BEHAVIORAL HEALTH AND RECOVERY SERVICES
A Mental Health, Alcohol and Drug Service Organization

Denise C. Hunt, RN, MFT
Director

800 Scenic Drive, Modesto, CA 95350
Phone: 209-525-6225 Fax: 209-525-6291

November 5, 2010

MHSA Plan Review Section
California Department of Mental Health
1600 9th Street, Room 150
Sacramento, CA 95814

MHSOAC
1300 17th Street, Suite 1000
Sacramento, CA 95811

Dear Colleagues:

This letter is to request approval of the attached MHSA Plan Update for Fiscal Year 2010-11.

Continuously working from the BHRS Vision and Mission, MHSA Essential Elements, input from stakeholders, and in accordance with DMH Information Notice 10-01 and 10-04, this mid-year Plan Update was developed. The Plan Update was posted for additional input during a 30-day public review and comment period from October 5 – November 3, 2010.

If you have any questions, please do not hesitate to contact me, or Karen Hurley, MHSA Coordinator, at (209) 525-6225

Sincerely,

Denise C. Hunt, RN, MFT
Behavioral Health Director

cc: Karen Hurley, MFT

Enclosure

Stanislaus County

Mental Health Services Act

Three-Year Program and Expenditure Plan

Community Services & Supports (CSS)
Plan Update
FY2010/2011

November 2010

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COUNTY SUMMARY SHEET

This document is intended to be used by the County to provide a summary of the components included within this annual update or update. Additionally, it serves to provide the County with a listing of the exhibits pertaining to each component.

County:	***Stanislaus***																				
			Exhibits																		
			A	**B**	**C**	**C1**	**D**	**D1***	**E**	**E1**	**E2**	**E3**	**E4**	**E5**	**F****	**F1****	**F2****	**F3****	**F4****	**F5****	**G*****	**H******
For each annual update/update:			☑	☑	☑	☐			☑													
Component	**Previously Approved**	**New**																				
☑ CSS	$11,613,512	$11,219,584				☐	☑	☑		☑					☑	☑					☐	☐
☐ WET	$	$				☐	☐	☐			☐				☐	☐						
☐ CF	$	$						☐				☐			☐		☐					
☐ TN	$	$						☐				☐			☐			☐				
☐ PEI	$	$				☐	☐	☐					☐		☐				☐			
☐ INN	$	$					☐	☐						☐	☐					☐		
Total	$	$																				

Dates of 30-day public review comment period:	10/5/10 - 11/3/10
Date of Public Hearing***:**	Not Applicable to Plan Update
Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:	Not Applicable to Plan Update

*Exhibit D1 is only required for program/project elimination.

**Exhibit F - F5 is only required for new programs/projects.

***Exhibit G is only required for assigning funds to the Local Prudent Reserve.

****Exhibit H is only required for assigning funds to the MHSA Housing Program.

*****Public Hearings are required for annual updates, but not for updates.

COUNTY CERTIFICATION

County: _____Stanislaus_____

County Mental Health Director	Project Lead
Name: Denise Hunt Telephone Number: 209-525-6225 E-mail: dhunt@stanbhrs.org	Name: Karen Hurley Telephone Number: 209-525-6229 E-mail: khurley@stanbhrs.org
Mailing Address: 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/update, including all requirements for the Workforce Education and Training component. 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 update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2010/11 annual update was circulated for 30 days to stakeholders for review and comment. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.[1]

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

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

All documents in the attached FY 2010/11 annual update/update are true and correct.

Denise C. Hunt, RN, MFT	Denise C Hunt	11/5/10
Mental Health Director/Designee (PRINT)	Signature	Date

[1] Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement and may strike this line from the certification.

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

County: Stanislaus

Date: November 5, 2010

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

Community Program Planning

1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.

BHRS efforts to engage stakeholders, create transparency and facilitate understanding in all community planning processes are ongoing throughout each year since 2005.

Discussions regarding anticipated reductions CSS programs have been included in stakeholder meetings since FY09 -10 and most recently at Representative Stakeholder meetings in January 2010.

