

## Stanislaus County Behavioral Health and Recovery Services – Mental Health Services Act February 1, 2011 – Representative Stakeholder Steering Committee Handout #1

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<b>Community Services &amp; Supports (CSS) Exhibit 6 Service Targets:</b> CSS programs report the numbers of individuals served each quarter. All programs have met or exceeded service targets for FY09/10 with one exception, GSD-04 CERT/Warm Line, which met 90% of the service target.			
Full Service Partnership (FSP) (Intensive)	Implementing Organization	Annual Target met in FY09/10	
Westside Stanislaus Homeless Outreach/Josie's TRAC/Partnership TRAC	Telecare	X	
Juvenile Justice	BHRS	X	
Integrated Forensic Team	BHRS	X	
Senior Access & Resource Team	} Combined in FY10-11	X	
Health/Mental Health Team		X	
<b>FSP-06 High Risk Health and Senior Access</b>	<b>BHRS- new in FY11/12</b>	<b>0</b>	
<b>General System Development</b> (system capacity building)			
Josie's Place – TAY Drop-in Center	BHRS	X	
Families Together – Family Partnership Expansion	BHRS	X	
Community Emergency Response Team/Warm Line On-site Peer Support	BHRS and Turning Point Community Programs	90%	
The Empowerment Center	Turning Point Community Programs	X	
<b>Outreach and Engagement</b> (community capacity)			
Outreach and Engagement to Diverse Communities	West Modesto King-Kennedy Neighborhood Collaborative & El Concilio	X	
Garden Gate Respite	Turning Point Community Programs	X	

<b>Service to Diverse Populations:</b> The following chart shows local demographics data reflecting race/ethnicity of individuals served by funding type in FY09/10 – specific program detail included in FY11/12 Annual Update.						
Race/Ethnicity	White/Caucasian	Hispanic	African American	Asian/Pacific Islander	Native American	Other/unknown
<b>County Population</b> U.S. Census 2009	48.7%	40.3%	2.7%	5.3%	0.8%	2.3%
Full Service Partnerships	47%	37%	8%	3%	1%	4%
General System Development	54%	34%	5%	3%	>1%	3%
Outreach & Engagement	19%	60%	12%	4%	2.4%	2.5%

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**Community Services & Supports - FSP Outcomes:** Major categories of data collected in five outcome categories of full service partnership services to 410 unique individuals in FY09/10. (Percents are decreases except where noted; data is annualized and rounded to the nearest whole percent).

Outcomes → Programs ↓	Homelessness	Incarceration	Acute Medical	Acute Psychiatric	Employment (days worked)
<b>FSP-01 SHOP</b>	90%	87%	83%	38%	61%
<b>FSP-02 Juv. Jus.</b>	100%	54%	56% increase	90%	77%
<b>FSP-03 SART</b>	87%	100%	63%	99%	63%
<b>FSP-04 HMHT</b>	94%	299% increase	45%	58%	30% increase
<b>FSP-05 IFT</b>	96%	77%	112% increase	37%	86%

What do the percentages refer to? - Major categories of data collected on Full Service Partnership services include homelessness; incarceration; acute medical hospitalizations; acute psychiatric hospitalizations; institutionalization (long term hospital and state hospital); and employment days individuals have worked. Service providers collect the information and report it to the California Department of Mental Health Data Collection and Reporting System (DCR) and to BHRS Data Management Program. An individual's information is gathered while enrolled in the FSP and from 12 months prior to enrolling in the FSP. The comparison between pre and post enrollment gives the number shown as the percent of reduction or increase.

Employment Decreases - What we see with service recipients that are new to the FSP is that during the 1-2 years prior to being in the program, they have really made an effort to work, often in multiple jobs that have failed, and they come to terms with the fact that their symptoms are creating more problems than they wanted to admit. At the point of entering a full service partnership, most are too symptomatic to retain employment. They typically start treatment in the most intensive service level of FSP and stay there for approximately 6-12 months. FSP is the level of care in which employment outcomes are collected. As individuals begin to experience less symptoms and greater stability, they move to less intensive service levels; Intensive Services and Supports or Wellness/Recovery. At this time they may also seek and gain employment. This type of outcome data is not collected at less intensive levels of care.

Incarceration Increases – This increase in incarceration (HMHT) was due to several individuals who had arrests related to alcohol and drug use in FY09/10.

Acute Medical Increases – This number can be greatly affected by one person who experiences a serious and unavoidable medical issue that requires trips to the emergency room, surgery and/or hospital care as was the case for IFT and JJ in FY09/10.

CSS Housing – Two projects are currently in review by CalHFA, the third project is not yet developed for submission.