $630K – Add new contracted GSD program to provide outpatient SMHS to clients placed in ARF

As part of the Ensuring Timely Access to Services, BHRS is recommending the following:

- Behavioral Health Crisis and Support Line (BHCSL) increase of $442K – Add one (1) Administrative Clerk II position to support data entry into the Contact Log, monitor tracking of timeliness of access and assessment records, and monitor Medi-Cal Key Indicators (MKIs). Add three (3) Behavioral Health Specialist I/II positions to increase access and support 24/7 operations, decrease wait times, and decrease the likelihood of dropped calls.
- Housing Support Services increase of $118K – Add one (1) Behavioral Health Specialist I/II to respond to the increase in requests for housing vouchers and support the increase in requests for shelter plus care.
- Adult BHST increase of $760K – Add four (4) Mental Health Clinician assessors to contracted teams to increase capacity and reduce wait times for assessment appointments.
- Children's/TAY BHST increase of $570K – Add three (3) Mental Health Clinician assessors to contracted teams to increase capacity and reduce wait times for assessment appointments.

Prevention and Early Intervention

No service level changes are being recommended by BHRS.

Innovation

No service level changes are being recommended by BHRS.

Approximately $3.5 million is available for new Innovation projects. BHRS will be continuing its efforts to identify new Innovation projects with a robust Community Program Planning (CPP) process that will

occur between May and September 2022. Once Innovation project(s) have been identified and a plan drafted, BHRS will return to the MHSA Advisory Committee with additional information.

Workforce Education and Training

As part of the Workforce Development and Training initiative, BHRS is recommending the following:

- Training/Technical Assistance increase of $400K – Expand contracted training for both BHRS staff and contractors to strengthen service delivery and improve utilization of evidence-based practices.

Capital Facilities and Technological Needs

As part of the Building Administrative Infrastructure and Capabilities, BHRS is recommending the following:

- New Electronic Health Record System increase of $2.4 million – Implement a new Electronic Health Record (EHR) in order to be compliant with CalAIM requirements. The total implementation cost of the new EHR is estimated to be $3 million, and 80% of its cost will be allocated to mental health.
- New Infrastructure increase of $500K – Implement various Information Technology (IT) infrastructure projects to improve network uptime, protect the network, improve connectivity, ensure access and refresh hardware.

Housing

No service level changes are being recommended by BHRS.

Fiscal Year 2022-2023 Funding Summary Table and Component Worksheets

The MHSA Program and Expenditure Plan for Fiscal Year 2022-2023 is shown in the following tables that are summarized at the funding component level. The MHSA funding recommendations were included in the BHRS' Fiscal Year 2022-2023 Proposed Budget request, which will be considered by the Board of Supervisors on June 14, 2022. If approved, the PEP will be effective July 1, 2022 through June 30, 2023. Expenditure and revenue projections are updated during each budget cycle and material changes will be discussed during the Community Program Planning Process outlined on pages 176-177 of this document.

Funding Summary Table

FY 2020-21 Through 2022-23 Mental Health Services Act Expenditure Plan
Funding Summary

County: Stanislaus

Date: 4/4/2022

	MHSA Funding							
	A	B	C	D	E		F	G
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Housing (Returned from CalHFA)	Prudent Reserve	Total
A. Estimated FY2020/21 Funding								
1. Estimated Unspent Funds from Prior Fiscal Years	12,190,645	5,955,622	3,842,297	317,276	386,736	17,152	500,000	23,209,725
2. Estimated New FY2020/21 Funding + Interest	28,803,601	7,241,194	1,949,286	2,575	2,791	26,834		38,026,280
3. Transfer in FY2020/21[a/]	(900,000)			250,000	650,000			0
4. Access Local Prudent Reserve in FY2020/21							0	0
5. Estimated Available Funding for FY2020/21	40,094,246	13,196,816	5,791,582	569,850	1,039,526	43,985		60,736,006
B. Estimated FY2020/21 Expenditures	24,417,250	5,267,794	332,431	344,788	650,786	0		31,013,049
C. Estimated FY2021/22 Funding								
1. Estimated Unspent Funds from Prior Fiscal Years	15,676,996	7,929,022	5,459,151	225,062	388,740	43,985	500,000	30,222,956
2. Estimated New FY2021/22 Funding + Interest	25,673,819	6,421,663	1,692,516	191	222	10,000		33,798,411
3. Transfer in FY2021/22[a/]	(750,000)			425,000	325,000			0
4. Access Local Prudent Reserve in FY2021/22							0	0
5. Estimated Available Funding for FY2021/22	40,600,814	14,350,685	7,151,667	650,253	713,963	53,985		63,521,367
D. Estimated FY2021/22 Expenditures	27,983,486	9,405,203	2,994,370	400,755	334,557	10,000		41,128,371
E. Estimated FY2022/23 Funding						0		
1. Estimated Unspent Funds from Prior Fiscal Years	12,617,328	4,945,482	4,157,297	249,498	379,406	43,985	500,000	22,892,996
2. Estimated New FY2022/23 Funding + Interest	33,746,616	8,457,904	2,252,870	1,000	1,400	10,000		44,469,790
3. Transfer in FY2022/23[a/]	(4,048,068)			820,753	3,227,315			0
4. Access Local Prudent Reserve in FY2022/23							0	0
5. Estimated Available Funding for FY2022/23	42,315,876	13,403,386	6,410,167	1,071,251	3,608,121	53,985		66,862,786
F. Estimated FY2022/23 Expenditures	40,226,366	9,379,762	6,410,167	821,753	3,228,715	10,000		60,076,763
G. Estimated FY2022/23 Unspent Fund Balance	2,089,510	4,023,624	0	249,498	379,406	43,985	500,000	7,286,024

Community Services and Supports Component Worksheet

FY 2022-23 Mental Health Services Act Expenditure Plan Community Services and Supports (CSS) Component Worksheet							
County:	Stanislaus					Date:	4/4/22
		Fiscal Year 2022/23					
		A	**B**	**C**	**D**	**E**	**F**
		Estimated Total Mental Health Expenditures	**Estimated CSS Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
FSP Programs							
1.	Adult Behavioral Health Services Team	14,568,365	5,524,822	9,043,544			
2.	Adult Medication Clinic	4,531,001	2,199,259	2,331,742			
3.	Children and Transition Age Youth Behavioral Health Services Team	7,122,312	3,561,156	3,561,156			
Non-FSP Programs							
	O&E Programs						
4.	Behavioral Health Outreach and Engagement	1,356,905	1,210,471				146,434
5.	Assisted Outpatient Treatment	607,696	557,696	50,000			
6.	Housing Support Services	1,415,037	1,415,037				
7.	Garden Gate Respite	1,071,559	1,071,559				
8.	Short-Term Shelter and Housing	67,666	67,666				
9.	Homelessness Access Center Integration	116,011	116,011				
10.	Community Assessment, Response, and	1,990,882	803,873				1,187,009
	GSD Programs						
11.	Adult Residential Facilities	10,213,122	10,213,122				
12.	Residential Substance Use Disorder Board and Care	78,633	78,633				
13.	Housing Placement Assistance	759,700	759,700				
14.	Employment Support Services	205,049	119,626				85,423
15.	Behavioral Health Wellness Center	1,474,627	1,474,627				
16.	Behavioral Health Crisis and Support Line	2,177,446	2,079,834				97,612
17.	Short Term Residential Therapeutic Programs	3,264,000	1,632,000	1,632,000			
18.	Crisis Residential Unit	756,543	378,272	378,271			
19.	Therapeutic Foster Care Services	769,440	384,720	384,720			
20.	GSD Portion of Adult Medication Clinic	961,136	480,568	480,568			
21.	Outpatient Specialty Mental Health Services for C	626,718	313,359	313,359			
CSS Administration		6,574,356	5,784,356	790,000			
CSS MHSA Housing Program Assigned Funds		0					
Total CSS Program Estimated Expenditures		60,708,204	40,226,366	18,965,360	0	0	1,516,478
FSP Programs as Percent of Total		65.2%					

Prevention and Early Intervention Component Worksheet

FY 2022-23 Mental Health Services Act Expenditure Plan Prevention and Early Intervention (PEI) Component Worksheet							
County:	Stanislaus					Date:	4/4/22
		Fiscal Year 2022/23					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention							
1.	Promotores/Community Health Outreach Workers	888,035	888,035				
2.	Child and Youth Resiliency Prevention	390,000	390,000				
PEI Programs - Early Intervention							
3.	Early Psychosis Intervention	590,551	530,551	60,000			
4.	School Behavioral Health Integration	3,794,514	2,395,334	1,399,180			
5.	Children's Early Intervention	2,414,273	1,210,407	1,203,867			
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness							
6.	Outreach for Increasing Recognition of Early Signs of Mental Illness	398,443	398,443				
7.	Community Based Cultural and Ethnic Engagement	250,000	250,000				
8.	Training and Education	60,833	60,833				
PEI Programs -Stigma & Discrimination Reduction							
9.	Stigma & Discrimination Reduction	348,247	348,247				
PEI Programs -Suicide Prevention							
10.	Suicide Prevention	133,000	133,000				
PEI Programs -Access and Linkage							
11.	Older Adult and Veteran Access and Linkage	431,811	374,400				57,411
PEI Administration and Evaluation		2,297,071	2,297,071				
PEI Assigned Funds		103,441	103,441				
Total PEI Program Estimated Expenditures		12,100,219	9,379,762	2,663,047	0	0	57,411

Innovations Component Worksheet

FY 2022-23 Mental Health Services Act Expenditure Plan Innovations (INN) Component Worksheet							
County:	Stanislaus					Date:	4/4/22

		Fiscal Year 2022/23					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs							
1.	NAMI on Campus High School Innovation Plan	200,000	200,000				
2.	Full-Service Partnership (FSP) Multi-County Collaborative	764,934	764,934				
3.	Early Psychosis Learning Health Care Network (LHCN) Multi-County Collaborative	237,724	237,724				
4.	New Requests for Proposals	3,532,223	3,532,223				
5.	Planning	69,838	69,838				
INN Administration		1,605,448	1,605,448				
Total INN Program Estimated Expenditures		6,410,167	6,410,167	0	0	0	0

Workforce Education and Training Component Worksheet

FY 2022-23 Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Stanislaus | Date: 4/4/22

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing	0	0				
2. Training/Technical Assistance	578,400	578,400				
3. Mental Health Career Pathways	5,000	5,000				
4. WET Central Region Partnership	196,442	196,442				
WET Administration	41,911	41,911				
Total WET Program Estimated Expenditures	821,753	821,753	0	0	0	0

Capital Facilities and Technological Needs Component Worksheet

FY 2022-23 Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Stanislaus | Date: 4/4/22

		Fiscal Year 2022/23					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects							
1.		0	0				
2.		0	0				
3.		0	0				
4.		0	0				
5.		0	0				
CFTN Programs - Technological Needs Projects							
6.	Electronic Health Record (EHR System)	297,344	297,344				
7.	Consumer Family Access	20,298	20,298				
8.	Electronic Health Data Warehouse	9,869	9,869				
9.	Document Imaging	1,204	1,204				
10.	New Electronic Health Record System	2,400,000	2,400,000				
11.	New Infrastructure	500,000	500,000				
CFTN Administration		0	0				
Total CFTN Program Estimated Expenditures		3,228,715	3,228,715	0	0	0	0

Housing Component Worksheet

FY 2022-23 Mental Health Services Act Expenditure Plan
Housing Component Worksheet (Returned from CalHFA)

County: Stanislaus | Date: 4/4/22

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated Housing Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Housing Programs						
1. Housing Project	10,000	10,000				
Housing Administration	0	0				
Total Housing Program Estimated Expenditures	10,000	10,000	0	0	0	0

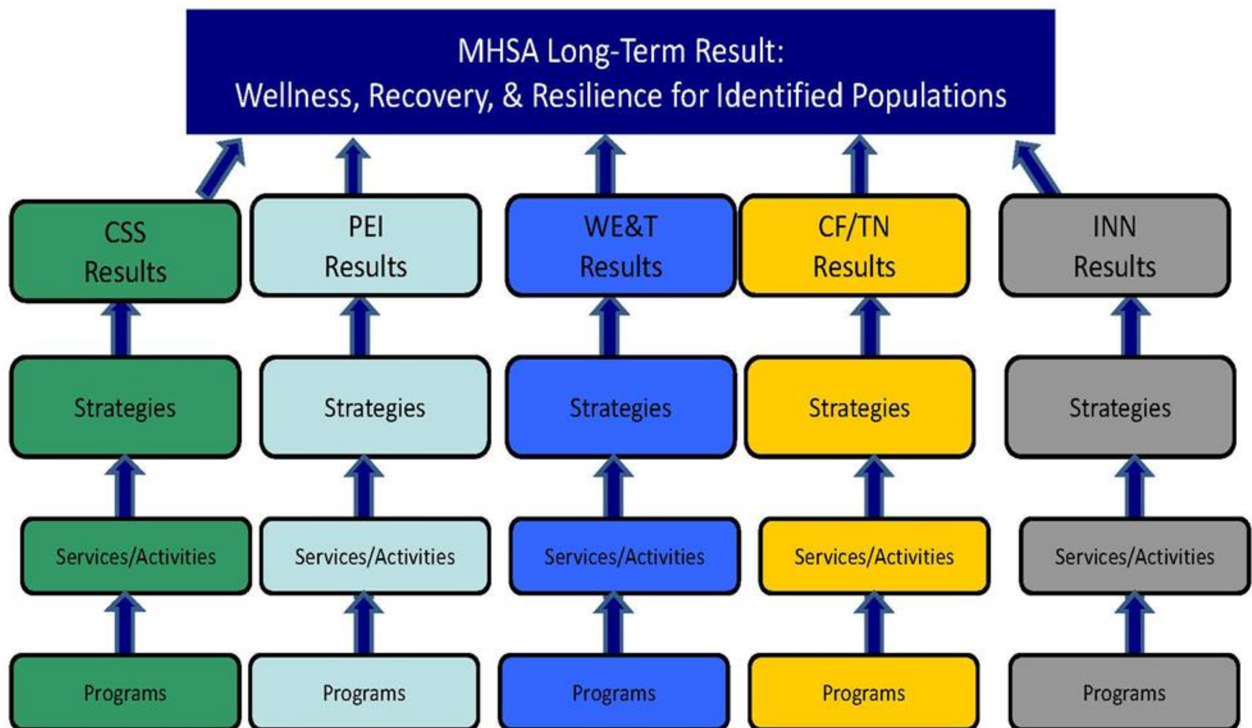
Fiscal Year 2020-2021 Actual Results

This section reports actual results for programs and services that were funded by MHSA in Fiscal Year 2020-2021. As noted earlier, with the alignment of the MHSA PEP to the BHRS Strategic Plan, MHSA programs and services were restructured, and multiple programs were concluded effective June 30, 2021. If the program or service continued to Fiscal Year 2021-2022, additional operational information is provided.

Theory of Change – Results Based Accountability Framework

BHRS embraces the values of MHSA to improve behavioral health outcomes for those community members struggling with mental illness. The Department's goal is to transform the public mental health system with a long-term goal to create community outcomes that represent Wellness, Recovery and Resilience. To guide the efforts, BHRS uses the Theory of Change and Results Based Accountability (RBA) frameworks.

The Theory of Change is a road map for planning and evaluation to promote change. It defines long-term goals and desired outcomes. RBA is a methodology to develop, interpret, and present program results. BHRS utilizes the RBA framework to evaluate services and progress and to show how programs are impacting lives of those who are served.



Community Services and Supports

In Fiscal Year 2020-2021, the programs outlined below were in operation. Actual program results for the individual programs are found on the following pages.

Full Service Partnership (FSP) programs:

- FSP-01 Westside Stanislaus Homeless Outreach
- FSP-02 Juvenile Justice
- FSP-05 Integrated Forensic Team
- FSP-06 High Risk Health & Senior Access
- FSP-07 Turning Point-ISA
- FSP-08 FSP For Children/Youth with SED
- FSP-09 Assisted Outpatient Treatment
- FSP-10 Co-Occurring Disorders FSP

General System Development (GSD) programs:

- GSD-01 Transition Age Young Adult Drop in Center
- GSD-02 CERT/Warmline
- GSD-04 Families Together
- GSD-05 Consumer Empowerment Center
- GSD-06 Crisis Stabilization Unit
- GSD-07 Crisis Intervention Program for Children and Youth
- GSD-08 Youth Peer Navigators
- GSD-09 Short Term Residential Therapeutic Program
- GSD-10 Crisis Residential Unit
- GSD-11 Therapeutic Foster Care
- GSD Portion of Westside Stanislaus Homeless Outreach
- GSD Portion of Integrated Forensic Team
- GSD Portion of Hight Risk Health & Senior Access

Outreach and Engagement (O&E) programs:

- O&E-02 Housing Program - Garden Gate Respite
- O&E-02 Employment - Garden Gate Respite
- O&E-03 Outreach and Engagement

FSP-01 Westside Stanislaus Homeless Outreach

Operated By: Telecare Corporation
System of Care: Adult System of Care

PROGRAM DESCRIPTION

The Westside Stanislaus Homeless Outreach provides culturally competent mental health services to individuals with serious mental illness and a history of homelessness that have mental health or co-occurring issues of mental health and substance abuse. These individuals may also be uninsured or underinsured and involved with other agencies. The program goals are to reduce the risk for emergency room use, contact with law enforcement, homelessness, and psychiatric hospitalization.

TARGET POPULATION

- Transitional Age Youth (TAY) – age range for TAY is 18-25
- Adults – age range is 26-59
- Older Adults – age range is 60+

SERVICES AND ACTIVITIES

SHOP employs a team approach to provide a continuity of care and a menu of treatment options utilizing the Assertive Community Treatment (ACT) model. Clients receive support including individualized housing plans to successfully achieve their own personal recovery goals.