To deepen stakeholder understanding of budget issues and recommended reductions or consolidations, a Key Informant process was convened that included members of a variety of key stakeholder groups; including members of the Representative Stakeholder Steering Committee, Mental Health Board members, NAMI, service recipients, representatives of diverse communities, BHRS Senior Leadership Team (SLT), and BHRS Accountants.

Two meetings were convened on August 31 and September 14, 2010. The BHRS Senior Leadership Team and accountants developed a detailed PowerPoint presentation for each evening that contained extensive information designed to educate key informants on BHRS MHSA budget streams, structures, and planning. Key features of the evening included a review of current budget challenges in public mental health funding, key aspects of the sustainability plan BHRS has committed to in the coming years, recommendations for CSS program consolidations, elimination and other administrative efficiencies. The Key Informant Meetings (each 3 hours in length) involved a rich discussion that resulted in more shared understanding of two key issues: 1) the adaptive dilemma we face in public mental health funding and 2) how we plan to achieve CSS sustainability with stakeholder input on program reductions.

The Behavioral Health Director and Senior Leadership Team members led the discussion and provided a narrative that focused on four long term change strategies: community capacity building, results based accountability, leadership development and financial sustainability across all BHRS funding streams beginning with MHSA CSS. These themes are at the heart of the design of the approved Innovation Project to be implemented this year.

Ultimately, participants in the key informant process thoughtfully considered the recommended reductions and acknowledged the approach as forward thinking and fiscally responsible.

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process.

Members from the following agencies/communities: consumers, family members, contract providers of public mental health services, representatives from diverse communities, law enforcement, health care, faith-based community, social services, Stanislaus County Chief Executive Office, BHRS staff, Area Agency on Aging, and regional geographical areas of Stanislaus County participated. Many of these partners have participated in previous planning processes and some were new to the process.

3. If eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

A key informant process was convened to inform, educate, and achieve consensus on the plan to eliminate one 0&E program from the CSS plan funding and transfer it to an already approved project in the PEI plan. Stakeholders did not want to see the program be eliminated and felt that it aligned with PEI goals of the Community Capacity Building Project and could move to target the Priority Populations and Key Community Needs identified for PEI projects. Consideration of PEI fiscal sustainability was included in the discussion and decision.

Local Review Process

4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

The MHSA FY2010/11 PLAN UPDATE was circulated using the following methods:

- ✓ An electronic copy was posted on the County's MHSA website: www.stanislausmhsa.com
- ✓ Paper copies were sent to Stanislaus County Public Library resource desks throughout the County
- ✓ Electronic notification was sent to all BHRS service sites with a link to www.stanislausmhsa.com, announcing the posting of this plan update
- ✓ Representative Stakeholder Steering Committee, Mental Health Board members, and other stakeholders were sent notice informing them of the start of the 30-day public review, and how to obtain a copy of the plan update.
- ✓ An informational meeting was conducted on October 19, 4:00 p.m. – 5:00 p.m., in the Main Conference Room, at Behavioral Health and Recovery Services, Modesto, CA.
- ✓ For ease of public review and comment, a feedback form was included in the document.

The public was notified by:

- ✓ Public notice was posted in seven newspapers throughout Stanislaus County including a newspaper serving the Latino community. The notice included reference to www.stanislausmhsa.com and a phone number for requesting a copy of the plan update.

5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.

No comments were received.

PREVIOUSLY APPROVED PROGRAM

Select one:
☒ **CSS**
☐ **WET**
☐ **PEI**
☐ **INN**

County: Stanislaus

Program Number/Name: FSP-03 Senior Access & Resource Team
FSP-04 Health/Mental Health Team

Date: November 5, 2010

CSS				
Previously Approved – N/A				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☐	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☐	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.
				FY 09/10 funding | **FY 10/11 funding** | **Percent Change**
				| | |
5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.			
Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☒	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☒	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☒	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☒	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete **Exh. F1**
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) **The names of Previously Approved programs to be consolidated**: FSP-03 Senior Access and Resource Team and FSP-04 Health/Mental Health Team b) **Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served):** Target populations previously served by each program will be served by the consolidated program, including adults (18 - 59 years) and older adults (60+ years) with significant, ongoing, possibly chronic, health conditions co-occurring with SMI as well as, functional impairments related to aging. Transition-aged adults (55-59 years) with SMI, co-occurring substance abuse disorders and/or other physical health conditions are included in the target population. Within the identified group of service recipients, the priority population is individuals who are primarily uninsured as well as individuals from racially and/or culturally diverse communities (including LGBTQ) who may not			

	have access to well-coordinated health/mental health services. They may also be individuals who are homeless or at risk of homelessness, at risk of institutionalization, hospitalization, and nursing home care, or frequent users of emergency rooms for health care. Service strategies include 24/7 access to a known service provider, individualized service plan, multidisciplinary treatment approach, wellness and recovery focused group and peer support, linkage to existing community support groups, peer support and recovery groups for individuals with co-occurring health and mental health disorders. Both service recipients and family members receive education regarding the management of both health and mental health issues as well as benefits advocacy support and housing support for service recipients. c) **Provide the rationale for consolidation:** These 2 Full Service Partnerships have successfully utilized FSP strategies and approaches to serve individuals with needs related to medical concerns, risk for frequent trips to emergency rooms, risk for homelessness and risk for hospitalization. Stakeholders agreed that a consolidation of the programs would not sacrifice access or quality of service and would allow for key program cost efficiencies and continuation of services by known service providers. Additionally, introduction of graduated levels of service within the FSP will allow service recipients to move through levels of care of varying intensity, connect more effectively with community supports, and exit intensive services when appropriate. Stakeholders endorsed this approach to retaining the service while also achieving a more sustainable budget.

ELIMINATION OF PROGRAM/PROJECT

County: Stanislaus

Program/Project Number/ Name: O&E-01 Outreach & Engagement

Date: November 5, 2010

Select one:

- ☒ **CSS**
- ☐ **WET**
- ☐ **CF**
- ☐ **TN**
- ☐ **PEI**[1]
- ☐ **INN**

1. Clearly identify the program/project proposed for elimination.

O&E-01 Outreach and Engagement Services

2. Describe the rationale for eliminating the program/project.

Initially, funding for Community Services and Supports (CSS) Outreach and Engagement (O&E) strategies were established in recognition of the special activities needed to reach diverse unserved populations. In 2005, Stanislaus County's community program planning process strongly supported inclusion of outreach services to culturally diverse individuals of all ages as a way to begin to address disparities in service to unserved and underserved populations with issues related to SMI/SED. Stakeholders gave input and BHRS agreed that the best way to fully implement outreach is through racially/ethnically based community organizations. Through programs based on neighborhood assets (e.g. Promotoras) individuals who could potentially benefit from services and/or who may be reluctant to enter into formal services could be reached most effectively. Over the years the focus of CSS outreach and engagement has been to reach these unserved individuals, promote recovery, resiliency and wellness goals while maintaining respect for diverse beliefs and cultural practices, strengthen neighborhood assets and identify those in need of specialty mental health services for SMI/SED.

Rationale for this transfer:

1) The community based organizations who have implemented the CSS outreach and engagement strategies have worked in partnership with BHRS to improve access and, at times, facilitate referral into services. By providing outreach over the years with CSS funding, they have contributed significantly to the capacity of communities to support their members with issues related to SMI/SED and often have alleviated the need for additional or extended mental health treatment. As neighborhood assets have strengthened, they naturally have also begun to engage individuals prior to the development of symptoms. At the present time, the goals of the PEI Community Capacity Building Project can be served by this transfer.

2) Transfer of the outreach and engagement program from CSS to PEI will involve a shift in focus toward supporting the goals of the PEI Community Capacity Building Project to increase targeted communities' behavioral health capacity. The PEI Key Community Need focus is Disparities in Access to Mental Health Services. Priority Population focus is individuals of all ages from Underserved Cultural Populations

3) Transfer of this program from CSS to PEI Plan is part of a local strategy to achieve a sustainable level of funding in the local CSS plan and preserve connections established with diverse populations. Sufficient funding is available to accommodate and sustain this transfer to PEI to serve underserved cultural populations and address disparities in access to mental health services.