Under the name "FSP-01 SHOP" there are five (5) FSP teams serving different populations:

- Westside SHOP
- Partnership Telecare Recovery Access Center (Partnership TRAC)
- Josie's Telecare Recovery Access Center (Josie's TRAC)
- Modesto Recovery Services TRAC (MRS TRAC) - FSP Access and Supports.
- Turlock Recovery Services TRAC

All FSP teams utilize ACT strategies including, but not limited to, integrated intensive community-based services and supports with 24/7 availability with a known service provider, a "housing first" approach, alongside a wellness and recovery focus with client/family centered services that inspires hope.

SHOP offers three levels of care within the Full Service Partnerships:

- Full Service Partnership (FSP) – ACT model
- Intensive Support Services – Less frequent contact and more peer support
- Wellness/Recovery – Primarily peer support with service contact as needed

This level of care approach within an FSP allows an individual to enter the program at the level they need and then move to a lesser or greater level of care as their needs change.

GSD FUNDED SERVICES

SHOP also includes services funded by General System Development (GSD) dollars that expand capacity to support individuals to receive group and peer support in achieving and maintaining recovery and wellness goals:

- Intensive Support Services (ISS) TRAC/Fast TRAC
- Wellness/Recovery
- Transition TRAC

Led by clinical service staff, SHOP group support is offered to individuals, along with peer-led wellness/recovery support groups. All levels of care include a multi-disciplinary approach. Transition TRAC is an effort to assist individuals who are being discharged from the acute psychiatric inpatient hospital in Stanislaus County. The Transition TRAC team also contacts individuals who are not receiving behavioral health services prior to hospitalization and attempts to engage them following hospitalization. The goal is to prevent re-admissions to inpatient psychiatric services.

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$5,081,835	272	$18,683

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts for FSP-01 (All Categories)

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	144	7%
Asian	74	4%
Hispanic	605	30%
Native American	25	1%
Pacific Islander	13	1%
White	814	40%
Other	41	2%
Unknown	301	15%
Total:	**2,017**	**100%**

Due to privacy any value <10 has been removed

Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	*	<1%
TAYA (16-25)	341	17%
Adult (26-59)	1,519	75%
Older Adult (60+)	154	8%
Unknown	*	0%
Total:	**2,017**	**100%**

Due to privacy any value <10 has been removed

Language	Individuals Served FY 20/21	
	Number	Percentage
English	1,666	83%
Spanish	96	5%
Other	39	2%
Unknown	216	11%
Total:	**2,017**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts for FSP-01 (FSP)

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	22	8%
Asian	15	6%
Hispanic	90	33%
Native American	*	1%
Pacific Islander	*	1%
White	128	47%
Other	*	4%
Unknown	*	<1%
Total:	**272**	**100%**

Due to privacy any value <10 has been removed

Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	*	0%
TAYA (16-25)	70	26%
Adult (26-59)	186	68%
Older Adult (60+)	16	6%
Unknown	*	0%
Total:	**272**	100%

***Due to privacy any value <10 has been removed**

Language	Individuals Served FY 20/21	
	Number	Percentage
English	255	94%
Spanish	10	4%
Other	*	3%
Unknown	*	0%
Total:	**272**	100%

***Due to privacy any value <10 has been removed**

Unique Client Counts for FSP-01 (GSD)

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	101	8%
Asian	58	4%
Hispanic	483	37%
Native American	14	1%
Pacific Islander	13	1%
White	579	45%
Other	24	2%
Unknown	25	2%
Total:	**1,297**	**100%**

Due to privacy any value <10 has been removed

Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	*	0%
TAYA (16-25)	244	19%
Adult (26-59)	997	77%
Older Adult (60+)	56	4%
Unknown	*	0%
Total:	**1,297**	**100%**

*Due to privacy any value <10 has been removed

Language	Individuals Served FY 20/21	
	Number	Percentage
English	1,200	93%
Spanish	71	5%
Other	25	2%
Unknown	*	<1%
Total:	**1,297**	**100%**

*Due to privacy any value <10 has been removed

Unique Client Counts for FSP-01 (O&E)

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	29	5%
Asian	*	1%
Hispanic	87	15%
Native American	*	1%
Other	*	1%
Pacific Islander	*	0%
Unknown	275	48%
White	167	29%
Total:	**576**	**100%**

*Due to privacy any value <10 has been removed

Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	*	1%
TAYA (16-25)	53	9%
Adult (26-59)	438	76%
Older Adult (60+)	82	14%
Unknown	*	0%
Total:	**576**	**100%**

Due to privacy any value <10 has been removed

Language	Individuals Served FY 20/21	
	Number	Percentage
English	335	58%
Spanish	18	3%
Other	*	1%
Unknown	215	37%
Total:	**576**	**100%**

Due to privacy any value <10 has been removed

OUTCOMES:

FSP-01 (FSP)

Outcomes	Number / Percentage FY 20/21
How Much?	
Individuals served*	272
Average number of clinical services per individual*	38 (10, 282/272)
Average number of support services per individual*	17 (4,502/272)
How Well?	
% of annual target of individuals served*	136% (272/200)
Average length of FSP services – days*	829 (225, 582/272)
% of discharged individuals met goals or transitioned to a lower level of care**	39% (38/97)
% of surveyed individuals were satisfied with services**	100% (12/12)
% of surveyed individuals said that "staff believed I could change"**	100% (12/12)
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	67% (8/12)
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	50% (6/12)
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	90% (65/72)

FY 20/21 Outcomes for Partners After One Year in FSP 01
n= 227

	Partners	***Days***
Homelessness	↓ 28.3% (from 53 to 38)	↓ 66.9% (from 10,339 to 3,424)
Incarcerations	↓ 42.9% (from 49 to 28)	↓ 48.6% (from 2,868 to 1,473)
Acute Medical Hospitalizations	↑ 5.3% (from 19 to 20)	↓ 8.5% (from 271 to 248)
Acute Psych Hospitalizations	↓ 17.8% (from 169 to 139)	↑ 55.3% (from 4,944 to 7,679)
State Psychiatric	= 0% (from 2 to 2)	↓ 85% (from 560 to 84)

MHSA Outcomes for FSP-01 (GSD)

Outcomes	Number / Percentage FY 20/21
How Much?	
Individuals served*	1,297
Average number of clinical services per individual*	2 (3,175/1,297)
Average number of support services per individual*	5 (6,923/1,297)
How Well?	
% of annual target of individuals served*	816% (1,297/159)
Average length of GSD services – days*	180 (233,394/1,297)
% of surveyed individuals were satisfied with services**	100% (3/3)
% of surveyed individuals said that "staff believed I could change"**	100% (3/3)
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	50% (1/2)
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	67% (2/3)
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	100% (18/18)

MHSA Outcomes for FSP-01 (O&E)

Outcomes	Number / Percentage FY 20/21
How Much?	
Individuals served*	576
Average number of clinical services per individual*	0.06 (32/576)
Average number of support services per individual*	1 (481/576)
How Well?	
% of annual target of individuals served*	206% (576/280)
Average length of O&E services – days*	298 (171,853/576)

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), this program was concluded on June 30, 2021.

FSP-02 Juvenile Justice

Operated By: Behavioral Health and Recovery Services
System of Care: Children's System of Care

PROGRAM DESCRIPTION
The Juvenile Justice (JJ) FSP Program is a full-service partnership that provides intensive mental health treatment to youth and their families. The target population are youth that have been involved with the Juvenile Justice System or are at risk of becoming involved due to their behaviors. Many of the youth are victims of trauma and have not successfully been engaged by traditional methods of treatment. As a result, they tend to become more seriously ill, have more aggressive behavior, and subsequently higher rates of incarceration and institutionalization.

TARGET POPULATION
- Children and Youth – age range 0 to 16
- Transitional Age Youth (TAY) – age range for TAY is 16-25

SERVICES AND ACTIVITIES
The Juvenile Justice program has a "whatever it takes" approach to treatment. This approach includes transportation to appointments, home based/field-based services, and after-hours crisis on call. JJ also provides a Drop-In Center called "The Spot". The program also offers Aggression Replacement Training (ART) groups that have been instrumental in decreasing behavioral symptoms and providing coping skills that make recidivism in the Justice System less likely. Staff continue to offer Youth Leadership and Youth in Mind programs to give young people access to supports that encourage the development of leadership skills. Staff facilitate youth leadership meetings and support, mentor, and educate youth group members.

Each participant has a team of two, which includes a Behavioral Health Specialist and a Mental Health Clinician. Additionally, the program has a Parent Partner and access to the Youth Peer Navigator Program and the Drop in Center. The additional services are informed by each participant's individualized treatment plan.

Clients are provided mental health services which includes the following: individual therapy, group therapy, intensive targeted case management, collateral, individual rehabilitation, group rehabilitation, intensive care coordination (ICC) (ages 0-20), intensive home-based services (IHBS) (ages 0-20), and medication support services to help decrease mental health symptoms.

GSD FUNDED SERVICES
Not applicable.

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$290,302	33	$8,797

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts for FSP-02 (All Categories)

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	19	8%
Asian	*	2%
Hispanic	103	42%
Native American	*	0%
Pacific Islander	*	1%
White	72	29%
Other	*	3%
Unknown	39	16%
Total:	**246**	**100%**

Due to privacy any value <10 has been removed

Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	44	18%
TAYA (16-25)	201	81%
Adult (26-59)	*	<1%
Older Adult (60+)	*	0%
Unknown	*	0%
Total:	**246**	**100%**

Due to privacy any value <10 has been removed

Language	Individuals Served FY 20/21	
	Number	Percentage
English	206	84%
Spanish	12	5%
Other	*	0%
Unknown	28	11%
Total:	**246**	**100%**

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Unique Client Counts for FSP-02 (FSP)

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	*	12%
Asian	*	0%
Hispanic	18	55%
Native American	*	0%
Pacific Islander	*	0%
White	*	27%
Other	*	3%
Unknown	*	3%
Total:	**33**	**100%**

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Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	*	18%
TAYA (16-25)	27	82%
Adult (26-59)	*	0%
Older Adult (60+)	*	0%
Unknown	*	0%
Total:	**33**	**100%**

Due to privacy any value <10 has been removed

Language	Individuals Served FY 20/21	
	Number	Percentage
English	31	94%
Spanish	*	6%
Other	*	0%
Unknown	*	0%
Total:	**33**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts for FSP-02 (GSD)

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	16	7%
Asian	*	2%
Hispanic	90	41%
Native American	*	0%
Pacific Islander	*	1%
White	65	29%
Other	*	3%
Unknown	38	17%
Total:	**221**	**100%**

****Due to privacy any value <10 has been removed***

Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	40	18%
TAYA (16-25)	180	81%
Adult (26-59)	*	<1%
Older Adult (60+)	*	0%
Unknown	*	0%
Total:	**221**	**100%**

****Due to privacy any value <10 has been removed***

Language	Individuals Served FY 20/21	
	Number	Percentage
English	182	82%
Spanish	11	5%
Other	*	0%
Unknown	28	13%
Total:	**221**	**100%**

Due to privacy any value <10 has been removed

OUTCOMES:

FSP-02 (FSP)

Outcomes	Number / Percentage FY 20/21
How Much?	
Individuals served	33
Average number of clinical services per individual	31 (1,028/33)
Average number of support services per individual	4 (119/33)
How Well?	
% of annual target of individuals served	132% (33/25)
Average length of FSP services – days	331 (10,936/33)
% of surveyed individuals were satisfied with services	100% (5/5)
% Of surveyed individuals said that “staff believed I could change”	80% (4/5)
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems	100% (5/5)
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.	100% (5/5)
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.	100% (10/10)

FSP-02 (GSD)

Outcomes	Number / Percentage FY 20/21
How Much?	
Individuals served	221
Average number of clinical services per individual	0 (0/221)
Average number of support services per individual	1 (17/221)
How Well?	
% of annual target of individuals served	295% (221/75)
Average length of GSD services – days	1008 (222,752/221)
% of surveyed individuals were satisfied with services	100% (5/5)
% of surveyed individuals said that "staff believed I could change"	80% (4/5)
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems	100% (5/5)
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.	100% (5/5)
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.	100% (10/10)

FY 20/21 Outcomes for Partners After One Year in FSP 02 n= 15		
	Partners	***Days***
Homelessness	0% (from 0 to 0)	0% (from 0 to 0)
Incarcerations	50% (from 8 to 4)	70.7% (from 266 to 78)
Acute Medical Hospitalizations	100% (from 0 to 1)	100% (from 0 to 84)
Acute Psych Hospitalizations	100% (from 4 to 0)	100% (from 90 to 0)
State Psychiatric	% (from 0 to 0)	0% (from 0 to 0)

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), this program was concluded on June 30, 2021.

FSP-05 Integrated Forensic Team

Operated By: Behavioral Health and Recovery Services
System of Care: Forensic System of Care

PROGRAM DESCRIPTION
The Integrated Forensic Team (IFT) works in partnership with the Stanislaus County Criminal Justice System to serve individuals with serious mental illness or co-occurring substance abuse issues who are also at risk for more serious consequences in the criminal justice system. The goals of this program are to reduce the risk for emergency room use, contact with law enforcement, homelessness, and psychiatric hospitalization.

TARGET POPULATION

- Transitional Age Young Adults – age range is 18-25
- Adults – age range 26-59
- Older Adults – age 60+

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

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

GSD FUNDED SERVICES
GSD activities expand capacity to provide crisis services to known clients, peer and family support, and access to community resources for achieving and maintaining recovery and wellness goals.

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$2,412,380	116	$20,796

PARTICIPANT DEMOGRAPHICS:

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	9	8%
Asian	*	3%
Hispanic	40	34%
Native American	*	3%
Pacific Islander	*	2%
White	57	49%
Other	*	2%
Unknown	*	0%
Total:	**116**	**100%**

Due to privacy any value <10 has been removed

Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	*	0%
TAYA (16-25)	*	5%
Adult (26-59)	107	92%
Older Adult (60+)	*	3%
Unknown	*	0%
Total:	**116**	**100%**

Due to privacy any value <10 has been removed

Language	Individuals Served FY 20/21	
	Number	Percentage
English	111	96%
Spanish	*	3%
Other	*	1%
Unknown	*	0%
Total:	**116**	**100%**

Due to privacy any value <10 has been removed

OUTCOMES:

Outcomes	Number / Percentage FY 20/21
How Much?	
Individuals served*	116
Average number of clinical services per individual*	18.84 (2,186/116)
Average number of support services per individual*	32.2 (3,735/116)
How Well?	
% of annual target of individuals served*	126% (116/92)
Average length of FSP services – days*	625.28 (72,532/116)
% of surveyed individuals were satisfied with services.**	50% (1/2)
% of surveyed individuals said that "staff believed I could change"**	0% (0/1)
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	0% (0/2)
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	0% (0/2)
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	50% (6/12)

FY 20/21 Outcomes for Partners After One Year in FSP 05 n= 85		
	Partners	***Days***
Homelessness	↓ 36.0% (from 25 to 16)	↓ 73.8% (from 4,042 to 1,060)
Incarcerations	↓ 50.8% (from 61 to 30)	↓ 72.0% (from 6,514 to 1,821)
Acute Medical Hospitalizations	↑ 33.3% (from 3 to 4)	↓ 3.8% (from 106 to 102)
Acute Psych Hospitalizations	↑ 23.3% (from 30 to 37)	↑ 9.5% (from 987 to 1,081)
State Psychiatric	↓ 97.1% (from 35 to 1)	↓ 98.5% (from 7,921 to 120)

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), this program was concluded on June 30, 2021.

FSP-06 High Risk Health & Senior Access

Operated By: Behavioral Health and Recovery Services
System of Care: Adult System of Care

PROGRAM DESCRIPTION

This program is a Full-Service Partnership (FSP) that provides mental health services to adults with co-occurring health and mental health disorders. The program offers two levels of care: FSP and Intensive Support Services. This allows individuals to enter the program at an appropriate level of service for their need and then move to lesser or greater intensities of service if necessary. A graduated level of care allows more individuals to access the FSP level of service when needed.

TARGET POPULATION

- Older Adults – age 60+

SERVICES AND ACTIVITIES

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

GSD FUNDED SERVICES

GSD activities are outreach and engagement services that are focused on engaging diverse ethnic/cultural populations and individuals who have or are at risk for mental illness and homelessness.

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$2,056,606	169	$12,169

PARTICIPANT DEMOGRAPHICS:

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	*	5%
Asian	*	5%
Hispanic	33	20%
Native American	*	4%
Pacific Islander	*	1%
White	108	64%
Other	*	2%
Unknown	*	1%
Total:	**169**	**100%**

Due to privacy any value <10 has been removed

Ages	Individuals Served FY 20/21	
Child/Youth (0-15)	*	0%
TAYA (16-25)	*	0%
Adult (26-59)	86	51%
Older Adult (60+)	83	49%
Unknown	*	0%
Total:	**169**	**100%**

Due to privacy any value <10 has been removed

Language	Individuals Served FY 20/21	
	Number	Percentage
English	163	96%
Spanish	*	2%
Other	*	2%
Unknown	*	0%
Total:	**169**	**100%**

Due to privacy any value <10 has been removed

OUTCOMES:

Outcomes	**Number / Percentage FY** 20/21
How Much?	
Individuals served*	169
Average number of clinical services per individual*	15 (2,595/169)
Average number of support services per individual*	21 (3,622/169)
How Well?	
% of annual target of individuals served*	135 (169/125)
Average length of FSP services – days*	583 (98,477/169)
% of surveyed individuals were satisfied with services**	No Data
% of surveyed individuals said that “staff believed I could change”**	No Data
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	No Data
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	No Data
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	No Data

FY 20/21 Outcomes for Partners After One Year in FSP 06 n= 61		
	Partners	***Days***
Homelessness	⬆ 6.7% (from 15 to 16)	⬇ 74.3% (from 4,583 to 1,176)
Incarcerations	⬇ 66.7% (from 3 to 1)	⬇ 99.4% (from 178 to 1)
Acute Medical Hospitalizations	⬆ 9.1% (from 11 to 12)	⬆ 80.8% (from 339 to 613)
Acute Psych Hospitalizations	⬇ 3.4% (from 29 to 28)	⬆ 103.6% (from 1,068 to 2,174)
State Psychiatric	= 0% (from 0 to 0)	= 0% (from 0 to 0)

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), this program was concluded on June 30, 2021.