4) Stakeholders and BHRS Leaders participating in a key informant process endorsed this transfer as consistent with the BHRS long term change goals of community capacity building and sustainability. Everyone understands that this is a one-way transfer and the program cannot be moved back to CSS at a later date.

3. Describe how the funding for the eliminated program/project will be used.

The funds are part of a reduction in the overall CSS plan to achieve a sustainable level of programming that will match up with anticipated MHSA revenues in the years to come. The program funds eliminated in FY10-11 will be retained in operating reserve for CSS programs in FY11-12.

[1] For PEI only – Counties eliminating a project with funds targeted toward Children, Youth, and Transitional-Aged Youth, the PEI Funding Request (Exhibit E4) should reflect that at least 51% of PEI funds are directed towards individuals under age 25. Small counties are exempt from this requirement. The PEI Program selected for local evaluation may not be eliminated.

CSS BUDGET SUMMARY

County: Stanislaus **Date:** 11/4/2010
FINAL

	CSS Programs		FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group				
	No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs												
1.	FSP01	Westside Stanislaus Homeless Outreach	$2,461,463	$1,846,097	$615,366				$492,292	$1,723,024	$246,147	
2.	FSP02	Juvenile Justice	$247,108	$247,108				$123,554	$123,554			
3.	FSP03	Senior Access and Resource Team*	$0	$0	$0					$0	$0	
4.	FSP04	Health/Mental Health Team*	$0	$0	$0					$0	$0	
5.	FSP05	Integrated Forensic Team	$1,226,372	$903,434	$322,938				$245,274	$981,098		
6.	GSD01	Transition Age Young Adult Drop-In Center	$848,215		$848,215				$848,215			
7.	GSD02	Community Response Team	$427,251		$427,251			$111,085	$64,088	$187,990	$64,088	
8.	GSD04	Families Together	$236,053		$236,053			$212,448	$23,605			
9.	GSD05	Consumer Employment & Empowerment Center	$331,078		$331,078				$66,216	$165,539	$99,323	
10.	OE01	Community Outreach & Engagement*	$232,680			$232,680		$93,072	$46,536	$58,170	$34,902	
11.	OE02	Garden Gate Respite	$1,129,718			$1,129,718			$225,944	$677,830	$225,944	
12.			$0									
13.			$0									
14.			$0									
15.												
16.	Subtotal: Programs [a/]		$7,139,938	$2,996,639	$2,780,901	$1,362,398	$0	$540,159	$2,135,724	$3,793,651	$670,404	Percentage
17.	Plus up to 15% County Administration		$1,070,991									15%
18.	Plus up to 10% Operating Reserve		$821,093									10.0%
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		$9,032,022									
New Programs												
1.	FSP06	High Risk Health & Senior Access	$1,729,298	$1,287,350	$441,948					$790,933	$938,365	
2.			$0									
3.			$0									
4.			$0									
5.			$0									
6.	Subtotal: Programs[a/]		$1,729,298	$1,287,350	$441,948	$0	$0	$0	$0	$790,933	$938,365	Percentage
7.	Plus up to 15% County Administration		$259,395									15.0%
8.	Plus up to 10% Operating Reserve		$198,869									10.0%
9.	Subtotal: New Programs/County Admin./Operating Reserve		$2,187,562									
10.	**Total MHSA Funds Requested for CSS**		$11,219,584									

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs= 48.30%

*NOTE: FSP03 & FSP04 funding for 1st 8 months has been included in new consolidated program FSP06 per DMH. OE01 reflects 8 months of contract costs with remaining 4 months to be paid from existing PEI Project 1 funding.

Additional funding sources for FSP requirement:
County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. In addition, the funding amounts must match the Annual Cost Report. Refer to DMH FAQs at http://www.dmh.ca.gov/Prop_63/ MHSA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf

CSS Majority of Funding to FSPs

		Other Funding Sources									
	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total	Total %
Total Mental Health Expenditures:	$0	$0	$0	$1,307,778	$0	$0	$0	$0	$0	$1,307,778	63%

EXPLANATION: Increased productivity & enhanced FMAP has resulted in a significant increase in FFP revenue to FSP programs, allowing much of the FY10/11 reduction to be absorbed in FSPs with minimal service impacts.

CSS and WET NEW PROGRAM DESCRIPTION

County: Stanislaus

Program Number/Name: FSP- 06 High Risk Health & Senior Access

Date: November 5, 2010

Check boxes that apply:
- ☒ CSS
- ☐ WET
- ☒ New
- ☒ Consolidation
- ☐ Expansion
- ☐ Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY	0	0	0	$ 0
TAY	0	0	0	$ 0
Adults	50	0	0	$ 15,721 (annualized)
OA	60	0	0	$ 15,721 (annualized)
Total	110	0	0	
Total Number of Clients to be Served (all service categories):			110	

NEW PROGRAMS ONLY – n/a

CSS and WET

1. Provide narrative description of program. For WET, also include objectives to be achieved.

N/A

2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.

This consolidated program is serving the same target populations originally identified and utilizing the same strategies originally outlined in the Community Planning Process. Graduated levels of care are being added to the program.
Community issues identified during planning are continuing to be addressed in the new program:
serve all age groups, serve diverse communities, serve individuals with co-occurring issues, serve uninsured/underinsured, serve people with co-occurring health issues, served individuals involved with other agencies (e.g. reduce risk for emergency room use, law enforcement, homelessness)

3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).

Cultural Competence practices are built into every BHRS program. Service Providers strive to act in a culturally competent manner in every service and community contact and facilitate natural supports by being aware of community resources within a service recipient's cultural, racial, or ethnic community. Bi-lingual, bi-cultural Spanish staff are included is this team and interpreters will be available for those who speak other languages. The concepts and practices of wellness and recovery are central to all BHRS services, including this FSP. An integrated service partnership with the family will honor the service recipient's choices and the family's cultural values. Program staff is experienced in working collaboratively with other agencies/resources to provide an integrated service experience for service recipients.

CSS Only

1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.

FSP-06 High Risk Health & Senior Access program will serve adults (18 - 59 years) and older adults (60+ years) with significant, ongoing, possibly chronic, health conditions co-occurring with SMI as well as, functional impairments related to aging. The sub-group of transition-aged adults (55-59 years) with SMI, co-occurring substance abuse disorders and/or other physical health conditions is included in the target population. Within the identified group of service recipients, the priority population is individuals who are primarily uninsured as well as individuals from racially and/or culturally diverse communities (including LGBTQ) who may not have access to well-coordinated health/mental health services. They may also be individuals who are homeless or at

risk of homelessness, at risk of institutionalization, hospitalization, and nursing home care, or frequent users of emergency rooms for health care.

Service strategies include 24/7 access to a known service provider, individualized service plan, multidisciplinary treatment approach, wellness and recovery focused group and peer support, linkage to existing community support groups, peer support and recovery groups for individuals with co-occurring health and mental health disorders. Both service recipients and family members receive education regarding the management of both health and mental health issues as well as, benefits advocacy support, and housing support. Additionally, introduction of graduated levels of service within the FSP will allow service recipients to move through services of varying intensity, connect with community supports and exit services when appropriate. The structure of graduated levels of care will replicate the three levels of outpatient care currently offered within other FSP programs in Stanislaus County.

To ensure effectiveness, the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS), an assessment tool developed by community psychiatrists for determining appropriate level of care in outpatient services, will be utilized in helping to determine the level of care needed. Three levels of care will be available for all individuals served in the consolidated program. The three levels of outpatient care include: Full Service Partnership; Intensive Support Services (ISS); and a Wellness/Recovery (WR) level of care. This creates a model that allows for entry to a level of service appropriate for the individual. FSP designation as a level of care ensures that the integrity of the MHSA model for full service partnerships is maintained, measurable and accountable. The Wellness Recovery level of care is designed for those individuals who have made substantial progress in their recovery (measured by our Milestones In Recovery survey) and treatment (measured by our Stages Of Treatment instrument), and are ready for a higher level of recovery service that is less intensive, yet maintains the important relationship with treatment providers and allows for easy re-access to the FSP level of care if needed. The ISS level of care is designed for individuals who may not require an FSP level of care, yet, however would benefit from time-limited intensive services.