FSP-07 Turning Point-ISA

Operated By: Turning Point Community Programs
System of Care: Adult System of Care

PROGRAM DESCRIPTION

This program is a Full-Service Partnership (FSP) that provides mental health services to adults with co-occurring health and mental health disorders. The program offers three levels of care: FSP and Intensive Support Services. This allows individuals to enter the program at an appropriate level of service for their need and then move to lesser or greater intensities of service if necessary. A graduated level of care allows more individuals to access the FSP level of service when needed. Turning Point – Integrated Services Agency (ISA) is a Full-Service Partnership (FSP) that serves people on the most severe end of the mental health spectrum within Stanislaus County. Turning Point ISA uses the Recovery Model approach to walk alongside our clients on the path to mental wellness. Turning Point ISA works towards progress by combining relational service with macro system advocacy. ISA coordinates with the entire continuum of care including family members, board and care staff, community members, medical personnel, psychiatric hospitals, the court system and social security. The frequency of contact of ISA staff (a minimum of 1x weekly for most clients) develops relationships which are the primary basis for healthy change. ISA walks through the minutiae of family dynamics while also available for crisis assessments.

Individuals served by ISA are at high risk of psychiatric hospitalization, homelessness, jail time or law enforcement interaction. Reflecting the severity of ISA client's mental illness, nearly half of ISA's clients are conservatees. Many of these conservatees live in locked facilities throughout California. Clients can move from conservatorship and in a locked facility to the community, then off conservatorship while working with the same case management team. ISA staff have been a consistent support as client's mental stability fluctuates and as it improves.

While the ISA is an outpatient mental health program, for those individuals that are on a conservatorship, the program also provides conservatorship support in the form of staff also being in the role of deputy conservator and mental health provider for the same client.

TARGET POPULATION

- Adults – age range is 18+

SERVICES AND ACTIVITIES

As an FSP program, the services provided to clients include:

- 24/7 crisis services, including working closely with emergency settings in the county to provide crisis response. This includes Doctors Behavioral Health Center (DBHC), the Psychiatric Health Facility (PHF), and ER settings throughout the county.
- Wrap around funds to make sure all client's needs are met and they do not go without necessities like food, clothing, or shelter.

The Program also works closely with other county services to meet client needs such as the Public Guardians office, Community Emergency Response Team (CERT), and Warm Line, a peer support crisis line.

GSD FUNDED SERVICES
Not applicable.

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$269,836	182	$1,483

PARTICIPANT DEMOGRAPHICS:

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	17	9%
Asian	*	4%
Hispanic	32	18%
Native American	*	2%
Other	*	2%
Pacific Islander	*	1%
Unknown	*	1%
White	114	63%
Total:	**182**	**100%**

Due to privacy any value <10 has been removed

Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	*	0%
TAYA (16-25)	*	1%
Adult (26-59)	135	74%
Older Adult (60+)	45	25%
Unknown	*	0%
Total:	**182**	**100%**

Due to privacy any value <10 has been removed

Language	Individuals Served FY 20/21	
	Number	Percentage
English	174	96%
Spanish	*	3%
Other	*	2%
Unknown	*	0%
Total:	**182**	**100%**

Due to privacy any value <10 has been removed

OUTCOMES:

Outcomes	Number / Percentage FY 20/21
How Much?	
Individuals served*	182
Average number of clinical services per individual*	32 (5,753/182)
Average number of support services per individual*	23 (4,213/182)
How Well?	
% of annual target of individuals served*	117% (182/155)
Average length of FSP services – days*	2,906 (528,957/182)
% of surveyed individuals were satisfied with services**	100% (16/16)
% of surveyed individuals said that "staff believed I could change"**	100% (16/16)
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	88% (14/16)
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	94% (15/16)
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	90% (86/96)

FY20/21 Outcomes for Partners After One Year in FSP 07 n= 242		
	Partners	**Days**
Homelessness	⬇ 34.0% (from 53 to 35)	⬇ 70.0% (from 8,137 to 2,444)
Incarcerations	⬇ 51.5% (from 33 to 16)	⬇ 58.2% (from 2,368 to 991)
Acute Medical Hospitalizations	⬆ 25.9% (from 27 to 34)	⬆ 70.9% (from 409 to 699)
Acute Psych Hospitalizations	⬇ 1.7% (from 119 to 117)	⬆ 63.8% (from 4,636 to 7,593)
State Psychiatric	⬇ 45.5% (from 11 to 6)	⬇ 81.5% (from 3,399 to 630)

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), this program was concluded on June 30, 2021.

FSP-08 FSP For Children/Youth with SED

Operated By: Central Star Behavioral Health
System of Care: Children's System of Care

PROGRAM DESCRIPTION
Central Star's Full Service Partnership (FSP) for Children provides behavioral health services, including outreach and engagement, to high risk children and youth with serious emotional disturbances (SED) and their families. The program opened March 2017 and has 24 client slots.

TARGET POPULATION
- Children and Youth – age range 0 to 16

SERVICES AND ACTIVITIES
This FSP provides 24 hour a day, seven (7) days a week crisis response, outreach and engagement, and on-site intensive mental health services. The FSP is designed to do "whatever it takes" to engage youth and their families; thus, they anchor their work to wraparound principles and service processes, including the use of Child & Family Teams (CFTs), and they focus service delivery primarily in homes, schools, and other community locations.

The program goals are to reduce recidivism within the justice system, out of home placements, homelessness, involuntary hospitalization, and institutionalization. At the inception of the program in January 2017, the program's target was to provide services for up to 48 individuals per year with a targeted 6-month length of stay. Due to the level of treatment needed to serve this population well, the program target of individuals served has eased to assure each individual client receives the appropriate amount of services as deemed clinically appropriate by the treatment team. This is not a short-term program and therefore there is no longer a target regarding the expected number served and length of stay.

GSD FUNDED SERVICES
Not applicable.

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$264,557	46	$5,751

PARTICIPANT DEMOGRAPHICS:

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	*	7%
Asian	*	4%
Hispanic	21	46%
Native American	*	0%
Pacific Islander	*	0%
White	19	41%
Other	*	0%
Unknown	*	2%
Total:	**46**	**100%**

Due to privacy any value <10 has been removed

Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	27	59%
TAYA (16-25)	19	41%
Adult (26-59)	*	0%
Older Adult (60+)	*	0%
Unknown	*	0%
Total:	**46**	**100%**

Due to privacy any value <10 has been removed

Language	Individuals Served FY 20/21	
	Number	Percentage
English	43	93%
Spanish	*	4%
Other	*	2%
Unknown	*	0%
Total:	**46**	**100%**

Due to privacy any value <10 has been removed

OUTCOMES:

Outcomes	Number / Percentage FY 20/21
How Much?	
Individuals served*	46
Average number of clinical services per individual*	47 (2,155/46)
Average number of support services per individual*	60 (2,756/46)
How Well?	
% of annual target of individuals served*	96% (46/48)
Average length of FSP services – days*	247 (11,378/46)
% of surveyed individuals were satisfied with services**	80% (8/10)
% Of surveyed individuals said that "staff believed I could change"**	89% (8/9)
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	40% (4/10)
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	80% (8/10)
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	90% (18/20)

FY 20/21 Outcomes for Partners After One Year in FSP 08 n= 21		
	Partners	***Days***
Homelessness	0% (from 0 to 0)	0% (from 0 to 0)
Incarceration	0% (from 0 to 0)	0% (from 0 to 0)
Acute Medical Hospitalizations	100% (from 1 to 0)	100% (from 25 to 0)
Acute Psych Hospitalizations	62.5% (from 8 to 13)	144.3% (from 122 to 298)
State Psychiatric	0% (from 0 to 0)	0% (from 0 to 0)

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), this program was concluded on June 30, 2021.

FSP-09 Assisted Outpatient Treatment

Operated By: Behavioral Health and Recovery Services
System of Care: Forensic System of Care

PROGRAM DESCRIPTION
The Assisted Outpatient Treatment (AOT) Full Service Partnership Program is a civil court-order for the involuntary outpatient treatment of individuals with severe and persistent mental illness who have historically refused treatment and/or medication because their illness impairs their ability to make rational decisions. The program utilizes a multi-disciplinary approach with 24/7 access and support.

As AOT is defined as involuntary outpatient treatment, the primary goal of the AOT program is to connect clients to voluntary services within other BHRS programs via intensive outreach and engagement strategies. Those individuals who are not successfully connected to voluntary services are then court ordered into services through the AOT FSP team. As such, under the name "FSP-09 Assisted Outpatient Treatment" there are two distinct components:

- Assisted Outpatient Treatment, Outreach and Engagement
- Assisted Outpatient Treatment, Full Service Partnership

TARGET POPULATION

- Transitional Age Young Adults – age range is 18-25
- Adults – age range 26-59
- Older Adults – age 60+

SERVICES AND ACTIVITIES
The AOT Outreach and Engagement program provides intensive outreach services that seek to engage, assess, and refer individuals with serious mental illness to BHRS services and community supports. Outreach services include: family advocacy services, behavioral health screening/assessment, psychoeducation, behavioral health services navigation and referrals, and transportation to help with access to services and/or community supports.

The AOT Full Service Partnership program utilizes the Assertive Community Treatment (ACT) approach including, but not limited to, 24 hour, 7 days per week access to a known service provider, intensive community-based services, low client to staff caseload ratio, access to supportive service funds to assist with housing and basic needs, and a 'housing first' approach.

GSD FUNDED SERVICES
Not applicable.

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$383,713	38	$10,098

PARTICIPANT DEMOGRAPHICS:

Unique Client counts for FSP-09		
Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	*	17%
Asian	*	0%
Hispanic	*	25%
Native American	*	0%
Other	*	0%
Pacific Islander	*	0%
Unknown	*	0%
White	*	58%
Total:	**12**	**100%**

*Due to privacy any value <10 has been removed

Ages	Individuals Served FY **20/21**	
Child/Youth (0-15)	*	0%
TAYA (16-25)	*	25%
Adult (26-59)	*	75%
Older Adult (60+)	*	0%
Unknown	*	0%
Total:	**12**	**100%**

*Due to privacy any value <10 has been removed

Language	Individuals Served FY **20/21**	
English	*	83%
Spanish	*	8%
Other	*	8%
Unknown	*	0%
Total:	**12**	**100%**

*Due to privacy any value <10 has been removed
Data Source: Anasazi Data Warehouse for FY 20/21

OUTCOMES:

MHSA Outcomes for FSP-09 / AOT	
Outcomes	Number / Percentage FY 20/21
Unique Individuals Referred to AOT*	38
Referral By: Family Member Therapist Peace Officer Agency Director	 30/38 - 79% 3/38 - 8% 3/38 – 8% 2/38 - 8%
Unique Individuals Engaged	32% 12/38
% of referrals linked to treatment services	50% (6/12)
% of engaged referrals that are court mandated	0

Data Source: AOT Referral List; Anasazi Data Warehouse for FY 20/21

FY 20/21 Outcomes for Partners After One Year in FSP 09 n=2		
	Partners	***Days***
Homelessness	0% (from 0 to 0)	0% (from 0 to 0)
Incarcerations	0% (from 0 to 0)	0% (from 0 to 0)
Acute Medical Hospitalizations	0% (from 0 to 0)	0% (from 0 to 0)
Acute Psych Hospitalizations	100% (from 1 to 0)	100% (from 5 to 0)
State Psychiatric	0% (from 0 to 0)	0% (from 0 to 0)

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), this program has been continued into Fiscal Year 2021-2022 and included as part of the new Behavioral Health Outreach and Engagement program.

FSP-10 Co-Occurring Disorders FSP

Operated By: Behavioral Health and Recovery Services
System of Care: Forensic System of Care

PROGRAM DESCRIPTION

Co-Occurring Disorders, Full-Service Partnership (COD) is an outpatient mental health program that utilizes the Assertive Community Treatment (ACT) model, an evidenced-based practice which aims to reduce homelessness, psychiatric hospitalizations, emergency and law enforcement contacts for individuals who have been diagnosed with a severe mental illness.

COD began as a learning project with the primary focus of increasing the quality of services, including better outcomes, by creating a shared understanding and vision amongst staff and with clients through a client-centered, stage-based treatment approach, including housing services and developing with a "Co-Occurring Lens". COD found that to successfully engage and treat individuals with a co-occurring severe mental illness and substance use disorder (SUD), the emphasis needed was on the stage-based treatment framework for both mental health and SUD concurrently and deliberately, addressing the indicated problems for each stage separately, which can sometimes be contradictory. While all FSPs serving adults work with this issue and should have the capability to diagnose and treat SUDs, there are some individuals for whom the extreme extent of their SUD behavior creates challenges and reduces the effectiveness of the standardized FSPs. As a result, this population was significantly un/underserved and in need of a non-traditional approach, thus creating the "co-occurring lens."

To meet criteria for this program, the mental illness and substance use disorder must cause significant functional impairment in areas of life functioning (self-harm, social, employment, education, etc.). To support individuals, COD provides mental health therapy, education and support; case management to link and increase access to community services (substance use treatment, social security, housing, natural resources, etc.) and medication services. Further, COD is designed to divert crises by providing 24/7 access and services to the County's most vulnerable population.

TARGET POPULATION

- Transitional Age Young Adults – age range is 18-25
- Adults – age range 26-59
- Older Adults – age 60+

SERVICES AND ACTIVITIES

Initially, COD provides outreach services to build relationships with this "hard to reach" population who have refused services in the past and have been found difficult to engage. The program utilizes a "whatever it takes" approach with individuals and "think outside of the box" of traditional mental health treatment. The program utilizes a "Housing First" model that incorporates the philosophy that clients can feel safe to address mental health and substance use concerns, once their primary needs are addressed. Once engaged, COD provides mental health, psychiatric and case management services. Engagement in the program is incentivized. Individuals engaged in COD receive 24/7 access and support by program providers who have built relationships with clients, understand their needs, thus having the

ability to divert crises.

GSD FUNDED SERVICES
Not applicable.

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$1,201,087	45	$26,691

PARTICIPANT DEMOGRAPHICS:

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	*	11%
Asian	*	0%
Hispanic	*	22%
Native American	*	0%
Pacific Islander	*	0%
White	29	64%
Other	*	0%
Unknown	*	2%
Total:	**45**	**100%**

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Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	*	0%
TAYA (16-25)	*	9%
Adult (26-59)	40	89%
Older Adult (60+)	*	2%
Unknown	*	0%
Total:	**45**	**100%**

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Language	Individuals Served FY 20/21	
	Number	Percentage
English	43	96%
Spanish	*	4%
Other	*	0%
Unknown	*	0%
Total:	**45**	**100%**

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OUTCOMES:

Outcomes	Number / Percentage FY 20/21
How Much?	
Individuals served*	45
Average number of clinical services per individual*	29 (1,312/45)
Average number of support services per individual*	31 (1,395/45)
How Well?	
% of annual target of individuals served*	75% (45/60)
Average length of FSP services – days*	777 (34,949/45)
% of surveyed individuals were satisfied with services**	No Data
% Of surveyed individuals said that "staff believed I could change"**	No Data
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	No Data
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	No Data
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	No Data

Outcomes for Partners After One Year in FSP 10 n= 45		
	Partners	**Days**
Homelessness	↓ 25% (from 8 to 6)	↓ 50.2% (from 2,448 to 1,219)
Incarcerations	= 0% (from 2 to 2)	↑ 218.4% (from 38 to 121)
Acute Medical Hospitalizations	= 0% (from 2 to 2)	↓ 55.2% (from 29 to 13)
Acute Psych Hospitalizations	↓ 6.3% (from 16 to 15)	↑ 38% (from 437 to 603)
State Psychiatric	= 0% (from 0 to 0)	= 0% (from 0 to 0)

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), this program was concluded on June 30, 2021.

GSD-01 Transition Age Young Adult Drop in Center

Operated By: Behavioral Health and Recovery Services
System of Care: Children's System of Care

PROGRAM DESCRIPTION

Josie's Place is a membership-driven "clubhouse" type center for diverse transitional aged youth with mental illness. Programming consists of:

- Drop in Center
- Josie's Service Team provides outpatient mental health treatment

Clients (Members for Drop-In Center) have opportunities to utilize computers, develop social skills, engage in support groups, and one-on-one support.

TARGET POPULATION

- Transitional Age Young Adults – age range is 16-25

SERVICES AND ACTIVITIES

Drop in Center:

- Provides social skills and activities including independent living skills.
- Provides groups including anger management, LGBTQ and Transgendered support groups, SUD peer support, gender specific peer Support Groups.
- Linkage and advocacy for independent living skills including housing, eligibility, California IDs, SSI, vocational and education support.
- Outreach and engagement with TAY population in all settings to provide resource and referral.

Josie's Service Team provides:

- Mental Health Services includes: individual therapy, group therapy, intensive targeted case management, collateral, individual rehabilitation, group rehabilitation, intensive care coordination (ICC) (ages 0-20), intensive home-based services (IHBS) (ages 0-20), and medication support services.
- Works collaboratively with client, professional/natural supports to reduce mental health symptoms.
- Works to help stabilize housing, reduce hospitalizations, reduce incarcerations, and reduce substance use.
- Works to increase healthy coping skills, socialization and community supports.
- Works towards independence and Recovery on TAY terms.

Josie's Place is also home to the Young Adult Advisory Council (YAAC), a consumer-based group that provides leadership opportunities for youth to get involved in daily activities and have the voice of programming at Josie's Place. Services can be provided in English, Spanish, and Cambodian currently but all cultures and ethnicities are accommodated for all members/clients.