2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).

The two multidisciplinary FSP teams are being consolidated into one FSP team. Both programs have been in existence since 2006 and have long time partnerships with key agencies serving the target populations. Both programs have consistently met their service targets as outlined in CSS Plan Exhibit 6 and will retain capacity to meet their proposed service targets.

3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.

N/A

WET Only

1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.

N/A

CSS and WET NEW PROGRAM DESCRIPTION

CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS)

1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.

CONSOLIDATED PROGRAMS:
FSP-03 Senior Access and Resource Team
FSP-04 Health Mental Health Team

FSP-06 High Risk Health & Senior Access Program: a Full Service Partnership that will serve the individuals previously served by the FSP's being consolidated:
Adults (18 - 59 years) and older adults (60+ years) with significant, ongoing, possibly chronic, health conditions co-occurring with SMI as well as, functional impairments related to aging. Transition-aged adults (55-59 years) with SMI, co-occurring substance abuse disorders and/or other physical health conditions are included in the target population. Within the identified group of service recipients are individuals who are primarily uninsured as well as individuals from racially and/or culturally diverse communities (including LGBTQ) who may not have access to well-coordinated health/mental health services. They may also be individuals who are homeless or at risk of homelessness, at risk of institutionalization, hospitalization, and nursing home care, or frequent users of emergency rooms for health care.

Service strategies include group therapy, individual therapy, peer counseling, medication services, and linkage services with a special focus on assessment, service planning, and the identification and treatment of co-occurring disorders. Geriatric Field Screening Protocol (GFSP) will be utilized including family when available and agreeable to the service recipient. Service focus will include intensive, integrated services to individuals who have both a serious mental illness and significant co-occurring health conditions, including but not limited to, diabetes mellitus (DM), hypertension (HTN). Health conditions that require ongoing, frequent and costly treatment from primary care providers can be impacted significantly with education and engagement of individual's coping with health conditions. 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. Individualized services and support plan will be developed with each service recipient and service providers known to recipients that are available 24/7.

2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.

Because these two programs shared the same FSP strategies, service approaches to serving individuals who have similar needs related to medical concerns, risk for frequent trips to emergency rooms, risk for homelessness and risk for hospitalization, stakeholders agreed that a consolidation would allow certain program cost efficiencies and continuation of services by known service providers. Additionally, introduction of graduated levels of service within the FSP will allow service recipients to move through services of varying intensity, connect with community supports and exit services when appropriate. Program operations costs are reduced by consolidating and adding graduated levels of care. Stakeholders endorsed this approach to keeping the services and achieving a sustainable budget through consolidation.

County: Stanislaus Date: 11/4/2010 Final

Program/Project Name and #: High Risk Health & Senior Access - FSP-06

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports	$582,948		$75,440	$658,388
2. General System Development Housing				$0
3. Personnel Expenditures	$1,253,996			$1,253,996
4. Operating Expenditures	$104,942	$40,321	$19,418	$164,681
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$1,941,886**	**$40,321**	**$94,858**	**$2,077,065**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**

County: Stanislaus

Date: 11/4/2010 Final

Program/Project Name and #: High Risk Health & Senior Access - FSP-06

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Other				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)	$342,626			$342,626
b. State General Funds				$0
c. Other Revenue	$5,141			$5,141
2. Total Revenues	**$347,767**	**$0**	**$0**	**$347,767**
C. TOTAL FUNDING REQUESTED	**$1,594,119**	**$40,321**	**$94,858**	**$1,729,298**

***Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification: **N/A**

Please include your budget narrative on a separate page.