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$335,862	200	$1,679

PARTICIPANT DEMOGRAPHICS:

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	17	9%
Asian	*	3%
Hispanic	96	48%
Native American	*	1%
Pacific Islander	*	1%
White	75	38%
Other	*	1%
Unknown	*	1%
Total:	**200**	**100%**

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Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	*	0%
TAYA (16-25)	192	96%
Adult (26-59)	*	4%
Older Adult (60+)	*	0%
Unknown	*	0%
Total:	**200**	**100%**

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Language	Individuals Served FY 20/21	
	Number	Percentage
English	198	99%
Spanish	*	1%
Other	*	0%
Unknown	*	0%
Total:	**200**	**100%**

Due to privacy any value <10 has been removed

OUTCOMES:

Outcomes	Number / Percentage FY 20/21
How Much?	
Individuals served*	200
Average number of clinical services per individual*	15 (2,913/200)
Average number of support services per individual*	4 (893/200)
How Well?	
% of annual target of individuals served*	80% (200/250)
Average length of GSD services – days*	352 (70,463/200)
% of surveyed individuals were satisfied with services**	100% (4/4)
% Of surveyed individuals said that "staff believed I could change"**	100% (4/4)
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	75% (3/4)
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	75% (3/4)
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	92% (22/24)

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), this program was concluded on June 30, 2021.

GSD-02 CERT/Warmline

Operated By: Behavioral Health and Recovery Services and Turning Point Community Programs
System of Care: N/A

PROGRAM DESCRIPTION

Mobile Community Emergency Response Team (CERT) (MCERT):
MCERT allows the Modesto Police Department (MPD) access to trained crisis mental health staff with BHRS' Community Emergency Response Team (CERT) 24 hours a day and seven days a week. The CERT program is responsible for crisis assessments at the CERT office for psychiatric inpatient care or less restrictive care at the Crisis Stabilization Unit (CSU), assessments at area hospitals (emergency rooms and medical floors), and Doctors Behavioral Health Center (DBHC). CERT staff is available for consultation with MPD, ride along support, and completion of crisis assessments within the community.

WARM LINE:
Warm Line operates as a telephone support program, providing non-crisis peer-support to community members that could benefit from the support of a caring listener. Warm Line is accessible 24 hours a day, 7 days a week. Warm Line also provides support to the CERT by answering calls from hospitals or other providers in the community that are awaiting clinician assessments for hospital placement. Warm Line is the default contact number for any after-hours needs or closures for BHRS programs. This is the main contact for linkages to mental health services and support as well as for after-hours contact to ensure an individuals' information is still obtained and they are connected to services when needed.

TARGET POPULATION
- Children 0-16,
- Transition Age Youth 16-25
- Adults 26-59
- Older Adults 60 +

SERVICES AND ACTIVITIES
CERT staff is available for consultations regarding individuals contacted by MPD in the community who may need crisis mental health services. CERT is able to provide information and resources to MPD to assist in officer determinations whether a client needs to be taken to a safe assessment site for a crisis assessment or instead is more appropriate for referrals to other support services. CERT staff is also available, at MPD request, during the evening shift (4PM to 10PM) for ride along with an officer to respond directly within the community for mental health emergencies/issues. CERT has the ability to perform a crisis assessment in the field when accompanying an officer as a ride along, initiate a psychiatric hold if necessary, and collaborate with MPD regarding disposition of the individual:
- Transfer to an ED for medical clearance
- Transfer to CERT office for potential admission to the Crisis Stabilization Unit (CSU) or Psychiatric Health Facility (PHF)
- Release to self or family with linkage to support services (i.e. Peer Navigators, Triage Support

Team, or Aspiranet).

Warm Line is staffed with individuals with a variety of lived experience. Staff are committed to providing Peer Support to the residents of Stanislaus County, share relevant County and community resources for mental health and substance abuse recovery, and linkages to housing, education and other resources. Warm Line offers a face-to-face component for callers who may need extra support finding or connecting to services or resources. Warm Line also pairs community members with peer support specialists, called Peer Navigators, who then help navigate the mental health system.

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$988,806	2,315	$427

PARTICIPANT DEMOGRAPHICS:

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	161	7%
Asian	81	3%
Hispanic	934	40%
Native American	25	1%
Pacific Islander	12	1%
White	980	42%
Other	50	2%
Unknown	72	3%
Total:	**2315**	**100%**

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Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	401	17%
TAYA (16-25)	674	29%
Adult (26-59)	1105	48%
Older Adult (60+)	88	4%
Unknown	47	2%
Total:	**2315**	**100%**

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Language	Individuals Served FY 20/21	
	Number	Percentage
English	2105	91%
Spanish	145	6%
Other	38	2%
Unknown	27	1%
Total:	**2315**	**100%**

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OUTCOMES:

Outcomes	Number / Percentage FY 20/21
How Much?	
Individuals served*	2,315
Average number of clinical services per individual*	1 (3,046/2,315)
Average number of support services per individual*	0 (1/2,315)
How Well?	
% of annual target of individuals served*	77% (2,315/3,000)
Average length of GSD services – days*	1 (3,032/2,315)

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), this program was concluded on June 30, 2021.

GSD-04 Families Together

Operated By: Behavioral Health and Recovery Services
System of Care: Children's System of Care

PROGRAM DESCRIPTION

Families Together provides a one stop shop for families that promotes collaboration between parents and mental health providers. The program provides a wide variety of services to meet the needs of diverse families in our community. Services can include peer group and individual support, family education, guardian workshops, Individual Education Plan (IEP) workshops. A large focus is providing assistance to families on how to navigate large and complex systems such as mental health, juvenile justice, education and child welfare.

TARGET POPULATION

- Families and caregivers who have children with Serious Emotional Disturbance (SED)

SERVICES AND ACTIVITIES

Parent Partners provide support, navigation, mentoring, and advocacy to help empower parents of children who are challenged by their behavioral and/or emotional needs. Kinship support staff provide respite, recreational activities, navigation and guardianship workshops for relative caregivers, primarily grandparents raising grandchildren.

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$286,752	363	$790

PARTICIPANT DEMOGRAPHICS:

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	*	2%
Asian	*	0%
Hispanic	162	45%
Native American	*	0%
Pacific Islander	*	0%
White	103	28%
Other	27	7%
Unknown	55	15%
Total:	**363**	**100%**

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Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	*	1%
TAYA (16-25)	12	3%
Adult (26-59)	42	12%
Older Adult (60+)	56	15%
Unknown	249	69%
Total:	**363**	**100%**

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Language	Individuals Served FY 20/21	
	Number	Percentage
English	*	1%
Spanish	*	0%
Other	*	0%
Unknown	361	99%
Total:	**363**	**100%**

Due to privacy any value <10 has been removed

OUTCOMES:

Outcomes	Number / Percentage FY 20/21
How Much?	
Individuals served*	363
Average number of clinical services per individual*	0
Average number of support services per individual*	0
How Well?	
% of annual target of individuals served*	52% (363/700)
Average length of GSD services – days*	0
% of surveyed individuals were satisfied with services**	No Data
% of surveyed individuals said that "staff believed I could change"**	No Data
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	No Data
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	No Data
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	No Data

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), this program was concluded on June 30, 2021.

GSD-05 Consumer Empowerment Center

Operated By: Turning Point Community Programs
System of Care: Consumer and Family Affairs System of Care

PROGRAM DESCRIPTION

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

TARGET POPULATION

- Transitional Age Young Adults – age range is 18-25
- Adults – age range 26-59
- Older Adults – age 60+

SERVICES AND ACTIVITIES

The Empowerment Center (EC) is a drop-in center focusing on mental health and substance abuse recovery. We serve the adult population of Stanislaus County. EC is a peer led support system that empowers and advocates for our members in the areas of personal health and wellness. The program offers peer support, employment training, employment support, career exploration, a computer lab, peer led self-help groups, and unique support to individuals seeking MH/SUD recovery. The EC is also supported by several other programs and agencies.

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$418,200	307	$1,362

PARTICIPANT DEMOGRAPHICS:

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	35	11%
Asian	*	3%
Hispanic	78	25%
Native American	*	3%
Pacific Islander	*	1%
White	167	54%
Other	*	2%
Unknown	*	<1%
Total:	**307**	**100%**

Due to privacy any value <10 has been removed

Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	*	0%
TAYA (16-25)	14	5%
Adult (26-59)	238	78%
Older Adult (60+)	55	18%
Unknown	*	0%
Total:	**307**	**100%**

Due to privacy any value <10 has been removed

Language	Individuals Served FY 20/21	
	Number	Percentage
English	301	98%
Spanish	*	2%
Other	*	<1%
Unknown	*	0%
Total:	**307**	**100%**

Due to privacy any value <10 has been removed

OUTCOMES:

Outcomes	Number / Percentage FY 20/21
How Much?	
Individuals served*	307
Average number of clinical services per individual*	0
Average number of support services per individual*	0
How Well?	
% of annual target of individuals served*	77% (307/400)
Average length of GSD services – days*	0
% of surveyed individuals were satisfied with services**	No Data
% Of surveyed individuals said that "staff believed I could change"**	No Data
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	No Data
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	No Data
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	No Data

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), this program was concluded on June 30, 2021.

GSD-06 Crisis Stabilization Unit

Operated By: Telecare Corporation
System of Care: N/A

PROGRAM DESCRIPTION

The Crisis Stabilization Unit (CSU) provides crisis stabilization through meeting basic needs, brief forms of therapy, skill development, medical assessments, psychiatric assessments, medication evaluations, collateral support, safety planning, and resource connection. The CSU opened in February 2016 and is co-located with CERT and Warm Line. The CSU's goal is to focus on recovery-centered, individualized care and create an opportunity for each consumer to be treated in a less restrictive setting with the focus of avoiding hospitalization whenever possible.

TARGET POPULATION

- Transitional Age Young Adults – age range is 18-25
- Adults – age range 26-59
- Older Adults – age 60+

SERVICES AND ACTIVITIES

CSU is an unlocked crisis unit. It is a safe, welcoming, recovery-focused place for people who are experiencing a mental health crisis and need support to regain stability. The goal of the CSU is to help adults age 18+ experiencing mental health crisis receive the support they need to return to the community and reduce the risk of hospitalization. Individuals are referred through CERT. The maximum length of stay in the CRU program is 23 hours and it is able to serve 4 adults at one time. Mental health clinicians provide crisis assessment and evaluation, brief crisis therapy, coping skills development and education regarding symptoms and symptom management. Nurses provide nursing assessment and medication administration. Psychiatrists provide psychiatric assessment, medication assessment, and short-term medication orders based on assessment. Peer Support Specialists provide engage with clients to identify recovery goals and make a plan of action, develop good self-care practices, and provide referrals to appropriate services.

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$508,269	174	$2,921

PARTICIPANT DEMOGRAPHICS:

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	13	7%
Asian	*	4%
Hispanic	53	30%
Native American	*	2%
Pacific Islander	*	0%
White	92	53%
Other	*	3%
Unknown	*	1%
Total:	**174**	**100%**

Due to privacy any value <10 has been removed

Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	*	0%
TAYA (16-25)	42	24%
Adult (26-59)	126	72%
Older Adult (60+)	*	3%
Unknown	*	0%
Total:	**174**	**100%**

Due to privacy any value <10 has been removed

Language	Individuals Served FY 20/21	
	Number	Percentage
English	163	94%
Spanish	*	6%
Other	*	1%
Unknown	*	0%
Total:	**174**	**100%**

Due to privacy any value <10 has been removed

OUTCOMES:

Outcomes	Number / Percentage FY 20/21
How Much?	
Individuals served*	174
Average number of clinical services per individual*	3 (442/174)
Average number of support services per individual*	7 (1,154/174)
How Well?	
% of annual target of individuals served*	158% (174/110)
Average length of GSD services – days*	2 (262/174)

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), this program was concluded on June 30, 2021.

GSD-07 Crisis Intervention Program for Children and Youth

Operated By: Aspiranet
System of Care: Children's System of Care

PROGRAM DESCRIPTION

The Aspiranet Children's Crisis Intervention Program (CIP) provides immediate, intensive, support for clients and their parents/legal guardians when a child has been evaluated for a 5150/5585 hold. The CIP provides a variety of services in lieu of hospitalization in these circumstances. One aspect of services provided by CIP staff is to assist in connecting the client and family to community supports, thereby avoiding subsequent hospitalizations or crisis evaluations. For those that have Medi-Cal, private insurance (except Kaiser), or are uninsured, CIP staff provide crisis de-escalation services to the client/family, provide support in working towards long-term outpatient counseling services, and develop a safety plan. Those that have Medi-Cal or are uninsured are linked to Aspiranet's Stabilization Program (ASP) and County mental health services with the goal of preventing a gap in services and reducing the risk of hospitalization. Clients with private insurance are referred to their insurance carrier for long-term outpatient services.

CIP services are available 24 hours a day, 7 days a week to meet the needs of clients and families in crisis when they occur. Staff provides in-person, intensive intervention and skill development for crisis de-escalation. The goal is to discharge clients to go home with their families or to transition to respite services once they are stable and are confident that they will be able to return home safely.

TARGET POPULATION

- Children and Youth, 0 - 16
- Transitional Aged Youth, 16 – 25

SERVICES AND ACTIVITIES

The CIP provides the following services:

- 24 hours a day, seven days a week availability; respond to calls from CERT.
- Primary crisis intervention services in the CIP office, for all children and adolescents who are referred by CERT seeking crisis services in Stanislaus County.
- Immediate crisis intervention counseling to Children/Adolescents and their family to stabilize the crisis.
- Mobile community resources and support as necessary for children and their family to offer preventive, intervention, and education measures to reduce subsequent hospitalizations or crisis evaluations.
- Interactive support and intervention to children while in the CIP office.
- Referrals to long-term outpatient therapy and crisis de-escalation services. Support families by coordinating transition to ASP when appropriate.

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$555,298	77	$7,212

PARTICIPANT DEMOGRAPHICS:

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	*	5%
Asian	*	6%
Hispanic	36	47%
Native American	*	1%
Pacific Islander	*	0%
White	26	34%
Other	*	6%
Unknown	*	0%
Total:	77	**100%**

Due to privacy any value <10 has been removed

Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	55	71%
TAYA (16-25)	22	29%
Adult (26-59)	*	0%
Older Adult (60+)	*	0%
Unknown	*	0%
Total:	77	100%

Due to privacy any value <10 has been removed

Language	Individuals Served FY 20/21	
	Number	Percentage
English	66	86%
Spanish	*	13%
Other	*	1%
Unknown	*	0%
Total:	**77**	**100%**

Due to privacy any value <10 has been removed

OUTCOMES:

Outcomes	Number / Percentage FY 20/21
How Much?	
Individuals served*	77
Average number of clinical services per individual*	1 (115/77)
Average number of support services per individual*	0
How Well?	
% of annual target of individuals served*	77% (77/100)
Average length of GSD services – days*	104% (80/77)

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), this program was concluded on June 30, 2021.

GSD-08 Youth Peer Navigators

Operated By: Behavioral Health and Recovery Services
System of Care: Children's System of Care

PROGRAM DESCRIPTION
The Youth Peer Navigators Project is an integrated youth-centered approach to help young people in need of mental health services navigate through Stanislaus County's mental health services system and to help youth improve their mental health and well-being.

TARGET POPULATION
- Children and Youth, 0 - 16
- Transitional Aged Youth, 16 – 25

SERVICES AND ACTIVITIES

Youth Navigators provide the following services to youth who are served by BHRS CSOC programs and youth who may need help connecting to mental health services:
- Mental health education
- Peer support
- Mentoring

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$18,496	55	$336

PARTICIPANT DEMOGRAPHICS:

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	*	7%
Asian	*	0%
Hispanic	31	56%
Native American	*	0%
Pacific Islander	*	0%
White	17	31%
Other	*	2%
Unknown	*	4%
Total:	**55**	**100%**

Due to privacy any value <10 has been removed

Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	15	27%
TAYA (16-25)	40	73%
Adult (26-59)	*	0%
Older Adult (60+)	*	0%
Unknown	*	0%
Total:	**55**	**100%**

Due to privacy any value <10 has been removed

Language	Individuals Served FY 20/21	
	Number	Percentage
English	53	96%
Spanish	*	2%
Other	*	0%
Unknown	*	2%
Total:	**55**	**100%**

Due to privacy any value <10 has been removed

OUTCOMES:

Outcomes	Number / Percentage FY 20/21
How Much?	
Individuals served*	55
Average number of clinical services per individual*	0.05 (3/55)
Average number of support services per individual*	8 (441/55)
How Well?	
% of annual target of individuals served*	183% (55/30)
Average length of GSD services – days*	496 (27,293/55)
% of surveyed individuals were satisfied with services**	No Data
% Of surveyed individuals said that "staff believed I could change"**	No Data
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	No Data
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	No Data
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	No Data

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), this program was concluded on June 30, 2021.

GSD-09 Short Term Residential Therapeutic Program

Operated By: Aspiranet, Creative Alternatives, and Sierra Vista Child and Family Services (SVCFS)
System of Care: Children's System of Care

PROGRAM DESCRIPTION

Short Term Residential Therapeutic Programs (STRTPs), formerly known as group homes, were established by Assembly Bill 403 (Chapter 773, Statutes of 2015) and became effective January 1, 2017. An STRTP is a child/youth residential facility operated by a public agency or private organization and is licensed by California Department of Social Services (CDSS) pursuant to California Health and Safety Code Section 1562.01 which requires an integrated program of specialize and intensive care and supervision, services and supports, treatment, and short-term 24-hour care and supervision to wards and dependents of the court and/or non-minor dependents (NMDs) with the aim of moving the youth to a less restrictive environment within six months.

The key to STRTPs is the provision of short-term, specialized and intensive behavioral health treatment to children/youth whose needs cannot be safely met initially in a family setting. These core behavioral health services are provided by STRTP staff and include, at minimum, medication support services, case management, crisis intervention, and mental health services.

Stanislaus County has a total of three STRTPs operated by three different providers:

- Aspiranet: 4 Homes, 46 Bed Capacity STRTP
- Creative Alternative: 8 Homes, 57 Bed Capacity STRTP
- Sierra Vista: 2 Homes, 16 Bed Capacity STRTP

TARGET POPULATION

- Children and Youth, 0 - 16
- Transitional Aged Youth, 16 – 25

SERVICES AND ACTIVITIES

STRTPs provide covered Specialty Mental Health Services (SMHS) for Medi-Cal beneficiaries who meet criteria for placement in an STRTP. Services include the following mental health services:

- Individual and group therapy
- Targeted case management
- Medication support
- Collateral
- Individual and group rehabilitation
- Intensive care coordination (ICC)
- Intensive home-based services (IHBS)
- Crisis intervention

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$1,386,597	57	$24,326

PARTICIPANT DEMOGRAPHICS:

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	*	11%
Asian	*	0%
Hispanic	*	14%
Native American	*	0%
Pacific Islander	*	4%
White	13	23%
Other	*	2%
Unknown	27	47%
Total:	**57**	**100%**

Due to privacy any value <10 has been removed

Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	40	70%
TAYA (16-25)	17	30%
Adult (26-59)	*	0%
Older Adult (60+)	*	0%
Unknown	*	0%
Total:	**57**	**100%**

Due to privacy any value <10 has been removed

Language	Individuals Served FY 20/21	
	Number	Percentage
English	56	98%
Spanish	*	0%
Other	*	0%
Unknown	*	2%
Total:	**57**	**100%**

Due to privacy any value <10 has been removed

OUTCOMES:

Outcomes	Number / Percentage FY 20/21
How Much?	
Individuals served*	57
Average number of clinical services per individual*	12 (701/57)
Average number of support services per individual*	2 (124/57)
How Well?	
% of annual target of individuals served*	52% (57/110)
Average length of GSD services – days*	89 (5,060/57)

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), this program has been continued. STRTP providers continue to provide intensive SMHS to Medi-Cal beneficiaries who meet criteria for placement in an STRTP. Due to the COVID-19 pandemic, in Fiscal Year 2020-2021, all three STRTP providers had to shift some services to telehealth and be creative in working with clients in the residential settings while adhering to the safety guidance from California Department of Public Health (CDPH).

GSD-10 Crisis Residential Unit

Operated By: Central Star Behavioral Health
System of Care: N/A

PROGRAM DESCRIPTION

The Crisis Residential Unit (CRU) is a 30-Day residential program. Clients may apply after the first 30 days with a 90-day maximum stay. Clients must be at risk of experiencing a crisis (but not in need of psychiatric hospitalization.

TARGET POPULATION

- Transitional Age Young Adults – age range is 18-25
- Adults – age range 26-59

SERVICES AND ACTIVITIES

The CRU helps consumers practice real world recovery by participating in the day to day activities of running a household including basic living skills and social/interpersonal skills. Services are available 24-hours a day including assessment, physical and psychological evaluation and services. The CRU provides the following services:

- Mental health services
- Rehabilitation/recovery services for substance use
- Medication evaluation and support services (physician, nurse, and psychiatrist)
- Crisis intervention
- Assistance to clients in locating permanent housing by helping clients learn how to access community services for housing
- Other therapeutic services

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$314,804	23	$13,687

PARTICIPANT DEMOGRAPHICS:

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	*	0%
Asian	*	9%
Hispanic	*	35%
Native American	*	0%
Pacific Islander	*	0%
White	11	48%
Other	*	9%
Unknown	*	0%
Total:	**23**	**100%**

Due to privacy any value <10 has been removed

Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	*	0%
TAYA (16-25)	*	22%
Adult (26-59)	18	78%
Older Adult (60+)	*	0%
Unknown	*	0%
Total:	**23**	**100%**

Due to privacy any value <10 has been removed

Language	Individuals Served FY 20/21	
	Number	Percentage
English	23	100%
Spanish	*	0%
Other	*	0%
Unknown	*	0%
Total:	**23**	**100%**

Due to privacy any value <10 has been removed

OUTCOMES:

Outcomes	Number / Percentage FY 20/21
How Much?	
Individuals served*	23
Average number of clinical services per individual*	21 (490/23)
Average number of support services per individual*	N/A
How Well?	
% of annual target of individuals served*	Unknown
Average length of GSD services – days*	37 (845/23)

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), this program has been continued. In Fiscal Year 2020-2021, the CRU experienced many challenges and barriers to treatment due to the COVID-19 pandemic. The challenges were met with an ongoing commitment to serve clients that needed residential treatment during this challenging time. Some of the challenges affecting the numbers served in the program included mandatory quarantines due to COVID-19 exposures which prevented acceptance of new clients. Additionally, some accepted clients turned down the opportunity to go into the residential program due to fears and concerns around COVID-19. Of the clients that did participate in the program, they experienced successful treatment outcomes with the support of their treatment teams which included helping the client feel comfortable with discharge plans.

GSD-11 Therapeutic Foster Care

Operated By: To Be Determined
System of Care: Children's System of Care

PROGRAM DESCRIPTION
Therapeutic Foster Care (TFC) is a short-term, intensive, highly coordinated, trauma- informed, and individualized intervention, provide by a TFC parent to a child or youth who has complex emotional and behavioral needs.

TARGET POPULATION
- Children and Youth in Foster Care, 0 - 16
- Transitional Aged Youth in Foster Care, 16 – 21

SERVICES AND ACTIVITIES
TFC consists of one or more of the following to be provided by a TFC parent:
- Plan development
- Rehabilitation
- Collateral

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
N/A	N/A	N/A

PARTICIPANT DEMOGRAPHICS:

N/A

OUTCOMES:

N/A

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), this program has been continued. In Fiscal Year 2020-2021, BHRS experienced challenges as a result of the COVID-19 pandemic in collaborating with Child Welfare and Probation on implementation of the TFC program. It is anticipated that the TFC program will be implemented in Fiscal Year 2021-2022.

O&E-02 Housing Program - Garden Gate Respite

Operated By: Behavioral Health and Recovery Services and Turning Point Community Programs
System of Care: Consumer and Family Affairs System of Care

PROGRAM DESCRIPTION

HOUSING PROGRAM:

The BHRS Housing program provides supportive services to individuals in transitional and permanent supportive housing at the following sites to support housing retention:

- Granger
- Bennett Place
- Miller Pointe
- Kansas House
- Palm Valley
- Garden Gate
- Courtney Manor

GARDEN GATE RESPITE:
Garden Gate Respite (GGR) is an 11-bed facility open 24-hours a day, seven days a week, 365 days a year. It is a short-term residential program based on a "Harm Reduction" model for individuals who may be in crisis and in need of immediate shelter intervention and support services. Resources and linkages are provided such as mental health and substance use disorder (SUD) assessments, MH and SUD treatment, housing, case management, etc. Garden Gate accepts referrals from local law enforcement, BHRS and BHRS-contracted programs.

TARGET POPULATION

- Transitional Age Young Adults – age range is 18-25
- Adults – age range 26-59
- Older Adults – age 60+
- Homeless or at risk of homelessness who are able to live independently
- Known or suspected mental illness and/or co-occurring SUD (GGR only)
- At risk for victimization, incarceration, and/or psychiatric hospitalization (GGR only)

SERVICES AND ACTIVITIES
BHRS Housing provides a housing first model approach which includes an individualized housing plan. Support services may include:

- Money management
- Shopping
- Cooking
- How to be a good neighbor
- Communicating with your landlord

Garden Gate Respite (GGR) provides food, clothing, and shelter in a safe, home-like environment to engage individuals into services through a needs assessment. GGR provides the following services to individuals staying at the facility:

- On-site case management, linkage services, and coordination of access to mental health, SUD and community resources
- 1:1 peer support and groups

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$5,084,826	646	$7,871

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts for O&E-02 (All Categories)

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	72	11%
Asian	18	3%
Hispanic	150	23%
Native American	22	3%
Pacific Islander	*	1%
White	350	54%
Other	12	2%
Unknown	16	2%
Total:	**646**	**100%**

Due to privacy any value <10 has been removed

Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	*	0%
TAYA (16-25)	58	9%
Adult (26-59)	503	78%
Older Adult (60+)	85	13%
Unknown	*	0%
Total:	**646**	**100%**

Due to privacy any value <10 has been removed

Language	Individuals Served FY 20/21	
	Number	Percentage
English	620	96%
Spanish	14	2%
Other	*	1%
Unknown	*	<1%
Total:	**646**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts for O&E-02 (Housing & Employment)

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	65	12%
Asian	14	3%
Hispanic	130	24%
Native American	25	5%
Pacific Islander	*	1%
White	281	53%
Other	*	2%
Unknown	*	1%
Total:	**533**	**100%**

Due to privacy any value <10 has been removed

Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	*	0%
TAYA (16-25)	47	9%
Adult (26-59)	427	80%
Older Adult (60+)	59	11%
Unknown	*	0%
Total:	**533**	**100%**

Due to privacy any value <10 has been removed

Language	Individuals Served FY 20/21	
	Number	Percentage
English	513	96%
Spanish	13	2%
Other	7	1%
Unknown	0	0%
Total:	**533**	100%

Due to privacy any value <10 has been removed

Unique Client Counts for O&E-02 (Garden Gate Respite)

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	26	10%
Asian	*	2%
Hispanic	57	23%
Native American	*	3%
Pacific Islander	*	1%
White	141	56%
Other	*	2%
Unknown	*	3%
Total:	**251**	**100%**

Due to privacy any value <10 has been removed

Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	*	0%
TAYA (16-25)	32	13%
Adult (26-59)	185	74%
Older Adult (60+)	34	14%
Unknown	*	0%
Total:	**251**	**100%**

Due to privacy any value <10 has been removed

Language	Individuals Served FY 20/21	
	Number	Percentage
English	244	97%
Spanish	*	2%
Other	*	1%
Unknown	*	0%
Total:	**251**	**100%**

Due to privacy any value <10 has been removed

OUTCOMES:

O&E-02 (All Categories)

Outcomes	Number / Percentage FY 20/21
How Much?	
Individuals served*	646
Average number of clinical services per individual*	7 (4,724/646)
Average number of support services per individual*	5 (3,265/646)
How Well?	
% of annual target of individuals served*	349% (646/185)
Average length of GSD services – days*	462 (298,653/646)
% of surveyed individuals were satisfied with services**	100% (19/19)
% Of surveyed individuals said that "staff believed I could change"**	94% (17/18)
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	94% (17/18)
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	72% (13/18)
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	84% (95/113)

O&E-02 Housing and Employment

Outcomes	Number / Percentage FY 20/21
How Much?	
Individuals served*	533
Average number of clinical services per individual*	9 (4,724/533)
Average number of support services per individual*	5 (2,611/533)
How Well?	
% of annual target of individuals served*	549% (533/97)
Average length of O&E services – days*	534 (284,755/533)
% of surveyed individuals were satisfied with services**	100% (9/9)
% Of surveyed individuals said that "staff believed I could change"**	89% (8/9)
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	89% (8/9)
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	55% (5/9)
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	87% (47/54)

O&E-02 Garden Gate Respite

Outcomes	Number / Percentage FY 20/21
How Much?	
Individuals served*	251
Average number of clinical services per individual*	0
Average number of support services per individual*	0
How Well?	
% of annual target of individuals served*	259% (251/97)
Average length of GSD services – days*	9 (2,337/251)
% of surveyed individuals were satisfied with services**	100% (10/10)
% Of surveyed individuals said that "staff believed I could change"**	100% (9/9)
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	89% (8/9)
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	89% (8/9)
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	81% (48/59)

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), this program was concluded on June 30, 2021.

O&E-02 Employment - Garden Gate Respite

Operated By: Behavioral Health and Recovery Services
System of Care: Consumer and Family Affairs System of Care

PROGRAM DESCRIPTION

The BHRS Employment program provides supportive services to individuals in transitional and permanent supportive housing at the following sites to support individuals in obtaining employment:

- Granger
- Bennett Place
- Miller Pointe
- Kansas House
- Palm Valley
- Garden Gate
- Courtney Manor

TARGET POPULATION

- Transitional Age Young Adults – age range is 18-25
- Adults – age range 26-59
- Older Adults – age 60+
- Homeless or at risk of homelessness who are able to live independently

SERVICES AND ACTIVITIES

Employment support services provides job readiness skills, job development and on/off site job coaching. This may include; interview clothing, transportation planning, job related tools.

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Data is included in the O&E-02 Housing Program – Garden Gate Respite program.

PARTICIPANT DEMOGRAPHICS:

Data is included in the O&E-02 Housing Program – Garden Gate Respite program.

OUTCOMES:

Data is included in the O&E-02 Housing Program – Garden Gate Respite program

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), this program was concluded on June 30, 2021.

O&E-03 Outreach and Engagement

Operated By: Telecare Corporation
System of Care: Adult System of Care

PROGRAM DESCRIPTION

The Outreach and Engagement Team provides and engagement services that actively seek out, engage, assess, and refer individuals with serious mental illness to appropriate service providers and community supports within Stanislaus County's rural communities. The program also provides brief counseling intervention.

TARGET POPULATION

- Transitional Age Youth (TAY) – age range for TAY is 18-25
- Adults – age range is 26-59
- Older Adults – age range is 60+

SERVICES AND ACTIVITIES

The Outreach & Engagement team provides services to individuals in rural areas of Stanislaus County. This team provides brief individual counseling intervention and engagement services that actively seek out, engage, assess, and refer individuals with serious mental illness to appropriate service providers and community supports. Clients engaged by the O&E team will be opened to a tracking unit and will have direct access and referrals to all levels of care within BHRS programs.

The Latino Access program team provides community access and supports as well as assessment and brief counseling interventions. The team uses outreach and engagement strategies to serve the Spanish speaking community. The Latino Access team closely collaborates with the Stanislaus County Promotores network, ethnic/cultural mental health service providers, and integrated health/behavioral health partners. The Latino Access team prioritizes services to this network of partners.

The Community Assessment, Response and Engagement (CARE) team is the most recent addition to the outreach and engagement program. The CARE team is a cross-sector, cross-agency, multi-disciplinary team that focuses on individuals that cause significant distress in the community and for themselves, and who are not connected or engaged in behavioral health services. These individuals often struggle with:

- High-risk health and safety behaviors
- Vagrancy-related criminal behavior
- Severe and persistent mental illness
- Substance use disorders

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$272,325	386	$706

PARTICIPANT DEMOGRAPHICS:

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
African American	33	9%
Asian	*	2%
Hispanic	61	16%
Native American	*	1%
Pacific Islander	*	0%
White	145	38%
Other	*	2%
Unknown	129	33%
Total:	**386**	**100%**

Due to privacy any value <10 has been removed

Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	*	<1%
TAYA (16-25)	36	9%
Adult (26-59)	296	77%
Older Adult (60+)	53	14%
Unknown	*	0%
Total:	**386**	**100%**

Due to privacy any value <10 has been removed

Language	Individuals Served FY 20/21	
	Number	Percentage
English	291	75%
Spanish	*	2%
Other	*	1%
Unknown	85	22%
Total:	**386**	**100%**

Due to privacy any value <10 has been removed

OUTCOMES:

Outcomes	Number / Percentage FY 20/21
How Much?	
Individuals served*	386
Average number of clinical services per individual*	0.13 (53/386)
Average number of support services per individual*	2 (668/386)
How Well?	
% of annual target of individuals served*	350% (386/110)
Average length of O&E services – days*	289 (111,643/386)

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), this program was concluded on June 30, 2021.

Prevention and Early Intervention

There are five program categories within Prevention and Early Intervention. In Fiscal Year 2020-2021, the programs outlined below were in operation. Actual program results for the program categories are found on the following pages.

Prevention programs:
- RAIZ Promotores Program
- Afghan Path Towards Wellness
- Child and Youth Resiliency
- Resiliency and Prevention
- Prevention
- NAMI

Early Intervention programs:
- Brief Intervention Counseling
- Child Sexual Abuse Treatment Services
- LIFE Path, Early Psychosis
- School Behavioral Health Integration
- Family Urgent Response System

Outreach for Increasing Recognition of Early Signs of Mental Illness programs:
- Outreach for Increasing Recognition of Early Signs of Mental Illness
- Community Based Cultural and Ethnic Engagement

Stigma & Discrimination Reduction programs:
- Stigma & Discrimination Reduction

Suicide Prevention programs:
- Suicide Prevention

Access and Linkage programs:
- Aging and Veteran Services

Prevention Programs

- RAIZ Promotores Program operated by:
  - Aspiranet – serving Turlock
  - Center for Human Services - serving Airport, Ceres, Keyes, Newman, Crows Landing, Riverdale Park Tract, Monterey Park Tract, Patterson, Grayson/Wesley
  - Sierra Vista Child and Family Services- serving South Modesto, Denair, Hickman, Waterford, Empire, Hughson, Salida and North Modesto
  - Oak Valley Hospital- serving Oakdale and Riverbank
  - Parent Resource Center- serving West Modesto
- Afghan Path Towards Wellness operated by International Rescue Committee
- Child and Youth Resiliency operated by Sierra Vista Child and Family Services
- Resiliency and Prevention operated by BHRS
- Prevention operated by BHRS
- NAMI (National Alliance on Mental Illness) operated by NAMI

PROGRAM DESCRIPTION

Prevention programs provide services to children/youth, adults and older adults who are either at-risk for or experiencing mental illness early in its emergence or who are at-risk for developing a serious mental illness. Prevention programs provide a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal of prevention programs is to provide mental health resources, support, and services.

Prevention programs focus on the following:

- Implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness
- Pursue policy and community change that supports positive cognitive, social and emotional development and encourages a state of well-being
- Champion efforts to train individuals to be able to recognize and support fellow community members impacted by mental health
- Foster communities free of stigma in which persons affected by mental illness are able and willing to seek services

Prevention outcomes include reducing the applicable adverse effects from untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is significantly greater than average and, as applicable, their parents, caregivers, and other family members.

TARGET POPULATION

- Children and Youth – age range 0 to 15
- Transitional Age Youth (TAY) – age range for TAY is 16-25
- Adults – age range is 26-59
- Older Adults – age range is 60+

- Individuals at-risk for serious mental illness, or exhibiting onset of serious mental illness, or displaying mental illness early in its emergence
- Families of individuals in the underserved/unserved, at-risk population
- Additional target populations including but not limited to Latino/Hispanic, Asian Pacific Islander, African American, Assyrian, Middle Eastern, the refugee community, and Lesbian, Gay, Bi-Sexual, Transgender, and Questioning (LGBTQ) individuals

SERVICES AND ACTIVITIES

All prevention programs are designed and implemented to help create access and linkage to treatment and improve timely access to mental health services for individuals and families from underserved/unserved populations when appropriate. Services are provided in convenient, accessible, and culturally appropriate settings using strategies that are non-stigmatizing and non-discriminatory.

RAIZ Promotores

RAIZ Promotores focus on various strategies to work closely with the Latino communities throughout Stanislaus County. The program also has a strong focus on promoting prevention-focused and community-based behavioral health education and activities, particularly in communities historically underserved/unserved for individuals and families of individuals at risk of exhibiting onset of serious mental illness or displaying mental illness early in its emergence. Promotores promote behavioral health and well-being, build protective factors to reduce the risk of developing a potentially serious mental health condition, and link those experiencing early onset of serious mental illness to appropriate services. A Promotor (Behavioral Health Outreach Worker) represents a rich spectrum of characteristics that facilitate natural communities of support as leaders in their communities and non-clinical providers. Promotores are the bridge between behavioral health care institutions, professional providers, and community residents.

Afghan Path Towards Wellness

The program serves resettled refugee, Special Immigrant Visa (SIV) holder adult women from Afghanistan and mothers of families who are experiencing some level of psychosocial challenges. The program provides screenings for post-traumatic stress disorder (PTSD), anxiety, and/or depression, emotional distress, social adjustment and more. Support groups and referrals are offered to behavioral health services. Efforts in the areas of mental health and stigma play a large role in the program and a cultural broker model is also part of this framework. To date, BHRS has not identified any other organization(s) that have the capacity or history in providing this specific culturally congruent service to the Afghan refugee residents of Stanislaus County.

Child and Youth Resiliency

The program is a joint three-year pilot project partnership between BHRS, Stanislaus County Juvenile Probation Department, and SVCFS. The project’s goal is to engage identified youth from targeted communities who are involved in the juvenile justice system with low criminal offenses, and to prevent youth and their families from formally entering into the justice system by providing effective, community-based prevention services.

Resiliency and Prevention
The Resiliency and Prevention Program (RaPP) program services focus on student assistance services which include facilitating classroom- based prevention practices, individual student support sessions, parent-based presentations and parent engagement processes, parent support sessions, and parent/community engagement activities focused on capacity-building of well-being/resilience focused groups. This program focuses on mental health and well-being, resiliency and promoting protective factors and serves the following schools in Stanislaus County: Bret Harte Elementary School and Shackelford Elementary School and the surrounding community.

Prevention
The Prevention program provides services that reduce risk factors and increase protective factors. These services include one-to-one support, screenings, referrals and behavioral health navigation assistance, presentations, training, and other engagement and outreach activities.

NAMI
NAMI provides mental health education and trainings throughout the County, primarily in the school classroom setting to reduce stigma related to mental illness. There are five primary areas of focus including outreach, engagement, access and linkage, improve timely access to mental health services, and promoting, designing, and implementing programs related to mental illness. NAMI provides presentations to diverse communities, potential responders, and individuals at risk by utilizing individuals with lived experience to present and better connect with community. Providing education and training is intended to strengthen individual and community wide mental health protective factors and provide access to mental health services.

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$1,297,077	1606	$808

PARTICIPANT DEMOGRAPHICS:

Race	Individuals Served FY 20/21	
	Number	Percentage
American Indian/Alaska Native	0	0%
Asian	33	2%
Black/African American	*	<1%
Native Hawaiian/Pacific Islander	0	0%
White	776	48%
More than one race	13	1%
Other	543	34%
Unknown	236	15%
Total:	**1,606**	**100%**

Due to privacy any value <10 has been removed

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
Hispanic or Latino	1,529	95%
Non-Hispanic or Latino	55	4%
Declined/Unknown	22	1%
Total:	**1,606**	**100%**

Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	518	32%
TAYA (16-25)	88	6%
Adult (26-59)	627	39%
Older Adult (60+)	79	5%
Unknown	294	18%
Total:	**1,606**	**100%**

Language	Individuals Served FY 20/21	
	Number	Percentage
English	148	9%
Spanish	1,393	87%
Other	42	3%
Unknown	23	1%
Total:	**1,606**	**100%**

Gender	Individuals Served FY 20/21	
	Number	Percentage
Male	299	19%
Female	1,145	71%
Genderqueer	0	0%
Questioning/Unsure	0	0%
Transgender	0	0%
Another	*	<1%
Unknown	161	10%
Total:	**1,606**	**100%**

Due to privacy any value <10 has been removed

OUTCOMES:

Outcomes	Number / Percentage FY 20/21
How Much?	
# Promotores Program Participants	1,520
# Services Provided	34,077
# Services Dedicated to Promotores Development	1,785
# Services Focused on Leadership	1,644
# One-on-one Support Sessions	4,355
# Information & Referral Services	3,898
# Presentations Given Through All PEI Programs	828
How Well?	
# Referrals Made by Promotores Programs	1921
#/% Presentations Covering the Topic of Accessing Behavioral Health Services	629/76%
Better Off?	
As a result of participating in these programs, individuals have reported: • Having created meaningful relationships • Improvement in their wellbeing • Knowing how to access mental health services	

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), the Afghan Path Towards Wellness, Resiliency and Prevention, Prevention, and NAMI programs were concluded on June 30, 2021. The Promotores/Community Health Outreach Workers and Child and Youth Resiliency programs have been continued.

The COVID-19 pandemic created unexpected challenges for Prevention programs in Fiscal Year 2020-2021. Due to state and local public health orders, partners and staff had to change the way they provided services to community members and move away from in-person group settings. As a result, programs shifted towards nontraditional ways of engaging community members, leaning towards the use of online platforms in order to continue to provide services.

Initially, the shift towards online platforms posed a challenge as community members expressed barriers with technology and adapting to the technology platforms overall. As online platforms were being implemented, programs relied on previously built trust and rapport to ensure vulnerable populations

were still engaging in services. Expertise from Promotores and other prevention programs were vital in ensuring that programs remained in operation while providing services to the targeted populations.

Prevention partners worked extensively to stay connected to those they aimed to serve. They also worked closely with BHRS' broader COVID-19 response efforts to promote access to mental health services by promoting the BHRS 24/7 crisis and support line, social media ads and radio ads, all while mandatory stay-at-home orders were in place. Virtual mental health presentations and engagement groups were conducted by using public campaign material, which emphasized how to reduce risk factors for developing mental illness, build protective factors, and reduce negative outcomes that may result from untreated mental illness. As a result, programs have continued to provide services to community members.

Early Intervention Programs

- Brief Intervention Counseling (BIC) operated by:
    - Sierra Vista Child and Family Services – serving Central and West Modesto, Denair, Hughson, Empire, and South Modesto
    - El Concilio – serving Waterford, Oakdale, and Riverbank
    - Golden Valley Health Centers
- Child Sexual Abuse Treatment Services operated by Parents United
- LIFE Path, Early Psychosis operated by Sierra Vista Child and Family Services
- School Behavioral Health Integration
    - Aggression Replacement Training (A.R.T.)
    - School-Based Consultation Services operated by BHRS
    - School Consultation Behavioral Health Integration (SCBHI) operated by Center for Human Services

PROGRAM DESCRIPTION

Early Intervention (EI) programs provide treatment and other services and interventions to address and promote recovery and related functional outcomes for a mental illness early in its emergence. The services can include relapse prevention and outcomes encompass the decrease of applicable negative outcomes that may result from untreated mental illness such as suicide, incarcerations, school failure or dropout, unemployment, homelessness, and removal of children from their homes.

Treatment services are designed for adolescents that are accessing mental health services for the first time or have had an undertreated severe emotional disturbance episode. The program provides intensive treatment services for up to 18 months, with the aim of supporting program participants move to a lower level of care and access community supports. For clients that need treatment services beyond the 18 months, they are referred to and continue services through an appropriate level of care.

TARGET POPULATION

- Children and Youth – age range 0 to 15
- Transitional Age Youth (TAY) – age range for TAY is 16-25
- Adults – age range is 26-59
- Older Adults – age range is 60+
- Individuals at-risk for serious mental illness, or exhibiting onset of serious mental illness, or displaying mental illness early in its emergence
- Families of individuals in the underserved/unserved, at-risk population
- Additional target populations including but not limited to Latino/Hispanic, Asian Pacific Islander, African American, Assyrian, Middle Eastern, the refugee community, and Lesbian, Gay, Bi-Sexual, Transgender, and Questioning (LGBTQ) individuals
- Youth experiencing symptoms of clinical high-risk for psychosis or within the first year of a psychotic break – age range 14 to 25 (LIFE Path, Early Psychosis only)

SERVICES AND ACTIVITIES

EI services are time-limited services that should not exceed 18 months, except for the first onset of SMI/SED with psychotic features (4 years). EI can also include services to parents, caregivers, and other family members of the person with early onset of mental illness. Also, all EI programs are designed and implemented to help create access and linkage to treatment and improve timely access to mental health services for individuals and families from underserved/unserved populations when appropriate. EI support services are for individuals with early onset of serious mental illness to promote mental health outcomes including recovery, wellness, and resilience. Services are provided in convenient, accessible, and culturally appropriate settings using strategies that are non-stigmatizing and non-discriminatory.

Brief Intervention Counseling

Brief Intervention Counseling (BIC) is short duration and low intensity and can be provided via individual or group sessions. Collateral services to parents or other family members may also be incorporated in BIC services. Programs provide treatment and other services, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Services may be provided to individuals with early onset mental illness and/or their family members, and typically do not exceed 18-month duration.

Child Sexual Abuse Treatment Services

This program provides sexual abuse treatment services to address the trauma associated with child sexual abuse primarily to underserved/unserved cultural populations (trauma exposed individuals, adults sexually abused as children, and sexual abuse offenders). Parents United offers one-on-one and group therapy, family treatment when appropriate, and a variety of classes ranging from positive parenting, anger management, assertiveness training and domestic violence. The program also operates a 24/7 warm line in English and Spanish for individuals and families affected by child sexual abuse.

LIFE Path, Early Psychosis

LIFE Path provides early psychosis and mood disorder detection, and early intervention services in accordance with SB 1004. Services focus on staff training and community outreach and engagement as well as the following services:

- Individual/family/couples' therapy
- Multi-family group
- Social skills groups
- Collateral services for family members
- Case management
- Clinical screenings
- Psychoeducational presentations.

School Behavioral Health Integration

SBHI is a comprehensive approach to school-based mental health services. Services include consultation for TK-12 grade students, their parents, and other family members, teachers, student support individuals, and other school-based staff; brief intervention counseling, individual and small groups with students; community and engagement with the surrounding school/district community. Integrated

access and linkage strategies include connecting students, parents, caregivers, guardians and other family members to appropriate mental health agencies, community support, and resources.

A.R.T is a cognitive behavioral intervention program to help children and adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. The program specifically targets chronically aggressive children and adolescents. ART has been implemented in schools and juvenile delinquency programs across the United States and throughout the world. The program consists of 10 weeks (30) sessions of intervention training and is divided into three components:

- Social skills
- Anger-control
- Moral reasoning

The program was first developed for aggressive and violent adolescents aged 12 to 17 who were incarcerated in juvenile institutions. ART has now been adapted for children and youth in schools and mental health centers to reduce aggressive and antisocial behavior and to promote anger management and social competence.

BHRS staff also provide onsite mental health services at Empire Union School District and Orville Wright Elementary. Mental Health Clinicians provide mental health consultation services and training for school site staff to support them in addressing individuals and school-wide mental health concerns and issues. They also provide individuals and groups brief intervention counseling for students. The two school sites are located within underserved/unserved priority population communities.

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	**Total Number of Participants**	**Estimated Cost Per Participant**
$2,347,821	3,827	$613

PARTICIPANT DEMOGRAPHICS:

Race	Individuals Served FY 20/21	
	Number	Percentage
American Indian / Alaska Native	16	<1%
Asian	37	1%
Black/African American	72	2%
Native Hawaiian / Pacific Islander	*	<1%
White	1,877	49%
More than one race	22	1%
Other	613	16%
Unknown	1,185	31%
Total:	**3,827**	**100%**

Due to privacy any value <10 has been removed

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
Hispanic or Latino	2,524	66%
Non-Hispanic or Latino	622	16%
Declined/Unknown	681	18%
Total:	**3,827**	**100%**

Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	1,237	32%
TAYA (16-25)	499	13%
Adult (26-59)	1,413	37%
Older Adult (60+)	202	5%
Unknown	476	12%
Total:	**3,827**	**100%**

Language	Individuals Served FY 19/20	
	Number	Percentage
English	1,708	45%
Spanish	1,649	43%
Other	13	<1%
Unknown	457	12%
Total:	**3,827**	**100%**

Gender	Individuals Served FY 20/21	
	Number	Percentage
Male	911	24%
Female	2,233	58%
Genderqueer	*	<1%
Questioning/Unsure	*	<1%
Transgender	*	<1%
Another	*	<1%
Unknown	670	18%
Total:	3,827	100%

Due to privacy any value <10 has been removed

OUTCOMES:

Outcomes	Number / Percentage FY 20/21
How Much?	
# Unique Individuals Served	3,827
# Services Provided	19,768
# Brief Intervention Counseling Services Provided	4,652
How Well?	
# Services Provided to Family Members	961
#/% Early Intervention Services Provided Outside of the Office	13,653/69%
Average # of Counseling Services Per Individual	4
Better Off?	
#/% Individuals that Indicated a Decrease in Depression Severity After Receiving Brief Intervention Counseling	153/73%
#/% Youth that Demonstrated an Improvement in Resilience	81/46%

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), the Brief Intervention Counseling and Child Sexual Abuse Treatment and NAMI programs were concluded on June 30, 2021. The LIFE Path, Early Psychosis (name changed to Early Psychosis Intervention) and School Behavioral Health Integration (some program elements changed) programs have been continued.

The COVID-19 pandemic created unexpected challenges for EI programs in Fiscal Year 2020-2021. Due to state and local public health orders, partners and staff had to move away from in-person counseling services. As a result, many EI programs transitioned from in-person settings to telehealth.

Initially, community members expressed barriers with technology and the use of online platforms to engage in counseling services. EI partners provided updates informing BHRS around client engagement, thus making it challenging to develop a therapeutic relationship. Staff had to work extensively to stay connected with the aim of reducing any gaps in service. Programs were able to continue providing services in their communities with the use of their established trust and rapport and in conjunction with innovative efforts from BHRS' response to the COVID-19 pandemic.

In order to avoid gaps in services within the community, many EI programs partnered with BHRS' broader COVID-19 efforts, also known as Behavioral Health and Wellness Crisis Response Plan (BHWCRP). The

partnership was designed to respond to the county-wide pandemic crisis with the goal of supporting the health and wellness of the community. In the initial stages of COVID-19, the task force helped promote and disseminate information by running recurring social media and radio ads promoting access to local behavioral health services including early intervention. School districts in the county also participated in the task force to ensure adequate messaging and communication to children and parents related to access to mental health services and appropriate referrals.

Outreach for Increasing Recognition of Early Signs of Mental Illness

- Outreach for Increasing Recognition of Early Signs of Mental Illness operated by BHRS
- Community Based Cultural and Ethnic Engagement operated by:
  - Stanislaus Asian American Community Resource
  - LGBTQ Collaborative
  - National Association for the Advancement of Colored People
  - Jakara Movement
  - Peer Recovery Art Project
  - Khmer Youth of Modesto
  - MJC Latina Leadership Network & LGBTQ+ Advocates
  - MoPRIDE
  - Invest In Me
  - Manos Unidas
  - She Became
  - Girl Scouts Heart of Central California
  - Cricket's Hope

PROGRAM DESCRIPTION

Programs and strategies focused on outreach for increasing recognition of early signs of mental illness utilize outreach, which is a process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.

TARGET POPULATION

- Children and Youth – age range 0 to 15
- Transitional Age Youth (TAY) – age range for TAY is 16-25
- Adults – age range is 26-59
- Older Adults – age range is 60+
- Individuals at-risk for serious mental illness, or exhibiting onset of serious mental illness, or displaying mental illness early in its emergence
- Families of individuals in the underserved/unserved, at-risk population
- Additional target populations including but not limited to Latino/Hispanic, Asian Pacific Islander, African American, Assyrian, Middle Eastern, the refugee community, and Lesbian, Gay, Bi-Sexual, Transgender, and Questioning (LGBTQ) individuals

SERVICES AND ACTIVITIES

BHRS alongside Community Cultural Collaboratives that are comprised of diverse community partners conduct activities are designed to encourage, educate, and train individuals and potential responders about ways to recognize and respond effectively to early signs of mental illness. The strategies utilized have a focus on mental health awareness, stigma reduction, and access and linkage to appropriate mental health services. Outreach services are provided throughout all PEI programs at varying degrees.

Community Cultural Collaborative partners are cultural community-based groups who, in conjunction with Stanislaus County BHRS efforts, empower the community and individuals who struggle with mental illness and/or substance use disorders. Community Cultural Collaboratives are comprised of members from different cultural backgrounds and provide Outreach for Increasing Recognition of Early Signs of Mental Illness that targets MHSA priority populations.

Community trainings are comprised of PEI staff, other Stanislaus County BHRS staff, contracted partners and Community Cultural Collaboratives. They serve as trainers for the following trainings that are provided free of cost to the community to targeted PEI populations across the county:

- Mental Health First Aid (MHFA)
- Youth Mental Health First Aid
- Applied Suicide Intervention Skills Trainings (ASIST)

Friends are Good Medicine is a county-wide directory to publicize support groups and encourage emotional health. The directory's focus is to provide updated peer support information and promote the concept of self- help in both the general and professional community. Friends Are Good Medicine provides a wide range of support groups including, Spanish-speaking well-being groups and mental and emotional health groups. Resources are continuously changing, given it is a peer-led network. The directory is offered as an online resource and is printed and distributed throughout Stanislaus County. BHRS supports the printing in both English and Spanish as the reproduction of this valuable guide.

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$394,600	1,977	$200

PARTICIPANT DEMOGRAPHICS:

Race	Individuals Served FY 20/21	
	Number	Percentage
American Indian / Alaska Native	*	<1%
Asian	*	<1%
Black / African American	19	1%
Native Hawaiian / Pacific Islander	*	<1%
White	115	5%
More than one race	19	1%
Other	35	2%
Unknown	1,777	90%
Total:	1,977	100%

Due to privacy any value <10 has been removed

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
Hispanic or Latino	49	3%
Non-Hispanic or Latino	85	4%
Declined/Unknown	1,843	93%
Total:	**1,977**	**100%**

Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	50	3%
TAYA (16-25)	212	11%
Adult (26-59)	151	8%
Older Adult (60+)	46	2%
Unknown	1,518	77%
Total:	**1,977**	**100%**

Language	Individuals Served FY 20/21	
	Number	Percentage
English	1,078	54%
Spanish	*	<1%
Other	*	<1%
Unknown	891	45%
Total:	**1,977**	**100%**

Due to privacy any value <10 has been removed

Gender	Individuals Served FY 20/21	
	Number	Percentage
Male	192	10%
Female	313	15%
Genderqueer	0	0%
Questioning/Unsure	0	0%
Transgender	*	<1%
Another	*	<1%
Unknown	1,345	74%
Total:	**1,977**	**100%**

Due to privacy any value <10 has been removed

OUTCOMES:

OUTREACH PROGRAMS FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS, STIGMA AND DISCRIMINATION, AND SUICIDE PREVENTION REDUCTION OUTCOMES

Outcomes	Number / Percentage FY 20/21
How Much?	
# Presentations Focused on Accessing Information	631/76%
# Potential Responders Trained	671
How Well?	
#/% Presentations Covering Issues of Stigma	328/40%
#/% Presentations Outside of the Office Environment	610/73%
Better Off?	
As a result of participating in these programs, individuals have reported: • Having a better understanding of mental illness and its symptoms • Wanting to learn more about mental illness	

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), the Outreach for Increasing Recognition of Early Signs of Mental Illness and the Community Based Cultural and Ethnic Engagement programs have been continued.

Funding was expanded for the Community Cultural Collaborative effort. This allowed for a greater inclusion of diverse cultural community-based partners. The goal of the Community Cultural Collaborative effort through this expansion was to support the community at large by ensuring the availability of increased behavioral health resources and presence through COVID-19. In total, Community Cultural Collaboratives provided outreach services to over 6,300 individuals in Stanislaus County by focusing on messaging efforts related to suicide prevention, stigma reduction, and disseminating crisis response information through social media platforms. All Community Cultural Collaboratives focus on decreasing stigma and provide community support as needed while honoring culture, equity and inclusion of the underserved/unserved communities.

Stigma and Discrimination Reduction

- Stigma and Discrimination:
  - Each Mind Matters and Know the Signs Campaigns operated by BHRS
  - Statewide PEI Project operated by the California Mental Health Services Authority (CalMHSA)

PROGRAM DESCRIPTION

Stigma and discrimination reduction programs encompass the direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.

TARGET POPULATION

- Children and Youth – age range 0 to 15
- Transitional Age Youth (TAY) – age range for TAY is 16-25
- Adults – age range is 26-59
- Older Adults – age range is 60+
- Individuals at-risk for serious mental illness, or exhibiting onset of serious mental illness, or displaying mental illness early in its emergence
- Families of individuals in the underserved/unserved, at-risk population
- Additional target populations including but not limited to Latino/Hispanic, Asian Pacific Islander, African American, Assyrian, Middle Eastern, the refugee community, and Lesbian, Gay, Bi-Sexual, Transgender, and Questioning (LGBTQ) individuals

SERVICES AND ACTIVITIES

Stigma and discrimination reduction activities include presentations, trainings, and events, marketing campaigns, speakers' bureaus, and efforts to encourage self-acceptance for individuals with a mental illness. All PEI programs integrate one or more of these activities in their program delivery at varying degrees.

Each Mind Matters and Know the Signs Campaigns are statewide social marketing campaigns built on three key messages:

- Know the Signs
- Find the Words
- Reach Out

The campaigns are intended to educate Californians on how to recognize the warning signs of suicide, how to find the words to have a direct conversation with someone in crisis and where to find professional help and resources. Each Mind Matters is a mental health awareness campaign focused on creating a platform to reduce stigma and discrimination related to mental health.

The Statewide PEI Project:

- Disseminates and directs campaigns, programs, resources, and materials
- Provides subject matter in suicide prevention and stigma and discrimination reduction (SDR) to support local PEI efforts
- Develops local and statewide capacity building support and new outreach materials for counties, and community stakeholders.

The primary focus of these programs is to promote mental health and wellness, suicide prevention, and health equity to reduce the likelihood of mental illness, substance use, and suicide among Californians, particularly among diverse and underserved communities.

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Data is included in the Outreach for Increasing Recognition of Early Signs of Mental Illness program category.

PARTICIPANT DEMOGRAPHICS:

Data is included in the Outreach for Increasing Recognition of Early Signs of Mental Illness program category.

OUTCOMES:

Data is included in the Outreach for Increasing Recognition of Early Signs of Mental Illness program category.

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), the Stigma and Discrimination Reduction program has been continued.

Funding was expanded for the Community Cultural Collaborative effort. This allowed for a greater inclusion of diverse cultural community-based partners. The goal of the Community Cultural Collaborative effort through this expansion was to support the community at large by ensuring the availability of increased behavioral health resources and presence through COVID-19. In total, Community Cultural Collaboratives provided outreach services to over 6,300 individuals in Stanislaus County by focusing on messaging efforts related to suicide prevention, stigma reduction, and disseminating crisis response information through social media platforms. All Community Cultural Collaboratives focus on decreasing stigma and provide community support as needed while honoring culture, equity and inclusion of the underserved/unserved communities.

Suicide Prevention

- Suicide Prevention:
    - Central Valley Suicide Prevention Hotline (CVSPH) operated by CalMHSA

PROGRAM DESCRIPTION

Suicide prevention programs are those that organize activities to prevent suicide as a result of mental illness. This category of programs does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness.

TARGET POPULATION

- Children and Youth – age range 0 to 15
- Transitional Age Youth (TAY) – age range for TAY is 16-25
- Adults – age range is 26-59
- Older Adults – age range is 60+
- Individuals at-risk for serious mental illness, or exhibiting onset of serious mental illness, or displaying mental illness early in its emergence
- Families of individuals in the underserved/unserved, at-risk population
- Additional target populations including but not limited to Latino/Hispanic, Asian Pacific Islander, African American, Assyrian, Middle Eastern, the refugee community, and Lesbian, Gay, Bi-Sexual, Transgender, and Questioning (LGBTQ) individuals

SERVICES AND ACTIVITIES

CVSPH is nationally accredited by the American Association of Suicidology and operates a 24/7 hotline to ensure that County residents have access to suicide prevention support and emergency services when appropriate. CVSHP assists individuals who are looking for resources and education regarding a loved one or a friend, provides support for those in crisis, and keeps people safe who have suicidal ideation or that are in the process of harming themselves. CVSPH serves California's Central Valley which is a culturally diverse group of seven counties. The hotline is a member of the National Suicide Prevention Lifeline which provides interpreters for 150 different languages.

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Data is included in the Outreach for Increasing Recognition of Early Signs of Mental Illness program category.

PARTICIPANT DEMOGRAPHICS:

Data is included in the Outreach for Increasing Recognition of Early Signs of Mental Illness program category.

OUTCOMES:

OUTREACH SUICIDE HOTLINE DATA

Outcomes	Number / Percentage FY 20/21
How Much?	
# Calls Responded to Through the Central Valley Suicide Prevention Hot Line	1,977
# Crisis Calls to Central Valley Suicide Prevention Hotline	569
How Well?	
#/% Calls Concerned with Mental Health, Social Issues, or Suicide	1443/73%
# Crisis Calls	569
# "Active Rescues" When Emergency Services were Contacted for the Caller's Safety	10
Better Off?	
# Talk Downs During which a High-Risk Caller was Deterred from Completing Suicide	7
Estimated Cost Savings to Stanislaus County for Crisis Calls	1,525,289

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), the Suicide Prevention program has been continued.

Access and Linkage

- Access and Linkage operated by Aging and Veterans Services

PROGRAM DESCRIPTION
Access and Linkage programs connect individuals with severe mental illness, adults, and seniors with severe mental illness as early in the onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to care provided by county mental health programs. Examples include focusing on screening, assessment, referral, and/or mobile response. These programs increase awareness of the prevalence of mental illness in Stanislaus County, reduce mental health risk factors or stressors, and improve access to mental health, PEI services, information, and support.

TARGET POPULATION
- Older Adults – age range is 60+
- Individuals at-risk for serious mental illness, or exhibiting onset of serious mental illness, or displaying mental illness early in its emergence
- Families of individuals in the above populations
- Adults and older adults at high risk for having or developing mental illness due to risk factors:
  - Isolation – social, geographic, cultural, linguistic
  - Losses- deaths, financial, independence
  - Multiple chronic medical conditions including substance abuse
  - Elder abuse and neglect

SERVICES AND ACTIVITIES
Aging and Veteran Services (AVS) provides specific home and community-based services. Efforts are made via a network of older adult service providers, including home health agencies, adult protective services, and community service organizations (home-delivered meals, in-home service providers, and transportation programs). The program provides brief intervention counseling, individual and group engagement activities and services, identifies at-risk individuals and potential responders, and provides referrals, navigation, and other support through the Friendly Visitor program.

All PEI programs are designed and implemented to help create access and linkage to treatment and improve timely access to mental health services for individuals and families from underserved/unserved populations when appropriate, but this program has a strong focus in this area. PEI regulations require that at least one program is dedicated to access and linkage, and Aging and Veteran Services has been identified as the program with this focus.

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$374,400	237	$1,580

PARTICIPANT DEMOGRAPHICS:

Race	Individuals Served FY 20/21	
	Number	Percentage
American Indian / Alaska Native	*	<1%
Asian	*	1%
Black / African American	*	1%
Native Hawaiian / Pacific Islander	0	0%
White	183	77%
More than one race	*	1%
Other	11	5%
Unknown	34	14%
Total:	**237**	**100%**

Due to privacy any value <10 has been removed

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
Hispanic or Latino	59	25%
Non-Hispanic or Latino	144	61%
Declined/Unknown	34	14%
Total:	**237**	**100%**

Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	*	1%
TAYA (16-25)	0	0%
Adult (26-59)	*	2%
Older Adult (60+)	224	95%
Unknown	*	3%
Total:	**237**	**100%**

Due to privacy any value <10 has been removed

Language	Individuals Served FY 20/21	
	Number	Percentage
English	211	89%
Spanish	20	8%
Other	0	0%
Unknown	*	3%
Total:	**237**	**100%**

Due to privacy any value <10 has been removed

Gender	Individuals Served FY 20/21	
	Number	Percentage
Male	59	25%
Female	170	72%
Genderqueer	0	0%
Questioning/Unsure	0	0%
Transgender	0	0%
Another	0	0%
Unknown	*	3%
Total:	**237**	**100%**

OUTCOMES:

Performance outcomes are in development for this program.

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), the Access and Linkage (name changed to Older Adult and Veteran Access and Linkage) program has been continued.

Veterans and aging community members were one of the populations that was hit the hardest during the COVID-19 pandemic. Isolation and fear were common themes expressed by this population. Referrals became a challenge due to concerns with home visits, thus causing frustration from some clients who wanted their customary services via home visit.

The initial months of the COVID-19 pandemic posed a challenge in providing traditional services, since the AVS program provides most of their services in the comfort of the senior’s own home with the goal

of reducing barriers with transportation and stigma. Telehealth was an option that was offered, however, for some elderly community members this was not a viable option. In order to continue to serve this population, the program had to shift their services.

Home visits by the program provide a sense of well-being by reducing the feeling of isolation and loneliness. In order to conduct home visits, state and local public health orders were carefully followed in order to mitigate any risks for staff and clients. Extra precautionary measures were put in place in order to continue to provide services to this vulnerable population. Staff continued to provide services and were able to stay connected to clients. Staff also ensured seniors were referred to supportive services when needed. Dialogue and collaboration between the program and referral sources increased as a response to the COVID-19 pandemic and its effect on the senior population.

Innovations

In Fiscal Year 2020-2021, the programs outlined below were in operation:

- INN-18 NAMI on Campus High School Innovation Plan

Actual program results for the individual programs are found on the following pages.

INN-18 NAMI on Campus High School Innovation Plan

Operated By: Stanislaus County Office of Education

PRIMARY PURPOSE
To increases access to mental health services.

CONTRIBUTION TO LEARNING
This project introduces a new application to the mental health system of a promising community- driven practice or an approach that has been successful in a non-mental health context or setting.

PROJECT DESCRIPTION
NAMI on Campus High School Innovation Project seeks to increase access to mental health services by applying a proven effective model for youth leadership, development and organization to advance the mental health outreach efforts in high schools throughout Stanislaus County.

The project will integrate the framework of Protecting Health and Slamming Tobacco (PHAST), a program incorporating a strong county-wide coordination of student clubs in Stanislaus County, with NAMI on Campus High School (NCHS) to raise mental health awareness and reduce stigma. This collaboration is expected to propel and sustain the local growth of student organizations in high schools, creating a culture shift to train and equip students to improve mental health awareness, conduct outreach, increase advocacy and destigmatize mental illness.

STRATEGY
To introduce NAMI on Campus High School (NCHS) through this innovative framework of county-wide collaboration to high schools in Stanislaus County.

- Develop and sustain dedicated leadership of administrators and faculty club advisors which recruit student members and leaders, provide support and guidance for youth-led operations of Club activities, meetings and events.
- Cultivate student leaders to communicate and educate peers on how to access available mental health services in the County, increase knowledge of the signs and symptoms of mental health challenges and end the stigma preventing many individuals from seeking help.
- Embrace a culture of youth who are hungry to lead, passionate about building up and improving their community, and genuinely care about helping their peers by providing opportunities for researching, communicating and advocating for others.
- Conduct annual outreach campaigns addressing topics such as suicide prevention, mental health awareness and advocacy.
- Through monthly NCHS Club advisor meetings, build a county-wide collaborative to help strengthen the combined efforts and leverage resources for up to 15 high schools in Stanislaus County.
- Strengthen the collaboration between NAMI Stanislaus, NAMI California and Stanislaus County School Districts by providing a centralized hub for communication, resources and training.

This work will improve access to mental health services, reduce stigma related to mental health challenges and increase knowledge on the signs and symptoms of mental health challenges.

LEARNING PROPOSED

- Can adopting new and expanded outreach strategies improve overall access for people in need of services?
- Can adopting new and expanded outreach strategies decrease stigma of mental health problems among high school students?
- Will coordinated cross-collaboration among SCOE, NAMI and school districts increase and sustain mental health outreach and education at high school campuses?
- Will student participation in mental health outreach increase protective factors and improve well-being among high school students?

Through coordinated peer outreach strategies, the program anticipates youth will have increased knowledge of the signs and symptoms of mental health problems and how to seek services. It also anticipates a positive change in attitudes towards seeking mental health services and encouraging others who may need services to seek support.

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$171,819	236	$728

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), the NAMI on Campus High School Innovation Plan program has been continued.

In FY 2020-2021, the Project secured Memorandum of Understanding (MOU) with Ceres Unified School District, Hughson Unified School District, Modesto City Schools, Oakdale Unified School District, Patterson Unified School District, Turlock Unified School District, establishing NAMI on Campus Clubs at ten High Schools. NCHS Clubs have flourished at most of the schools despite challenges triggered by the COVID-19 pandemic. Clubs are meeting virtually, and county-wide Club membership is 236 students. Established communication strategies with NAMI Stanislaus and local Clubs, through virtual monthly NCHS Advisor meetings, monthly NCHS Advisor Newsletter, NCHS Website, which serve to increase resource awareness, engage student learning and maintain Club fidelity while striving to engage the innovative PHAST framework.

The Project has developed a strong cooperative and reciprocal relationship with NAMI California and NAMI Stanislaus to provide resources, trainings and support for Stanislaus County NCHS Clubs. The Project Collaborated with BHRS to provide a county-wide advocacy training, "Add Your Voice" with the objective to increase awareness and engage youth in the Community Planning Process.

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), the NAMI on Campus High School Innovation Plan program has been continued.

Workforce Education and Training

In Fiscal Year 2020-2021, the programs outlined below were in operation:

- Workforce Staffing
- Training/Technical Assistance
- Mental Health Career Pathways

Actual program results for the individual programs are found on the following pages.

Workforce Staffing

Operated by: BHRS

PROGRAM DESCRIPTION
BHRS staff plan, administer, coordinate and/or evaluate Workforce Education and Training programs and activities.

SERVICES AND ACTIVITIES
BHRS administrative staff oversee the programmatic efforts and initiatives of the other Workforce Education and Training programs:

- Training/Technical Assistance
- Mental Health Career Pathways

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$160,227	N/A	N/A

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), the Workforce Staffing program has been continued. BHRS staff continued to provide oversight of Workforce Education and Training programs and activities.

Training/Technical Assistance

- Training/Technical Assistance operated by BHRS

PROGRAM DESCRIPTION

The Training and Technical Assistance program increase the ability of the Public Mental Health System workforce to:

- Promote and support services that are designed with community collaboration, promote cultural competence, are client driven, are family driven, are wellness, recovery, and resilience focused, and offer an integrated service experience for clients and their families
- Support the participation of clients and family members of clients in the Public Mental Health System.
- Increase collaboration and partnerships among Public Mental Health System staff and individuals and/or entities that participate in and support the provision of services in the Public Mental Health System
- Promote cultural and linguistic competence

SERVICES AND ACTIVITIES

The program strives to increase overall and specific competencies in staff and are designed to include consumer and family member perspectives and include consumer and family member trainers, when appropriate. Workshops and trainings are offered to BHRS and organizational provider staff with the overarching goal of enhancing knowledge and skills, especially in the areas of recovery and resilience and evidence-based practices.

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$81,014	N/A	N/A

PARTICIPANT DEMOGRAPHICS:

BHRS staff and Contract partners are eligible to participate in the Training/Technical Assistance.

OUTCOMES:

BHRS staff and Contract partners are eligible to participate in the Training/Technical Assistance program. At the end of each course, participants are required to complete a survey. Below are a few notable highlights that demonstrate positive outcomes:

- 100% of participants agreed with the statement “This course was appropriate to my education/experience and Licensure level”
- 86% of participants agreed with the statement “Instruction material was useful”
- 100% of participants agree with the statement “Course content was current and relevant to practice”

- 93% of participants agreed with the statement “Presenter had an organized delivery”

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), the Training/Technical Assistance program has been continued.

As a result of the COVID-19 pandemic, telehealth services continued to evolve and increase, and training shifted to virtual platforms as staff worked remotely. Trainings were developed for the virtual platforms to support staff through the pandemic:

- Strategies for Working Remotely, Utilizing Telehealth and Practicing Self Care
- Strategies for Working Remotely and Practicing Self Care for Non-Clinical Staff
- Telehealth: Case Management & Psychosocial Rehabilitation Strategies and Interventions
- COVID-19 Pandemic Crisis Counseling Training

BHRS connected staff with access to free trainings and educational webinars from various nationally recognized behavioral health organizations. These trainings focused on sensitive, responsive and effective services to clients related to cultural competency. BHRS also transitioned all BHRS organization-specific Core Competency Trainings to virtual platforms. These trainings were offered to BHRS staff and Contractors.

Mental Health Career Pathways

- Modesto Junior College (MJC) Psychosocial Rehabilitation program operated by MJC
- Outreach and Career Academies operated by West Modesto King Kennedy Neighborhood Collaborative (WMKKNC)

PROGRAM DESCRIPTION

The MJC Psychosocial Rehabilitation program provides coursework in college that introduces individuals to and prepares them for employment in the Public Mental Health System. The WMKKNC program provides focused outreach and engagement in order to provide equal opportunities for employment to individuals who share the racial/ethnic, cultural and linguistic characteristics of the clients served by BHRS and contractors.

SERVICES AND ACTIVITIES

Psychosocial Rehabilitation

MJC's California Association of Social Rehabilitation Agencies (CASRA) based program provides a structure to integrate academic learning into real life field experience in the adult public mental health system. Before the partnership was established with BHRS, MJC did not have a Psychosocial Rehabilitation (PSR) curriculum. The initiative taken by SCBHRS to purchase the CASRA curriculum signifies an effort to fill the gaps for employment of consumers and family members. Students who have received a Psychosocial Rehabilitation Skills Recognition Certificate are eligible for the State Psychosocial Rehabilitation certification after completing a minimum of 2,500 field experience hours.

The Psychosocial Rehabilitation Program at MJC is a twelve (12) unit curriculum with two (2) additional courses recommended for success, totaling fifteen (15) unit. Courses provide individuals with the knowledge and skills to apply goals, values, and principles of recovery-oriented practices to effectively serve consumers and family members. The certificated units also count towards an Associate of Arts (AA) Degree in Human Services at MJC. Participants of the CASRA program can receive a stipend from BHRS to assist with school fees, parking passes, and school supply vouchers, as needed. The program also offers a textbook loan program. CASRA program participants receive ongoing peer support and academic assistance to maximize their opportunities for success.

Outreach and Career Academies

Outreach and career academies were established in response to strong community input to outreach to junior high and high school students to raise awareness about behavioral health and mental health careers. One community-based organization participated in the project. The West Modesto King Kennedy Neighborhood Collaborative (WMKKNC) sponsored the Mark Twain Junior High Wellness Project. As part of their learning, students participated in skits, scenarios, and discussions on issues important to them such as stress, self-esteem, and healthy relationships. They also learned how these issues can affect their physical and mental well-being.

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$45,178	N/A	N/A

PARTICIPANT DEMOGRAPHICS:

Psychosocial Rehabilitation:

- 100% of stipend recipients have lived as experience as consumers, family members of consumers, or are from diverse cultural backgrounds.
- 38 program participants are bilingual or multilingual

Outreach and Career Academies:

- Five (5) students participated in the project which also introduced them to career opportunities in mental health

OUTCOMES:

Below are a few notable highlights from the Psychosocial Rehabilitation program that demonstrate positive outcomes:

- 11 participants completed the academic requirements and volunteer/practicum hours need to receive their Skill Recognition Certification
- 1 participant received an Associate of Arts Degree in Human Services
- 1 participant will continue his/her education at California State University

Below is a notable highlight from the Outreach and Career Academy program that demonstrates positive outcomes:

- Several students mentioned their interest in pursuing a career in mental health to make a difference and make the community a better place

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), the Mental Health Career Pathways program has been continued. In Fiscal Year 2020-2021, the COVID-19 pandemic impacted participation in programs.

he Psychosocial Rehabilitation program streamlined the on-site application for appointments by implementing a virtual scheduling platform. They also participated in outreach activities and community meetings to help increase awareness about the program and to promote the course.

The Outreach and Career Academy moved to a virtual platform and maintained engagement and participation. Activities and information helped students learn about reducing mental health stigma, mental illness, suicide awareness, and the importance of psychical, social, and emotional/mental health.

Other topics weaved into activities included, anger and stress management skills, self-esteem, mindfulness, self-care, building healthy relationships, bullying, and problem-solving skills.

Capital Facilities and Technological Needs

In Fiscal Year 2020-2021, the programs outlined below were in operation:

- SU-01 Electronic Health Record (EHR System)
- SU-02 Consumer Family Access
- SU-03 Electronic Health Data Warehouse
- SU-04 Document Imaging

Actual program results for the individual programs are found on the following pages.

SU-01 Electronic Health Record (EHR System)

Operated by: BHRS

PROGRAM DESCRIPTION

Technological Needs projects focus on providing the necessary technological tools and processes to modernize how the behavioral health system securely accesses, uses, and stores information. The project supports the empowerment of behavioral health staff, clients, and families by providing them with greater appropriate access to technology in order to use information to make critical decisions. By keeping information systems updated, technology serves to improve the quality and coordination of care, operational efficiency, and cost effectiveness.

SERVICES AND ACTIVITIES

- Support of the Electronic Health Record (EHR) trainings by coordinating the use of the computer training room, scheduling assistors, and facilitating access
- Technological maintenance of the EHR system that supports access to and functionality of HER
- Maintenance of EHR accounts
- Facilitation and troubleshooting of technical issues and connection with EHR provider (Cerner)

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$355,434	N/A	N/A

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), the Electronic Health Record program has been continued. BHRS staff continued to provide oversight of the Electronic Health Record program and activities.

SU-02 Consumer Family Access

Operated by: BHRS

PROGRAM DESCRIPTION

Technological Needs projects focus on providing the necessary technological tools and processes to modernize how the behavioral health system securely accesses, uses, and stores information. The project supports the empowerment of behavioral health staff, clients, and families by providing them with greater appropriate access to technology in order to use information to make critical decisions. By keeping information systems updated, technology serves to improve the quality and coordination of care, operational efficiency, and cost effectiveness.

SERVICES AND ACTIVITIES

- Training and support provided by technicians hired to provide technology assistance to consumers and families
- Individual and group sessions to provide computer assistance for consumers and families to access resources and information

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$191,104	N/A	N/A

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), the Consumer Family Access program has been continued. BHRS staff continued to provide oversight of the Consumer Family Access program and activities.

SU-03 Electronic Health Data Warehouse

Operated by: BHRS

PROGRAM DESCRIPTION

Technological Needs projects focus on providing the necessary technological tools and processes to modernize how the behavioral health system securely accesses, uses, and stores information. The project supports the empowerment of behavioral health staff, clients, and families by providing them with greater appropriate access to technology in order to use information to make critical decisions. By keeping information systems updated, technology serves to improve the quality and coordination of care, operational efficiency, and cost effectiveness.

SERVICES AND ACTIVITIES

- Continuous development and use of EHR data to create views for data and reports
- Creation of interactive Sequel Server Reporting Services (SSRS) reports to assist in making decisions

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$62,306	N/A	N/A

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), the Electronic Health Data Warehouse program has been continued. BHRS staff continued to provide oversight of the Electronic Health Data Warehouse program and activities.

SU-04 Document Imaging

Operated by: BHRS

PROGRAM DESCRIPTION

Technological Needs projects focus on providing the necessary technological tools and processes to modernize how the behavioral health system securely accesses, uses, and stores information. The project supports the empowerment of behavioral health staff, clients, and families by providing them with greater appropriate access to technology in order to use information to make critical decisions. By keeping information systems updated, technology serves to improve the quality and coordination of care, operational efficiency, and cost effectiveness.

SERVICES AND ACTIVITIES

- Daily scanning of mental health plan referrals to client charts
- Daily scanning of lab results to client charts

FISCAL YEAR 2020-2021 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$41,941	N/A	N/A

ADDITIONAL PROGRAM INFORMATION:

As part of the BHRS Strategic Plan, approved by the Stanislaus County Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136), the Document Imaging program has been continued. BHRS staff continued to provide oversight of the Document Imaging program and activities.

Fiscal Year 2020-2021 Revenue and Expenditure Report

The Fiscal Year 2020-2021 Revenue and Expenditure Report (RER) was completed and submitted to DHCS as required by MHSA regulation. The complete RER can be found here: Stanislaus County BHRS MHSA FY 2020-2021 RER.

A printed copy of the RER can also be requested by calling the MHSA Policy and Planning Office at (209) 525-6247.

Community Program Planning Process

Welfare and Institutions Code (W&IC) Sections 5813.5(d), 5892(c), and 5848 define the Community Program Planning (CPP) Process and is the process to be used by the County to develop the Three-Year Program and Expenditure Plans (“Plan”), Annual Updates, and Plan Updates (“Update”) in partnership with stakeholders to:

- Identify community issues related to mental illness resulting from a lack of community services and supports, including any issues identified during the implementation of the Mental Health Services Act
- Analyze the mental health needs in the community
- Identify and re-evaluate priorities and strategies to meet those mental health needs

Each Plan and Update shall be developed with local stakeholders, including adults and seniors with severe mental illness, families of children, adults, and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans’ organizations, providers of alcohol and drug services, health care organizations, and other important interests.

Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations.

A draft Plan and Update shall be prepared and circulated for review and comment for at least 30 days to representatives. The Stanislaus County Behavioral Health Board (BHB) (established pursuant to Welfare and Institutions Code § 5604) shall conduct a public hearing on the draft Plan and Update at the close of the 30-day comment period. Each adopted Plan and Update shall include any substantive written recommendations for revisions and summarize and analyze any such recommendations for revisions (Welfare and Institutions Code § 5848). Completed documents must be submitted to the Department of Health Care Services (DHCS) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after adoption by the Stanislaus County Board of Supervisors and posted on the Stanislaus County BHRS MHSA website.

Local Review

Over the years, planning by BHRS for MHSA funds has included collaborative partnerships with local community members and agencies. Several key elements are central to the mission of BHRS to be successful in these processes, strive to present information as transparently as possible, manage expectations in public planning processes related to what can reasonably and legally be done within a government organization, follow the guidelines given by the State, honor community input, ensure that when plans are posted for public review and comment, stakeholders can recognize community input in the plan, post documents and conduct meetings in understandable language that avoids use of excessive technical jargon and provides appropriately fluent speakers for diverse populations when needed.

Compelling community input obtained at the original launch of MHSA community planning in 2005 developed core guiding principles that serve to inform all subsequent planning processes. Whenever feasible, MHSA plans, processes, and programs should address inclusion and service to all age groups and all geographic areas of the county, be based on existing community assets, not exceed the community's or BHRS' capacity to sustain programs and be compatible with the statutory responsibility BHRS holds to administer MHSA funds organizationally or fiscally.

MHSA Advisory Committee

The MHSA Advisory Committee ("Committee") is actively engaged in identifying needs, priorities, and guiding principles during planning processes. The Committee is comprised of approximately 40 individuals representing a diverse spectrum of community interests in accordance with MHSA guidelines from the following groups and communities listed below.

Consumer and Family Members

- Consumer Partners: Adult
- Family Member Partners: Children
- Consumer Partners: Adult
- Family Member Partners: Adult
- Consumer Partners: Transition Age Young Adult (TAYA)
- Consumer Partners: Older Adults
- Family Member Partners: TAY Consumer Partners: Transition Age Young Adult (TAYA)

MHSA Priority Populations

- African American
- Rural
- Assyrian
- Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ)
- Spanish/Latino
- Criminal Justice Involved
- South East Asian

Contract Providers of Public Mental Health (MH)/Substance Use Disorder (SUD) Treatment Services

- Mental Health: Adult
- SUD Services: Adult
- Mental Health: Children
- SUD Services: Youth

Collaborative Treatment Partners

- Community Assessment, Response and Engagement (CARE)
- Stanislaus County Community Services Agency (CSA)
- Health Care: Managed Care Plans
- Senior Service Providers
- Stanislaus County Probation
- Modesto Police Department (MPD)
- Housing Providers
- Courts/Judge
- Social Services/Family Resource Centers (FRC)
- Shelters

- Stanislaus County District Attorney

Collaborative Partners

- Philanthropy
- Health Care: Federally Qualified Health Center (FQHC)
- Health Care: Stanislaus County Health Services Agency (HSA)
- Behavioral Health Board (BHB) Member
- Education: K-12
- Education: California State University Stanislaus (CSUS)
- Faith Based Organizations
- Veteran Service Organizations
- Stanislaus County Chief Executive Office (CEO)
- Education: Modesto Junior College (MJC)

Committee member's role includes giving input on all plans and updates to be submitted, reviewing outcome data in the annual update, and sharing information about MHSA plan processes and results with the constituency/community they represent.

Fiscal Year 2021-2022 CPP Activities

June 15, 2021 – BOS Approval
The BOS approved the MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2020-2023, Annual Updates for Fiscal Years 2019-2020 and 2020-2021, Early Psychosis Learning Health Care Network (LHCN) and Full Service Partnership (FSP) Multi-County Collaborative Innovations Project Plans

August 24, 2021 – MHSA Advisory Committee Meeting
An MHSA Advisory Committee Meeting was held, had 59 attendees, and members received a thorough presentation on a proposed Fiscal Year 2021-2022 Plan Update. Members also received a presentation on the Three-Year Program and Expenditure Plan for FY 2020-2023, the two new approved Innovation Projects, the BHRS Strategic Plan, the BHRS Strategy Team, and upcoming Advisory Committee membership development efforts.

December 8 and 9, 2021 – New MHSA Advisory Committee Member Training
New Advisory Committee Member trainings were provided and had 24 attendees. BHRS hosted two training sessions and provided an overview of BHRS Leadership and organizational structure, an overview of MHSA including:

- Funding Details
- Plan Development
- Roles and Responsibilities of MHSA Advisory Committee Members
- MHSA Programs Defined.

January 5, 12, and 19, 2022 – Innovations Planning Work Group Sessions
BHRS hosted three Innovations planning work group sessions and had 16 attendees. The planning sessions were focused on the opportunity to develop a new Innovations project by exploring innovative ways to plan for, prevent, and respond to mental health crisis needs in the community.

January 26, 2022 – MHSA Advisory Committee Meeting
An MHSA Advisory Committee Meeting was held and had 52 attendees. Committee members were provided an update on MHSA engagement efforts and opportunities, information from the Innovation planning work group sessions, and an overview of the FY 2021-2022 Plan Update for Innovations CPP. Attendees also received an update on the status of the two new Innovations projects (Early Psychosis LHCN and FSP Multi-County Collaborative).

February 23, 2022 – MHSA Advisory Committee Meeting
An MHSA Advisory Committee was held and had 49 attendees. Committee members were provided an update on the Fiscal Year 2020-2021 Revenue and Expenditure Report filed for FY 2020-2021, the Fiscal Year 2021-2022 Plan Update for Innovations CPP, an overview of California Advancing and Innovating Medi-Cal (CalAIM), and an overview of the Strategic Initiatives for Fiscal Year 2022-2023.

Annual Update for FY 2022-2023 Local Review

An MHSA Advisory Committee was held on April 21, 2022 and had 38 attendees. Advisory Committee members received a detailed presentation of the draft Annual Update for FY 2022-2023, an overview of the Prevention and Early Intervention (PEI) Three-Year Report for Fiscal Years 2018-2019, 2019-2020, and 2020-2021 and subsequent discussion. Committee members also received an update on the overarching BHRS Strategic Plan. Comments were solicited through a Comment Form attached at the end of the draft Annual Update document, and were accepted in the following manner:

- Faxed to (209) 558-4326
- Sent via U.S. mail to 800 Scenic Drive, Modesto, CA 95350
- Sent via email to bmhsa@stanbhrs.org
- Provided by calling (209) 525-6247

The draft Annual Update was posted for 30-day Public Review on April 26, 2022. Notification of the public review dates and access to copies of the draft Annual Update were made available through the following methods:

- An electronic copy of the Annual Update was posted on the County's MHSA website: www.stanislausmhsa.com.
- Paper copies of the Annual Update were delivered to Stanislaus County Public Libraries
- Electronic notification was sent to all BHRS service sites with a link to www.stanislausmhsa.com, announcing the posting of the Annual Update
- MHSA Advisory Committee, Behavioral Health Board members, as well as other community stakeholders were sent the Public Notice informing them of the start of the 30-day review, and how to obtain a copy of the Annual Update
- Public Notices were posted in newspapers throughout Stanislaus County. The Public Notice included access to the Annual Update on-line at www.stanislausmhsa.com and a phone number to request a copy of the document.

A public hearing was conducted by the Stanislaus County Behavioral Health Board and held at the Stanislaus County Veteran's Center, 3500 Coffee Rd, Suite 15, Modesto, CA 95357 in the main ballroom on May 26, 2022 at 5:00 p.m. Community stakeholders were invited to participate.

The public comment period concluded on May 26, 2022. There were no public comments received during the public comment period nor during the public hearing.

The MHSA Annual Update for Fiscal Year 2022-2023 is targeted to be presented to the Stanislaus County BOS on Tuesday, June 14, 2022. The BOS meeting will be held at 9:00 a.m. in the Chambers – Basement Level, 1010 10th Street, Modesto, CA 95354.