Prepared by: Vicki Peitz, MHSA Accountant

Telephone Number: (209) 525-7446

Mental Health Services Act Community Services and Supports
Budget Narrative
High Risk Health & Senior Access Program Workplan # FSP-06
12 Months

County(ies): Stanislaus | Fiscal Year 2010-2011 | Date: **11/5/10**

A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene			$	-
b. Travel and Transportation			$	2,460
c. Housing - Board & Care			$	75,440
d. Employment and Education Supports			$	1,238
e. Other Support Expenditures			$	579,250
Support Service Funds - Wraparound	$	17,040		
Peer Support Team Services	$	441,948		
Dual Diagnosis services provided at SRC	$	120,262		
f. Total Support Expenditures			**$**	**658,388**
2. Personnel Expenditures				
Current Existing Positions				
a. Support Staff				
Admin Clerk III - $19.96/hr x 2080 hrs x 1.3 FTEs	$	53,972		
Admin Clerk II - X-help $17.66/hr x 2000 hrs x .33 FTE	$	11,656		
Stock/Delivery Clerk - $17.24/hr x 2080 hrs x .5 FTE	$	17,930		
Interpreter - PSC - $13.00/hr x 2000 hrs x .038 FTE	$	988		
b. Program Staff				
Manager II - $41.17/hr x 2080 hrs x .67 FTE	$	57,375		
BHS II - $27.14/hr x 2080 hrs x 5 FTEs	$	282,256		
CST II - $20.35/hr x 2080 hrs x .66 FTE	$	27,936		
Psych Nurse II - $37.38/hr x 2080 hrs x 2 FTEs	$	155,501		
MHC II - $35.57/hr x 2080 hrs x 2 FTEs	$	147,971		
Psychiatrist - PSC - $130.00/hr x 2000 hrs x .45 FTE	$	117,000		
c. Total Current Existing FTEs/Salaries			$	872,584
d. Benefits - Retirement, Health Ins, FICA, Unemployment, Wkrs Comp			$	381,412
e. Total Personnel Expenditures			**$**	**1,253,996**
3. Operating Expenditures				
a. Professional Services - Consultations/Dr. Meyer			$	3,800
b. Translation and Interpreter Services-See Support Staff above			$	-
c. Travel and Transportation			$	13,755
d. General Office Expenditures			$	5,823
e. Rent, Utilties and Equipment			$	83,364
f. Medication and Medical Supports			$	15,618
g. Other Operating Expenses (provide description in budget narrative)			$	42,321
i. Staff Training	$	2,000		
ii County Cost Allocation Plan (CAP) Charges	$	40,321		
h. Total Operating Expenditures			**$**	**164,681**
4. Program Management				
a. Existing Program Management				
b. New Program Management				
c. Total Program Management			**$**	**-**
5. Extimated Total Expenditures when service provider is not known			$	-

G:xldata\Prop 63 MHSA\Exhibit F New Program Narrative vFinal 11-5-10\10-11 Narrative

Mental Health Services Act Community Services and Supports
Budget Narrative
High Risk Health & Senior Access Program Workplan # FSP-06
12 Months

County(ies): Stanislaus

Fiscal Year 2010-2011
Date: **11/5/10**

6. Total Proposed Program Budget	**$**	**2,077,065**
B. Revenues		
1. Existing Revenues		
a. Medi-Cal (FFP only)	$	289,950
a. Medi-Cal (FMAP enhanced)	$	52,676
b. Medicare/Patient Fees/Patient Insurance (includes Collections)	$	4,252
c. Realignment	$	-
d. State General Funds	$	-
e. County Funds	$	-
f. Grants	$	-
g. Other Revenue (Copy fees)	$	889
h. Total Existing Revenues	$	347,767
2. New Revenues		
a. Medi-Cal (FFP only)	$	-
b. Medicare/Patient Fees/Patient Insurance	$	-
c. State General Funds	$	-
d. Other Revenue	$	-
e. Total New Revenue	$	-
3. Total Revenues	**$**	**347,767**
C. One-Time CSS Funding Expenditures (see attachment to Exhibit 5C)	$	-
D. Total County Administration Funding Requirements	**$**	**1,729,298**

Notes: