



**STANISLAUS COUNTY**

**MENTAL HEALTH SERVICES ACT (MHSA)**

**THREE-YEAR PROGRAM**  
**and**  
**EXPENDITURE PLAN**

**COMMUNITY SERVICES AND SUPPORTS**

**Fiscal Years 2005-06, 2006-07, and 2007-08**

**OCTOBER 18, 2005**

**EXHIBIT 1: PROGRAM AND EXPENDITURE PLAN FACE SHEET**

**MENTAL HEALTH SERVICES ACT (MHSA)  
THREE-YEAR PROGRAM and EXPENDITURE PLAN  
COMMUNITY SERVICES AND SUPPORTS  
Fiscal Years 2005-06, 2006-07, and 2007-08**

County: Stanislaus Date: \_\_\_\_\_

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**STANISLAUS COUNTY**  
**Mental Health Services Act (MHSA)**  
**Three-Year Program and Expenditure Plan**  
**Community Services and Supports**  
**Fiscal Years 2005-06, 2006-07, 2007-08**

**Table of Contents**

Introduction/Overview	1
<b>PART I: COMMUNITY PLANNING AND PLAN REVIEW PROCESS</b>	<b>3</b>
<b>PART II: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS</b>	
Section I: Identifying Community Issues Related to Mental Illness and Resulting from Lack of Community Services and Supports	23
Section II: Analyzing Mental Health Needs in the Community	30
Section III: Identifying Initial Populations for Full Service Partnerships	39
Section IV: Identifying Program Strategies	44
Section V: Assessing Capacity	45
Section VI: Summary Information on Programs	49
Exhibit 2: Community Services and Supports Program Workplan Listing	52
Exhibit 3: Full Service Partnership Population-Overview	55
<b>WORKPLANS AND BUDGETS</b>	<b>56</b>
• Westside Stanislaus Homeless Outreach Program FSP-01	57
• Juvenile Justice Full Service Partnership Program FSP-02	78
• Senior Access and Resource Team FSP-03	98
• Health/Mental Health High Risk Team FSP-04	121
• Integrated Forensic Team FSP-05	144
• Transition Age Young Adult Drop-In Center GSD-01	165
• Community Response Team GSD-02	183
• Garden Gate Respite Intermediate Program GSD-03	205
• Families Together GSD-04	224
• Consumer Employment and Empowerment GSD-05	245
• Outreach and Engagement Services O&E-01	265
• Administration and One-Time Budgets	281
Quarterly Progress Reports of Estimated Populations (Exhibit 6)	291
Attachments 1-15	363

## INTRODUCTION/OVERVIEW

Stanislaus County Behavioral Health and Recovery Services (BHRS) completed its initial, broad-based community planning process as set forth in the Request for Funding document submitted to the Department of Mental Health on March 3, 2005. The Request for Funding was approved without conditions on April 15, 2005.

BHRS has a demonstrated track record in planning and implementing innovative programs that utilize diverse countywide stakeholder processes. In 1999, Stanislaus County was one of three original counties that moved quickly and implemented outreach and enrollment-based service pilot programs under AB34. Successful outcomes of these programs served to stimulate the expansion of AB2034 programs, which enabled BHRS to develop programs for Transition Age Young Adults. At approximately the same time, Stanislaus, along with a small cohort of other counties, successfully implemented the Mentally Ill Offender Crime Reduction Program, again with excellent outcomes. Both programs were implemented with the extensive help of stakeholder groups, including consumers and family members. The stakeholders figured prominently in the developmental processes of the now evidenced-based programs. The successful outcomes of these programs served to stimulate the development of the Mental Health Services Act (MHSA).

BHRS has played a major leadership role Statewide in conceptualizing and developing recovery-based activities. These recovery-based ideals and practices are the direct result of a BHRS Adult System of Care (ASOC) redesign. The Behavioral Health and Recovery Services ASOC redesign workgroups included consumers, family members, staff and other stakeholder groups. Building on these established practices, the MHSA programs and services in this plan reflect a focus on wellness that includes the concepts of recovery and resilience.

Stanislaus County Children's System of Care (CSOC) is one of three Children's Systems of Care statewide that are federally funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). BHRS has been fortunate to receive this funding in recent years. Stanislaus County's CSOC has earned a reputation for having an established tradition of conducting programs involving collaborative relationships with other community agencies such as the Probation Department, Education and Community Services Agency (social services). For over a decade, the CSOC has provided innovative wraparound services to children and families of all races and ethnicities throughout Stanislaus County. In 2000, the CSOC established the Leaps and Bounds Program utilizing Proposition 10 funding to serve the needs of the previously unserved population of high-risk children birth to five years of age and their families. The CSOC has established the innovative Parent Partnership Program and the Kinship Program. These programs have a primary focus of parents supporting other parents. They also provide staff support and case management to the families they serve.

BHRS established an Older Adult System of Care (OASOC) in 1996. In 2001, BHRS was one of four Older Adult Systems of Care in California that participated in a

SAMHSA Demonstration Project grant. The Demonstration Project grant, funded through the California Department of Mental Health, established a Senior Access Team (SAT). SAT provided assessments for older adults in their residences, consulted with primary care physicians, and coordinated the care for those individuals who did not need specialized mental health services. Project outcomes included significantly increased access to services for individuals age 60 and older, high consumer satisfaction, and decreased symptoms of depression with improved functioning at home or in the community.

Stanislaus County submits the following three-year plan that describes how the organization will act quickly to implement the Mental Health Services Act Community Services and Supports Three-Year Program Plan for Fiscal Years 2005-2006, 2006-2007 and 2007–2008.

Throughout the document, BHRS has continuously addressed the Five Essential Elements inherent in the MHSA to ensure that through MHSA-funded strategies, BHRS will work with consumers, families and communities to create culturally competent, consumer/family driven mental health services, and support activities that are wellness focused, that support recovery and resilience, and that offer integrated service experiences for consumers and their families.

By using the full amount of Stanislaus County's planning estimate, BHRS is proposing 11 new or expanded programs or strategies that utilize one of the three types of funding available, Full Service Partnership Funds, General System Development Funds and Outreach and Engagement Funds. Implementation of the new or expanded strategies will occur in a "small and smart" fashion over the three years. In this way, BHRS will ensure a thoughtful and effective rollout of MHSA-funded programs and strategies.

## **PART I: COUNTY PUBLIC PLANNING PROCESS AND PLAN REVIEW PROCESS**

### **Section I: Planning Process**

- 1) Briefly describe how your local public planning process included meaningful involvement of consumers and families as full partners from the inception of planning through implementation and evaluation of identified activities.**

#### Stanislaus County Mental Health Board

Since their inception, Mental Health Services Act (MHSA) planning activities have been co-sponsored by the Stanislaus County Mental Health Board (MHB) and Stanislaus County Behavioral Health and Recovery Services (BHRS). The Mental Health Board and BHRS leadership began discussions about the content of Proposition 63 in August 2004. An informational presentation was made to the MHB on August 26, 2004 and the members voted unanimously to request Board of Supervisor support for Proposition 63. Many of the MHB members were aware of Proposition 63 and several consumer members were working on the "Yes on 63" Campaign. In October 2004, the MHB made a presentation to the Board of Supervisors and requested official support of Proposition 63. At the time, the Board of Supervisors took no position.

In Stanislaus County, 62% of current MHB members are consumer and/or family members. In partnership with BHRS leadership, a number of MHB members are members of the MHB/BHRS Planning Committee for MHSA planning and have provided significant input into the local planning process. Mental Health Board members participated in the following planning activities:

- Co-presenters in MHSA Town Hall Meetings
- Members of MHB/BHRS Planning Committee
- Participants and co-facilitators of System of Care workgroups
- Members of the Representative Stakeholder Steering Committee
- Assisted in the development of MHSA program strategy plans
- The MHB conducted a public hearing on October 6<sup>th</sup>
- Representatives of the MHB attended and co-presented the CSS Plan proposal to the Board of Supervisors on October 18<sup>th</sup>.

#### Stanislaus Chapter of Mental Health Consumers

Stanislaus Chapter of Mental Health Consumers (SCMHC) has been establishing its membership and mission as a part of the California Network of Mental Health Clients for a number of years. With the campaign to pass Proposition 63, SCMHC members found a cause to crystallize their energies and have worked in partnership with BHRS leadership and the MHSA Project Manager. A number of SCMHC members participated in DMH-MHSA workgroups in Sacramento. As a result, several SCMHC members provided significant input into the local planning process and into the

development of the BHRS Community Services and Supports Three-year Plan. SCMHC officers and members participated in the following planning activities:

- Facilitators of targeted focus groups
- Members of MHB/BHRS Planning Committee
- Participants in System of Care workgroups
- Members of the Representative Stakeholder Steering Committee
- Assisted in the development of MHSA program strategy plans
- SCMHC members attended the Board of Supervisors meeting on October 18<sup>th</sup> when the 3-year plan went for final Board approval.

#### National Alliance for the Mentally Ill – Stanislaus Chapter

Members of the National Alliance for the Mentally Ill Stanislaus (NAMI) actively participated in the local MHSA planning process. NAMI officers and members worked closely with BHRS leadership and the MHSA Project Manager. NAMI members have been important partners and have advised BHRS on how to proceed with the implementation of MHSA in Stanislaus County. A number of NAMI members participated in DMH-MHSA workgroups in Sacramento and provided significant input into the local planning process and into the development of the BHRS Community Services and Supports Three-year Plan. NAMI officers and members participated in the following planning activities:

- Facilitators of targeted focus groups
- Members of MHB/BHRS Planning Committee
- Participants in System of Care workgroups
- Members of the Representative Stakeholder Steering Committee
- Assisted in the development of MHSA program strategy plans
- NAMI members attended the Board of Supervisors meeting on October 18<sup>th</sup> when the 3-year plan proposal went for final Board approval.

#### Parent Partnership Program

The Parent Partnership Program (PPP) is part of the BHRS Children's System of Care. Parent Partners are paid staff as well as volunteers. All Parent Partners are parents and/or family members of children who have received services in the public mental health system. They have a significant history of providing effective support and advocacy to other parents and family members whose children and transition age youth are currently receiving services. During the local planning process for MHSA, Parent Partners worked with BHRS leadership to ensure that the voices of parents and family members were heard. They also provided childcare at Town Hall Meetings to aid in parent participation. PPP staff participated in DMH-MHSA workgroups in Sacramento. In addition, a number of PPP staff, volunteers and consumers have provided significant input into the local planning process and into the development of the BHRS Community Services and Supports Three-year Plan. Parent Partner staff, volunteers and consumers participated in the following planning activities:

- Facilitators and participants in targeted focus groups
- Members of MHB/BHRS Planning Committee
- Participants in System of Care workgroups
- Assisted in the development of MHSA program strategy plans
- Parent Partners attended the Board of Supervisors meeting on October 18<sup>th</sup> when the 3-year plan proposal went for final Board approval.

#### Consumers Who Do Not Belong to Organized Advocacy Groups and Network of Recovering Peers

Outreach to consumers and family members who do not belong to organized advocacy groups was accomplished in a number of ways, including the following:

- Consumer-to-consumer outreach was done in a variety of locations including service sites, parks, the bus station, drop-in centers and individual homes.
- Family member-to-family member outreach was done in a variety of locations including service sites, individual homes, the Family Partnership Center and parent support groups.
- For two weeks during the Performance Measures Survey period, consumers and BHRS staff provided information and received input from consumers at service sites.
- BHRS staff and staff of community-based organizations provided information to consumers in board and care homes and Institutions for Mental Disease (IMD), i.e., locked psychiatric treatment facilities, and during home visits.
- BHRS staff who are consumers in recovery and/or family members have had a crucial role in the local planning process and have provided input through focus groups, the MHSA Website, focus group facilitation and by supporting other consumers to assist them in providing input.

#### Financial Assistance to Consumers and Family Members

To ensure that barriers to participation were reduced or eliminated, BHRS utilized a portion of MHSA planning money for the following items throughout the local planning process:

- Incentives (gift certificates) to consumer and family member facilitators of targeted focus groups
- Food for some stakeholder meetings with consumers and family members
- Childcare provided at meetings and/or stipends offered for childcare costs
- Transportation provided to MHSA meetings in a county vehicle (door-to-door) to daytime and after hours meetings
- Incentives offered for consumers and family members to participate in System of Care workgroups and Representative Stakeholder Steering Committee
- Translation



**2) In addition to consumers and family members, briefly describe how comprehensive and representative your public planning process was.**

Outreach Activities that Ensured Comprehensive Community Participation

An extensive public awareness campaign was conducted in Stanislaus County to ensure inclusive and diverse input from the community. In addition to hundreds of pieces of input from individuals in the community, 94 different group-training meetings were conducted to ensure comprehensive community participation. The primary tool for community feedback and input was the Community Feedback Form. The Community Feedback Form was developed to include open questions to stakeholders on where BHRS should begin to make services to individuals with serious mental illness better in Stanislaus County. The Community Feedback Form was available in hard copy and was used at all stakeholder outreach activities. It was also posted electronically on [www.stanislausmhsa.com](http://www.stanislausmhsa.com), the local MHSA Website. Although feedback was received in many forms, an open forum was established by asking open-ended questions of stakeholders. The Community Feedback Form was available in English and Spanish. (See Attachment 1a and 1b, Community Feedback Form in English and Spanish)

A wide variety of activities were utilized to ensure meaningful input from consumers, family members and individuals from diverse racial, ethnic and cultural communities as well as partner agencies. The following list of specific outreach activities were conducted in the community in an effort to inform the entire stakeholder community:

- Targeted focus groups in many different settings, including agencies, communities and neighborhoods
- PowerPoint presentations to community agency leadership groups, including the Health Service Agency (county public health agency), Probation Department, Community Services Agency (county social services agency), law enforcement and community-based organizations
- Town Hall Meetings and community meetings in diverse geographical locations as well as diverse racial and ethnic communities (See attachments 2a and 2b, Town Hall Meeting Flyers in English and Spanish)
- Newspaper articles in English and Spanish (See Attachment 3, Copies of Newspaper Articles/Editorials)
- Press releases in English and Spanish (See Attachment 4, Copies of Press Releases)
- MHSA Website ([www.stanislausmhsa.com](http://www.stanislausmhsa.com)) in English and Spanish with a feedback/suggestion box (See Attachments 5, Copies of Main Web Pages in English and Spanish)
- Informational tables at BHRS and community-based organization service sites to ensure consumer and family input among those who currently receive services
- Information was distributed at two community education events during Mental Health Awareness Month, i.e., the Wellness Recovery Spanish Speaking event on May 18, 2005 and the Cinco de Mayo event on May 5, 2005.

## Town Hall Meetings and Specialized Community Meetings

Town Hall Meetings proved to be an important means of “kicking-off” the MHSA community awareness campaign. Advertisements were placed in six English newspapers and three Spanish newspapers in Stanislaus County (See Attachment 6, Town Hall Meeting Newspaper Ads). These notices began a method of networking that made communities aware of the meetings and helped start the local planning process. Attendance varied at meetings; however, input from stakeholders at the Town Hall Meetings was good. The input was relevant to the various geographic areas and addressed specific community concerns. It was stated many times that more mobile outreach was needed.

Presenters and facilitators at the Town Hall Meetings were the MHSA Project Manager, MHSA Project Consultant and Mental Health Board members. Town Hall Meetings were conducted in five communities throughout Stanislaus County: Modesto, Turlock, Oakdale, Ceres, and Patterson. The availability of translators for Spanish speaking and hearing impaired participants was publicized, and these translators were available at all Town Hall Meetings.

Additional community meetings were achieved by contracting and partnering with groups that could assist with outreach into specific racial and ethnic communities and neighborhoods, primarily Latino, African American and Laotian. Additional outreach to disabled stakeholders was accomplished by contracting with the Disability Resource Agency for Independent Living (DRAIL) to co-sponsor a community meeting at Modesto Community College. Modesto Community College Human Services Club partnered with DRAIL and BHRS to generate interest in this community meeting. DRAIL sent information to every person on their mailing list to promote the event and to solicit feedback for MHSA planning.

BHRS contracted with El Concilio, a local Latino community organization, to outreach into Latino communities in Stanislaus County. El Concilio staff, in partnership with Spanish speaking BHRS staff, conducted two meetings, one in Modesto at El Concilio offices and one in Westley at Grayson School. Both meetings were conducted in Spanish and had high attendance and participation. El Concilio accomplished an additional means of outreach to over 150 community stakeholders. On Saturday, May 21, 2005 they used a scheduled community event related to immigration registration as a means to outreach and conduct needs assessment surveys with a large number of Spanish speaking stakeholders.

The local chapter of the NAACP and a local neighborhood collaborative, West Modesto/King Kennedy Neighborhood Collaborative, partnered with BHRS for two meetings designed to outreach to the West Modesto and African American community members. The highest attendance and interest was at the monthly NAACP meeting at which the MHSA Project Manager and Project Consultant gave an informational presentation. Packets of information were made available at the King Kennedy Community Center throughout the months of March through May and many community

feedback forms were received through outreach efforts into the African American community.

Another example of outreach to the cultural center of a particular ethnic group was on May 22, 2005 when the BHRS Director and MHSA Project Manager attended a meeting at the Ceres Laotian Temple. A BHRS staff person, who is a member of the Laotian community, acted as liaison, arranged the meeting and provided translation for English and Laotian participants. Much was learned from that meeting about the barriers for the Laotian community in seeking mental health services.

On April 5, 2005 a targeted focus group was conducted by the BHRS Director and a BHRS staff person, who acted as liaison to the group, with members of the local chapter of Parents and Friends of Lesbians and Gays (PFLAG). Many concerns about barriers to accessing services by this underserved cultural group were raised.

All community meetings in diverse communities provided a venue for the MHSA to be explained and for the community to provide input on what participants believed would improve service accessibility for those in need. Excellent input was obtained from all these groups.

### Targeted Focus Groups

Targeted focus groups were the mainstay of the initial parts of the local stakeholder process in Stanislaus County. A tremendous amount of effort was applied to using small, targeted focus groups as a means of disseminating and gathering information. Targeted focus groups were conducted at a wide variety of locations using the following criteria:

- Easily accessible to the targeted group
- Established gathering place for members of the targeted group
- Existing staff meetings for agency personnel

Some specific locations at which targeted focus groups were conducted include:

- BHRS service sites for current clients and staff
- Community based organizations service sites for current clients and staff
- Existing parent support groups
- City parks where homeless stakeholders gather
- Church groups
- Juvenile Hall
- Local State University social work classes
- Professional group local chapter meetings, LCSW, LMFT, psychiatrists

In order to reach the large number and diverse types of stakeholders, targeted focus groups were conducted by a large and diverse number of presenters. These trainee presenters included consumers, family members, BHRS staff and contract agency staff.

The MHSA Project Manager conducted training on April 7, 2005 for a group of 36 trainee-presenters (25% were consumers and/or family members and consumer staff), and on April 13, 2005 for an additional 15 trainee presenters (100% were consumers). The second training on April 13 was held to accommodate the extraordinary amount of interest by consumers who wanted to participate and could not attend the April 7 training. The content of both trainings included the following:

- Background and intent of MHSA
- Overview of MHSA Guiding Principles and Values
- Specific information about utilization of services in Stanislaus County with specifics describing age, gender, race and ethnicity of the populations
- Prevalence data and information about underserved/unserved groups
- How to conduct successful focus groups
- Facilitation skills
- How to complete a demographics form describing focus group attendees and forward the completed community surveys to the MHSA Project Manager

At the end of the training, targeted focus group presenters were asked to commit to conducting at least one targeted focus group. They were told they could reach out to any group they felt strongly about including in the MHSA stakeholder process. If they did not have a group identified for outreach, the MHSA Project Manager assisted with matching facilitators to stakeholder groups. BHRS goals for carrying out a more “grassroots” stakeholder process was to ensure the following elements:

- Provide more opportunity for full participation of consumers and family members in the stakeholder process
- Provide more opportunity for full participation of BHRS and contract agency service providers in the stakeholder process
- Targeted focus group presenters were “connected” to the needs and interests of the targeted group
- Broad participation and input

Overall, this robust community stakeholder process yielded input from over 1,500 community members.

Excellent examples of consumer and family member participation are described below:

- A number of Stanislaus Chapter of Mental Health Consumer (SCMHC) members were trained to provide MHSA information and facilitate targeted focus groups and to outreach into the community. They worked independently and in concert with the efforts of the MHSA Project Manager, with dedication and passion, to contact mental health consumers on the street, in board and care homes, at BHRS service sites and at other gathering places.
- BHRS Parent Partnership Program (PPP) employees are family members who provide support and advocacy to parents and caregivers. A number of PPP staff

were trained to facilitate targeted focus groups and to outreach to parents of children and youth currently receiving services, as well as transition age young adults receiving services. They informed over 100 parents and family members and obtained excellent stakeholder input.

- A number of NAMI Stanislaus members were trained to provide MHSA information and facilitate targeted focus groups and outreach into the community. They worked independently and in concert with the efforts of the MHSA Project Manager to provide outreach to family members, educators and faith-based groups.

In addition to the focus groups conducted by consumers, family members, BHRS staff and agency staff; the MHSA Project Manager, MHSA Project Consultant, BHRS Director and Assistant Director conducted many informational presentations. Including outreach efforts by all who participated in outreach and training in the community, the following is a list of groups that have participated in the community needs assessment:

- Consumers that are not part of organized groups
- Family members that are not part of organized groups
- NAMI Stanislaus
- Stanislaus Chapter of Mental Health Consumers
- Consumers residing in IMD (locked psychiatric treatment facilities)
- Consumers residing in supported housing programs
- Youth receiving services in the Juvenile Justice Program
- Transition age young adults living in supported housing
- Racial and ethnic communities, many different points of outreach
- Hospital administrators and emergency department managers
- Parents, Families and Friends of Lesbians and Gays (PFLAG)
- Community-based organizations
- Educators
- Individuals who are homeless
- Housing Collaborative Committee members
- Health care clinic staff who serve individuals who are homeless
- BHRS staff, clinical and administrative programs
- Probation Department staff
- Health Services Agency staff
- Superior Court Judges
- Family Violence Coordinating Council members
- Physicians involved in providing care to low income and indigent populations
- Law Enforcement Executives
- Law enforcement patrol officers
- Law enforcement chaplains
- Private mental health providers, i.e. MFT, LCSW, Ph.D., M.D.
- Community Services Agency staff including Adult Protective Services, Child Protection Services and Eligibility Services
- Faith-based community representatives
- Area Agency on Aging representatives

- Community advocates for seniors
- Valley Mountain Regional Center staff
- Child Sexual Abuse Treatment team members
- AB2034 program staff
- Battered Women's Shelter staff and clients

In summary, BHRS is confident that through the MHSA Website, Town Hall Meetings, targeted focus groups, community presentations and other methods of networking over 2,500 pieces of input were obtained from the multitude of community groups and individuals who participated in Stanislaus County's MHSA community outreach and information campaign.

### Demographic Results of Community Outreach

Attachment 7 shows demographic information with regard to responses and input that were received in the initial planning phase of MHSA. It should be noted that participants who completed Community Feedback Forms voluntarily submitted demographic information; therefore, this data does not completely describe everyone who responded.

### System of Care Workgroups

Immediately following the initial phase of MHSA planning that targeted the community at large and specific unserved and underserved groups, the second phase was begun in which input from the community was obtained regarding strategies to address unserved groups and unmet needs. This next phase of Stanislaus County's planning process involved all-day System of Care Workgroups. The Workgroups were announced throughout the initial phase of planning during Town Hall Meetings and targeted focus groups as well as on the MHSA Website. Four workgroups were conducted, one for each of the age-based groups that will be served by MHSA funding. The work groups were scheduled over two days in order to maximize stakeholder participation in more than one age-based workgroup. The intent of the day was to begin to develop strategies for the unmet needs that had been described in the broad community stakeholder phase of MHSA planning.

Workgroups were conducted for adult population concerns and child population concerns on Monday, June 6, 2005. The workgroups ran concurrently at the same location. Workgroups were conducted for older adult population concerns and transitional age young adult population concerns on Tuesday, June 7, 2005. Each day, the workgroups were scheduled from 9:00 a.m. to 4:00 p.m. Refreshments and lunch were provided. Incentives were offered to consumers, family members and community volunteers.

Over 200 participants attended these all day workgroups. Listed below are the numbers of participants in each workgroup (some participants attended more than one workgroup):

- Adult – 91 participants
- Child – 85 participants
- Transition Age Young Adult – 73 participants
- Older Adult – 56 participants

Represented among the participants were the following stakeholder groups:

- Consumers, including adult, older adult and transition age young adults
- Family members of consumers of all ages
- BHRS staff and leadership
- Community-based organization staff and leadership
- Probation Department staff
- Health Services Agency staff
- Community Services Agency leadership and staff, including Adult Protection, Child Protection, In-Home Supportive Services staff and leadership
- Law enforcement officers and chaplains
- Representatives from racial and ethnic community organizations
- Community providers of mental health services including MFT, Ph.D., LCSW
- Valley Mountain Regional Center staff
- Juvenile Justice staff
- District Attorney staff
- Public Defender staff

Verbal feedback at the end of each workday was overwhelmingly positive. Some critical feedback at the end of the first day was incorporated to improve logistics on the second day. Written evaluations were completed by 186 participants. Overall feedback on the written evaluations was very favorable to favorable (87% – 99% favorable responses) to the five questions posed on the evaluation. One of the highest rated responses was 98% favorable to the statement, “I feel my input into the process was heard” (See Attachment 8, Evaluation Form).

### Representative Stakeholder Steering Committee

The forty-member Representative Stakeholder Steering Committee had the core responsibility of providing guidance to Behavioral Health and Recovery Services in establishing initial priorities for the first three years of implementation of the Mental Health Services Act. The Steering Committee met for the first time on June 29, 2005 to receive training and information necessary to complete the assigned mission. Membership of the Steering Committee consisted of representatives of community stakeholder groups that had been involved in earlier phases of the MHSA planning process (see Attachment 9, List of Committee Members).

The spirit of the Representative Stakeholder Steering Committee, from the start, was one of working together cooperatively with a purpose. As a result, the Steering Committee accomplished their mission within 30 days. On July 21, 2005, the Steering Committee made their final prioritized recommendations to BHRS leadership. To reach

consensus on the prioritized recommendations, the Steering Committee used the tool, Gradients of Agreement. (See Attachment 10, Gradients of Agreement) When the MHSA Plan was ready for public review, the Representative Stakeholder Steering Committee was reconvened for one more meeting to provide feedback on the MHSA Plan. Immediately following their review, the MHSA Plan went out to the 30-day public review period.

### MHB/BHRS Planning Committee

Formed in January 2005, the MHB/BHRS Planning Committee began meeting and developing strategies for a comprehensive community outreach plan. Membership of the Planning Committee includes the following members:

- MHB Members
- Consumers
- Family Members
- BHRS Director and Assistant Directors
- Executive Assistant to the BHRS Director
- Adult System Of Care (ASOC) Chief
- Children's System Of Care (CSOC) Chief
- Information and Technology Manager
- Human Resources Manager
- Cultural Competency Managers
- MHSA Project Manager
- MHSA Project Consultant
- MHSA Project Consultant to the Latino Community
- Family Advocate
- Parent Partnership Program Coordinator
- Public Information Officer
- Marketing Consultant
- Website Developer

**3) Identify the person or persons in your county who had overall responsibility for the planning process. Please provide a brief summary of staff functions performed and the amount of time devoted to the planning process to date.**

Effective January 1, 2005 the BHRS Director redirected existing staff to work on the MHSA planning project. Karen Hurley, L.M.F.T., MHSA Project Manager, was reassigned from ASOC program supervision to dedicate 100% of her time to the MHSA project. Ms. Hurley is a licensed Marriage Family Therapist with clinical experience in private practice as well as BHRS. Ms. Hurley has knowledge of integrated community services and supports, knowledge of mental health disparity issues, cultural competence, and knowledge of the value of consumer and family member involvement in program planning. She has managed successful projects such as The Flood Project 1997, a FEMA crisis counseling program, and more recently the Forensic Assertive



Community Treatment a Mentally Ill Offender Crime Reduction project. As the MHSA Program Manager, Ms. Hurley is directly accountable to the BHRS Director in assuming full-time, overall responsibility for all aspects of the MHSA planning process.

Larry B. Poaster, Ph.D., contracted with BHRS as Project Consultant. Dr. Poaster was Mental Health Director for Stanislaus County Behavioral Health and Recovery Services for 23 years before retiring three years ago. Under his leadership, BHRS has accomplished many creative and innovative changes. Dr. Poaster was twice President of the California Mental Health Directors Association. He is an experienced consultant with extensive knowledge of community supports, mental health disparity issues, cultural competence and the value of consumer and family member involvement. He worked directly with Ms. Hurley to facilitate stakeholder meetings, manage the planning process and the development of the Plan for Planning as well as this proposal for a three-year Community Services and Supports Plan.

John Hernandez, B.A., M.A. contracted with BHRS as a Project Consultant to the Latino community. He has taught sociology and criminal justice classes at the college level for sixteen years. Mr. Hernandez is the Director of the Criminal Justice Program at Maric College and has extensive background working as a management consultant to law enforcement agencies such as the San Jose Police Department and the Stanislaus County Sheriff's Department. Mr. Hernandez has served as a Mental Health Board member and as a member of the BHRS Advisory Board on Substance Abuse Programs (ABSAP). Mr. Hernandez worked directly with El Concilio and Community Casa to ensure outreach to the Latino community. He worked in concert with Ms. Hurley and Dr. Poaster and served as a member of the MHB/BHRS Planning Committee.

Four additional BHRS staff were assigned to work directly in support of the MHSA Planning Project:

- Adele Fontan, Confidential Assistant (50%)
- Kelly Dierker, Marketing Consultant (50%)
- Ruben Imperial, Website Developer (20%)
- Carole Locke, Staff Services Analyst (50%)

BHRS Senior Leadership have redirected a portion of their time (approximately 10%) to "do whatever it takes" and participate in many aspects of MHSA planning activities. All Senior Leadership staff have participated in statewide workgroups, conference calls and have participated in and/or co-facilitated System of Care Workgroups, the Representative Stakeholder Steering Committee, the BHRS/MHB Planning Committee and in the writing of this plan. The costs related to these staff are not charged to the MHSA planning project budget.

- Dan Souza, L.C.S.W., BHRS Behavioral Health Director (retired on August 5, 2005)
- Denise Hunt, R.N., M.F.T., BHRS Assistant Director (appointed Director on August 8, 2005)
- Linda Torres, Executive Assistant to the BHRS Director

- Madelyn Schlaepfer, Ph.D., Assistant Director for Managed Care, Quality and Compliance
- Linda Downs, Assistant Director for Administrative and Fiscal Services
- Marshall Lewis, M.D., Medical Director
- Nancy Millberry, LCSW, CSOC Chief
- Adrian Carroll, LMFT, ASOC Chief
- Mel Snow, Information and Technology Manager
- Christi Golden, Human Resources Manager

Additional staff who worked in support of MHSA planning are listed below. The amount of time is 10% or less and the costs related to these staff were not charged to the MHSA planning project budget. The following staff provided administrative and clerical assistance to MHSA planning meetings:

- Joanne Warner, Confidential Assistant
- Angie Valdez, Confidential Assistant
- Stacey Della, Confidential Assistant
- Marisela Cantu, Administrative Clerk
- Michelle Dunn, Administrative Clerk

Many BHRS staff participated in MHSA planning process activities by completing one or more of the following tasks:

- Facilitation of community outreach meetings
- Liaison with ethnic community leaders
- Provided outreach and support to consumers and family members
- Facilitation of targeted focus groups with consumers and/or family members, racial and ethnic communities and other community stakeholders
- Assisted with planning of and facilitation of System of Care Workgroup meetings
- Assisted directly with the development and writing of the MHSA Three Year Plan

The amount of time staff devoted to the above activities varied from 10% to 20% or less, and costs related to these staff were not charged to the MHSA planning project budget. Following is a list of staff who worked directly in the MHSA planning process:

- Teresa Alvarez, Patients' Rights Representative and Liaison to SCMHC
- Linda Jue, Public Information Officer
- Maria Maciera-Lessley, Patients' Rights Representative
- Jim Hurley, MFT, Program Coordinator, Wellness Recovery Center
- Cathleen St. Martin, Contract Manager
- Martha Moore, MFT, Mental Health Clinician, CSOC
- Kim Mallock, MFT, Manager, Senior Access and Treatment Team
- Khani Gustafson, MSW, Cultural Competency Manager
- Pete Duenas, Cultural Competency Manager
- Debra Buckles, Program Coordinator, ASOC
- Glenn Hutsell, Program Coordinator, ASOC

- Dorbea Cary, LCSW, Training Coordinator
- Barbara Farr, Peer Recovery Specialist, ASOC
- Debra Archibald, Peer Recovery Specialist, ASOC
- Elena Carrillo, Behavioral Health Specialist, ASOC
- Rhonda Parker, Program Coordinator, CSOC
- Barbara Moore, Parent Partner, CSOC
- Lillie Clark, Parent Partner, CSOC
- Robin Johnson, MFT, Program Coordinator, CSOC
- Jeff Sabeau, Behavioral Health Specialist, CSOC
- Keo Silim, Behavioral Health Specialist, ASOC
- Bosseba Kong, LCSW, Mental Health Clinician, ASOC
- Brian Barker, LCSW, Program Coordinator, ASOC
- Sue Bower, Mental Health Clinician, StanWorks ASOC
- Lynn Bristow, Mental Health Clinician, OASOC
- Teresa Cabrera, Mental Health Clinician, ASOC
- Jayne Nunes, Conservatorship Investigator, BHRS
- Marilyn Ricketts, Conservatorship Investigator, BHRS
- Mary Aguirre, Behavioral Health Specialist, ASOC
- Sam Kimberling, Behavioral Health Specialist, ASOC
- Alice Tamraz, Behavioral Health Specialist, ASOC
- Lori Strickland, Behavioral Health Specialist, ASOC

The Representative Stakeholder Steering Committee included BHRS staff members as part of this critical stakeholder group. The amount of time is 10% or less and the costs related to the following staff who were members of the Representative Stakeholder Steering Committee were not charged to the MHSA planning project budget:

- Debbie Vieira, LCSW, Program Manager, Stanislaus Behavioral Center
- Bruce Washington, Behavioral Health Specialist, Stanislaus Recovery Center
- Maisy Strong-Avila, Behavioral Health Specialist, StanWorks, representing SEIU, Local 535 members
- Lorrie Weber, RN, Stanislaus Behavioral Center, representing California Nurses Association (CNA) members

The following BHRS staff in the Performance Measurement Program worked to gather prevalence and system capacity data, compile stakeholder input, develop surveys, develop evaluations, acted as a resource to stakeholder groups and assisted directly with the development and writing of the MHSA Three Year Plan. The amount of time is 20% or less and the costs related to these staff were not charged to the MHSA planning project budget. Following are staff who assisted with MHSA:

- Mark Morrison, MSW, Performance Measurement Manager
- Debbie Crow, Computer Applications Specialist

The following BHRS staff in Data Management Services (the BHRS information and technology unit) worked to provide data and technological support to the MHSA

planning process by assisting with website development, converting files to PDF for the Web site posting, support for California Institute for Mental Health web casts, support in setting up MHSA e-mail accounts and proxy rights. The amount of time is 10% or less and the costs related to these staff were not charged to the MHSA planning project budget. The following staff assisted with MHSA:

- David White, Senior Systems Engineer
- Susan Salinas, Application Specialist
- Lana Inmon, Application Specialist
- Tamara Brock, Administrative Clerk

The following BHRS staff in the Contracts Department worked to assist in the recruitment and interview process of the Consumer Behavioral Health Advocate position assigned, in part, to the MHSA planning process. Contracts Department staff also assisted in establishing contracts with the Project Manager, Project Consultants and with Turning Point Employment Program, the agency that assisted in consumer employment on MHSA outreach efforts. The amount of time is 10% or less and the costs related to these staff were not charged to the MHSA planning project budget. The following staff assisted with MHSA:

- Cathleen St. Martin, Contract Manager
- Sharon Dean, Staff Services Coordinator
- Nancy Paulding, Administrative Clerk
- Giselle Borillo, Staff Services Analyst

The following BHRS staff in the Accounting Department assisted directly with the development and writing of the MHSA Three Year Plan Budgets and Budget Narratives. The amount of time is 10% or less and the costs related to these staff were not charged to the MHSA planning project budget. The following staff assisted with MHSA:

- Kashmir Gill, Accounting Manager
- Laurie Lusk, Accountant
- Mandip Dhillon, Accountant
- Bob Backland, Accountant

It should be noted that more people than can be named in this document devoted time and energy to the MHSA planning process locally and statewide. BHRS acknowledges everyone who contributed time and energy to “the cause”.

- BHRS staff
- Community based organizations staff
- Consumers
- Family members
- Stakeholders not associated with any groups

**4) Briefly describe the training provided to ensure full participation of stakeholders and staff in the local planning process.**

Stakeholder informational trainings during the first phase of the local planning process were done in one to two hour presentations. Flexibility was important in an effort to accommodate diverse groups with different levels of informational needs. The method of presentation varied and depended on the location and needs of the group receiving the training. In more formal settings, such as BHRS All Staff Meetings and the Health Services Agency managers meeting, a projected PowerPoint presentation was used in the first half of the training. In most meetings, a printed packet of information (See Attachment 11, Participant Handout Packet) was used to present MHSA information. Specific content of all presentations included the following:

- Background and intent of MHSA
- Overview of and information about the local planning process
- Overview of MHSA Guiding Principles and Values
- Specific information about utilization of services in Stanislaus County with specific data describing age, gender, race and ethnicity of the populations
- Prevalence data and information about underserved and unserved groups
- Milestones in Recovery from Mental Illness information
- Community Feedback From

At the beginning of each training, the presenters described how the meeting would proceed, invited questions and set the stage for how a successful interactive meeting should be conducted. Community expectations were very high with regard to “this new money” coming into the County. As a way of managing expectations, significant time was devoted to explaining how the current BHRS Mental Health system works and how changes are made in large systems such as Mental Health.

The second half of each MHSA presentation generally proved to be the best and most interesting part of the informational trainings. During the second half, community participants were highly interactive and very verbal about how they thought BHRS should spend new MHSA funding and how BHRS should begin to improve mental health services. Interactive round-table discussions usually lasted at least an hour; all comments were received as valuable input. It was often the case that a considerable amount of specific stakeholder input was given to presenters on a one-to-one basis after the end of the actual meeting.

The intent of Behavioral Health and Recovery Services was to make this process as participative and transparent as possible to community stakeholders. The goal was to encourage the entire community to participate in the process of selection of issues and populations for MHSA service. Throughout the process, BHRS queried participants as to their satisfaction with their ability to provide input. Overall community feedback was positive and although not every stakeholder agreed with how the process was conducted, everyone was given the opportunity to voice his or her opinions, and input was incorporated as the process went forward.

## **PART I: COUNTY PUBLIC PLANNING PROCESS AND PLAN REVIEW PROCESS**

### **Section II: Plan Review**

- 1) Provide a description of the process to ensure that the draft plan was circulated to representatives of stakeholder interests and any interested party who requested it.**

August 25, 2005

In a combined meeting of the Mental Health Board (MHB) and Advisory Board for Substance Abuse Programs (ABSAP), the Behavioral Health Director made a presentation on the planning process that included a detailed description of new programs and services that are proposed for funding with MHSA funds. At the meeting, MHB members were provided information and training to assist in the Public Hearing. Following discussion, the Mental Health Board voted to conduct the Public Hearing on October 6, 2005. Board members discussed a suitable location and time for the Public Hearing. BHRS staff investigated the suggested locations and made arrangements.

September 1, 2005

The Representative Stakeholder Steering Committee reviewed the draft plan and gave verbal feedback at a meeting on September 1, 2005. Feedback affirmed that the services developed were in line with the needs identified and prioritized during the community stakeholder process. Some stakeholders were concerned about the amount of need in the community being so great that MHSA funding, although welcome, nevertheless, is not enough.

Evaluations were completed by most of the committee members at the end of the meeting. The evaluation is the same one used in previous phases of stakeholder meetings and can be seen in Attachment 8 of this document. Overall feedback on the evaluations is very positive and strongly agreed with the item "I feel my input into the process was heard".

September 5, 2005

The 30-day public review period began. Copies of the MHSA plan were made available to all stakeholders through the following methods:

- Newspaper advertisement announcing the review period and how to obtain a copy (see attachment 12 - newspaper ad).
- Notification of the review period, including date, time and location of the Public Hearing was posted for the 30 days on the front door of every BHRS program and service site.
- Copies of the draft plan were available at all branches of the Public Library.

- Complete draft plan posted on [www.stanislausmhsa.com](http://www.stanislausmhsa.com) and information on how to obtain paper copies. Over 700 “hits” were received to the website from stakeholders viewing various parts of the draft plan.
- Copies mailed to all persons who requested copies in writing in accordance with the Public Information Act.
- The Behavioral Health and Recovery Services (BHRS) Director announced to BHRS staff, community-based organizations and partner agencies and union representatives that copies were available to be downloaded from the website and hard copies were available from the MHSA Coordinator.
- A BHRS All Staff Meeting was conducted to give a brief summary of proposed programs and services and to answer questions and receive preliminary input on the plan. BHRS staff were strongly encouraged to read and give feedback on the draft plan.
- Copies of the draft plan were sent to all Board of Supervisors and the Chief Executive Office.

**2) Provide documentation of the public hearing by the mental health board or commission.**

See attached copy of Public Notice and Meeting Agenda (Attachment 12 and 13 – Public Notice and Public Hearing Agenda).

**3) Provide the summary and analysis of any substantive recommendations for revisions.**

During the 30-day public review period, feedback from stakeholders was received in different types of communication, which included letters, pages from the draft plan with written comments, e-mailed comments and the Community Feedback Form. (Attachment 14 – Plan Feedback Form). Approximately 50 individuals submitted written comments or spoke at the Public Hearing.

**Summary of substantive comments:**

Three themes emerged from the public comment period and the Public Hearing that are considered substantive.

- Concerns related to the number of individuals projected to receive services from Full Service Partnership programs and the relative lack of mental health service availability for uninsured individuals.
- Input on the program workplan proposed for Community Response Team (GSD-02), that involves substantially changing how crisis services are delivered in Stanislaus County.
- A community-based non-profit health center’s (Federally Qualified Health Clinic) comments concerning integrating public mental health services with services they

provide to a number of Stanislaus County residents they currently serve, many of whom are Latino.

### **Analysis of substantive comments:**

- Approximately 54% of Stanislaus County's MHSA proposed budget is dedicated to Full Service Partnership programs. The budget for these programs is based upon a figure of approximately \$10,000 per individual served per year. Although this could be seen as an expensive way to provide mental health services, Stanislaus County Behavioral Health and Recovery Services understands and agrees with the State Department of Mental Health's (DMH) point of view that to fundamentally transform how mental health services can affect an individual's life, this is the approach that should be used. It is also a "best practice" for this population. BHRS sees the "start small and smart" advice that was given by State DMH as clearly related to developing the foundation of a new and improved structure for mental health services in Stanislaus County. Although only 210 "slots" are available for individuals with a serious mental illness (SMI) or a serious emotional disturbance (SED) to be served per year in full service partnership programs, over the course of three years, many more will be served due to admissions and discharges to programs. We expect this to effect a fundamental change in how Stanislaus County residents can access and benefit from needed services and supports.

MHSA funding specifically enables far more uninsured individuals to be served than are being served today. Even so, there are thousands of individuals without insurance who have some level of mental health service need in Stanislaus County. Until the vision of a fully funded public mental health system is realized, this will be the case.

BHRS is hopeful that through structural changes supported by MHSA, such as Full Service Partnership programming; enhanced recovery-oriented crisis services in the community; and consumer/family member involvement in all aspects of service planning and delivery, an increase in service availability for all Stanislaus County residents will occur, especially for those consumers who lack insurance or resources to pay for services. The long view of system transformation is to provide prevention services, early intervention and innovative care to all who need it. The current plan is only the beginning.

- Extensive feedback was offered by BHRS staff who work in the Emergency Services Program and by others in the community regarding the Community Response Team (GSD-02) Workplan. Keeping in mind that community stakeholders identified the issue of mobile crisis intervention time and time again as the number one need in the community, they viewed the "proposed changes" in this program as alarming. Concerns were raised regarding the issues of safety, confidentiality, efficiency, consumer choice and agency partner convenience. These points are well taken and will need to be specifically addressed in the redesign process, which must go forward thoughtfully and with involvement from stakeholders including staff. The first six



months of this workplan are intended specifically for the redesign process. The program workplan was revised to reflect the comments. The scope of the overall redesign extends well beyond the MHSA funding and is viewed as a major system development project with the goal of transforming the overall crisis response delivery system. BHRS will devote significant Realignment dollars to this redesign effort.

- Golden Valley Health Centers (GVHC) is a community-based health care organization and a Federally Qualified Health Clinic that has six program sites in Stanislaus County. Approximately 79% of GVHC clients are Latino. Many of their patients have co-occurring serious mental health and physical health problems. BHRS met with GVHC in order to explore ways of collaborating in the context of MHSA service proposals. As a result of this dialogue, three of the FSP workplans were revised to include a number of designated slots for GVHC customers. BHRS is hopeful that this will result in improved services to the Latino community in Stanislaus County in addition to others, and will be the beginning of other collaborative efforts with GVHC.

**4) If there are any substantive changes to the plan circulated for public review and comment, please describe those changes.**

It should be noted that the task of writing such a large and comprehensive proposal that is clear and easily understood by all can be a daunting, if not impossible, task. Through the public review and comment process, this plan has been made clearer and more understandable. It took everyone who participated to get it “right”.

Specific changes made to the plan are as follows:

- Throughout the document changes were made to improve grammar, punctuation and syntax.
- As described in the previous section, in response to public comment changes were made to the following workplans:

FSP – 01	Westside Homeless Outreach Program
FSP – 03	Senior Access and Resource Team
FSP – 04	Health/Mental Health High Risk Team
GSD – 02	Community Response Team

## Part II: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

### Section I: Identifying Community Issues Related to Mental Illness and Resulting from Lack of Community Services and Supports.

- 1) Please list the major community issues identified through your community planning process, by age group. Please indicate which community issues have been selected to be the focus of MHSA services over the next three years by placing an asterisk (\*) next to these issues. (Please identify all issues for every age group even if some issues are common to more than one group.)

County/Community Issues Identified in the Public Planning Process:

<u>Children/Youth</u>	<u>Transition Age Youth</u>	<u>Adults</u>	<u>Older Adults</u>
<p>*1. <u>Population:</u> <b>Communities and People of Color</b></p> <p><u>Strategy:</u> <b>Outreach/ Community based Services</b></p>	<p>*1. <u>Population:</u> <b>People with Co-occurring Disorders</b></p> <p><u>Strategy:</u> <b>Drop in center</b></p>	<p>*1. <u>Population:</u> <b>People with Co-occurring Disorders</b></p> <p><u>Strategy:</u> <b>Mobile Crisis/ Response Team</b></p>	<p>*1. <u>Population:</u> <b>Family-Caregivers</b></p> <p><u>Strategy:</u> <b>Senior Resource Center</b></p>
<p>*2. <u>Population:</u> <b>People Involved with Other Agencies</b></p> <p><u>Strategy:</u> <b>Support Multi-Disciplinary/Multi-Agency Centers or Projects</b></p>	<p>*2. <u>Population:</u> <b>People Involved with Other Agencies</b></p> <p><u>Strategy:</u> <b>Mental Health Court</b></p>	<p>*2. <u>Population:</u> <b>Community</b></p> <p><u>Strategy:</u> <b>Community Based Services including Peer Support</b></p>	<p>*2. <u>Population:</u> <b>People with Co-occurring (Health) Disorders</b></p> <p><u>Strategy:</u> <b>Increased Service Capacity</b></p>
<p>*3. <u>Population:</u> <b>Uninsured/ Underinsured</b></p> <p><u>Strategy:</u> <b>Low/No Fee for Uninsured</b></p>	<p>*3. <u>Population:</u> <b>Early Transitional Aged Youth</b></p> <p><u>Strategy:</u> <b>Resource Summit</b></p>	<p>3. <u>Population:</u> <b>Unemployed/ Underemployed</b></p> <p><u>Strategy:</u> <b>Employment Program</b></p>	<p>*3. <u>Population:</u> <b>People with Co-occurring (Health) Disorders</b></p> <p><u>Strategy:</u> <b>Decrease Stigma through screening and public awareness</b></p>

4. <u>Population:</u> <b>People Involved with Other Agencies</b>  <u>Strategy:</u> <b>Child Psychiatrist Consults w/PCP's</b>	*4. <u>Population:</u> <b>People in Crisis</b>  <u>Strategy:</u> <b>Mobile Outreach Unit</b>	*4. <u>Population:</u> <b>People Involved with Other Agencies</b>  <u>Strategy:</u> <b>Mental Health Court</b>	*4. <u>Population:</u> <b>People in Crisis</b>  <u>Strategy:</u> <b>Mobile Crisis Unit</b>
5. <u>Population:</u>  <b>Homeless/ Inadequately Housed</b>  <u>Strategy:</u> <b>Crisis Hot Line, Enhance Current Programming, Expand Capacity</b>	5. <u>Population:</u> <b>Homeless/ Inadequately Housed</b>  <u>Strategy:</u> <b>Affordable Housing for Different Age Groups, Build Supportive Housing for TAY, Provide Rental/Housing Assistance</b>	*5. <u>Population:</u> <b>Homeless/ Inadequately Housed</b>  <u>Strategy:</u> <b>Transitional Housing</b>	5. <u>Population:</u> <b>People Involved with Other Agencies</b>  <u>Strategy:</u> <b>Outreach Team to close the gap w/ private Agencies</b>

\* Stanislaus County, by virtue of AB34 and AB2034, operates two programs for Transition Age Young Adults and two programs for adults that are Assertive Community Treatment (ACT) model or modified ACT programs.

**2) Please describe what factors or criteria led to the selection of the issues starred above to be the focus of MHSA services over the next three years. How were issues prioritized for selection? (If one issue was selected for more than one age group, describe the factors that led to including it in each.)**

Behavioral Health and Recovery Services (BHRS) relied on the community stakeholder process to lead the way to a decision with regard to which issues and which populations would be prioritized for selection. The methods used in the community process were designed in a thoughtful way. One of the key design elements was to have each phase of the community stakeholder process build upon the work of the previous phase. In this process the work at each step was honored and clearly prioritized selections for each age group were identified.

BHRS conducted an extensive process of community and stakeholder input to guide the organization in the selection and prioritization of issues and populations to be addressed initially under the Mental Health Services Act (MHSA). The process began with general input solicited from stakeholder sources throughout the community. That input (over 2,500 items) was analyzed and condensed into a series of more specific categories within the framework of Who? What? and How?

### System of Care (SOC) Workgroups

The condensed input from the community-wide participation process was then addressed in a series of public, day long, age specific, workgroups in which specific strategies were developed by participants. The product of the workdays (for each age group) was a list of strategies for each target population.

### Representative Stakeholder Steering Committee

Forty (40) individuals were selected to serve as representatives of community stakeholder groups. The representatives worked with the data developed in the SOC Workgroups, which recommended specific strategies developed for specific target populations. Those age-specific strategies were presented to the Representative Stakeholder Steering Committee. The Representative Stakeholder Steering Committee reviewed and prioritized the strategies according to age specific sub-groups. Sub-committees of the larger Stakeholder Steering Committee met to discuss and rank age-specific strategies. Sub-committees then reported the results of this consensus process to the larger group. In a meeting of the entire Representative Stakeholder Steering Committee, the issues were prioritized across age groups through a consensus-building process that involved discussion, clarification by BHRS staff, and ultimately a voting process by Steering Committee members. The result was the chart presented above.

At this point, BHRS staff received the Representative Stakeholder Steering Committee's recommendations and translated them into program proposals. An overview of the developed programs and strategies were presented first to a joint meeting of the Stanislaus County Mental Health Board and the Advisory Board on Substance Abuse Programs, followed by presentation to the Representative Stakeholder Steering Committee. Feedback from both groups was quickly incorporated into the plan. The draft plan went through the 30-day public review process, with a Public Hearing conducted by the Mental Health Board on October 6, 2005. As required by the guidelines for the MHSA plan, substantive feedback from the public review process and public hearing are included in Section II of this document. The finalized plan was submitted to the Board of Supervisors for approval on October 18, 2005.

### Process Outline

- Initial general input
- Categorization into Who? What? How?
- General Public Age Specific Workgroup evaluation – strategies formed
- Stakeholder Committee – age specific sub-committee evaluation, prioritization
- Stakeholder Committee – entire Committee evaluation, overall prioritization
- Plan written by BHRS staff
- Presentation of Plan to Stakeholder Committee
- Public Comment Period

The intent of Behavioral Health and Recovery Services was to make this process as participative and transparent as possible to community stakeholders. The goal was to encourage the entire community to participate in the process of the selection of issues and populations for MHSA services. Throughout the process, BHRS queried participants as to their satisfaction with their ability to provide input.

BHRS was pleased to see that the Stakeholder Steering Committee, as a whole, also selected each of the strategies developed and selected as top priorities by the age specific sub-groups to be the top four priorities. Each of those strategies resulted in plans or programs presented in this application. The needs and priorities identified by the stakeholders corresponded with existing, successful services which allowed for full service expansions for the top priority populations. Of the second priorities in each age group, all but one also was translated into programs. The one not specifically addressed was the Mental Health Court strategy for the Transition Age Youth (TAY) population. However, a Full Service Partnership Program for Juvenile Justice is planned as well as the development of an Integrated Adult Forensic Team. It was decided that individuals in the TAY population could be served by one of these programs, depending on the age of the transition age youth.

Mobile emergency community response was an area that was of concern for all age groups. It was prioritized as fifth for children/youth, fourth for TAY, first for adults and fourth for older adults. It was decided to begin an overall re-evaluation and a re-engineering of the BHRS Emergency Services program that would lead to an expanded, fully mobile community crisis response team within three years.

There were two additional areas that were raised often in the process, which BHRS is planning to address, i.e., general outreach and engagement and consumers with co-occurring substance abuse issues.

General outreach and education was raised early in the community process and was seen across the four age group categories. It was raised as an issue generally, and particularly in the context of racial and ethnic populations and geographic locations. For example, the Family Partnership program “Families Together” is directly the result of the strategy of outreach and community based services for communities and people of color in the Children’s System of Care. As a result of this broad based input and knowledge that penetration is much lower among people of color and those in outlying regions of Stanislaus County, BHRS is proposing an Outreach and Engagement Project. This project will be a collaborative effort between BHRS, consumers, families, ethnic service organizations, and primary care physicians. There will be significant effort to make this program a “front door” to consumers who have previously been unserved, underserved and/or inappropriately served.

Consumers with co-occurring substance abuse disorders was another issue that was raised in all phases of the stakeholder input process. Note that in two of the top strategies for the four age categories, people with co-occurring disorders was the

specific population identified for the strategy. Treatment for co-occurring disorders is essential to successful recovery and will be available on a case-by-case basis to adults, transition age youth 18 and over and older adults. A program specific to co-occurring disorders is being developed at the Stanislaus Recovery Center (SRC). SRC has shown an ability to be culturally competent and to strongly encourage the involvement of family and caregivers. It is expected that Full Service Partnership Programs will purchase capacity at SRC for participants who need the service. This will guarantee easy and timely access to these services, as it is well known that delays in obtaining alcohol and other drug treatment seriously compromise the individual's motivation for the services. Furthermore, staff from the FSP Programs will be heavily involved in directing the treatment plan for participants in the co-occurring disorders treatment to ensure that services are in alignment with all areas of care for the participant.

**3) Please describe the specific racial ethnic and gender disparities within the selected community issues for each age group, such as access disparities, disproportionate representation in the homeless population and in county juvenile or criminal justice systems, foster care disparities, access disparities on American Indian rancherias or reservations, school achievement drop-out rates, and other significant issues.**

Unserved and/or underserved individuals with serious mental illness and with mental health needs are a common situation in Stanislaus County. Stanislaus County currently has a population of just below 500,000. According to the prevalence studies, the County has a prevalence rate of 7.09% for serious mental illness (SMI). This would suggest about 35,500 individuals have a serious mental illness and are in need of mental health services. In Fiscal Year 2004-2005, BHRS served approximately 12,500 individuals, a little over 1/3 of the projected need. While some of those unserved individuals in need may have received services in the private sector, or through other means, it is clear that there is a large unmet need for services across the County, across gender, across age, across race and ethnicity. In the community input and planning process, BHRS attempted to attend to disparities when possible.

Children/Youth

Communities and people of color were the top two areas of consideration for this age group. While overall, children and youth have a penetration rate above that for adults, it varies widely among groups within the children and youth age group. The Modesto region has the highest penetration rate at 3.1%. In the Turlock region, the rate drops to 2.4%, and on the Westside of the County, it falls again to 2.1%. Rates vary also by race and ethnicity. Penetration for Caucasians is 3.7%, African Americans 6.9%, Latinos 2.6%, Asian/Pacific Islanders 0.6%, and Native Americans 2.1%.

Penetration rates vary also for children and youth by gender. For males the rate is 3.6%, while for females it is 2.5%.

### Transition Age Youth

In this age group, community input was related more to situational characteristics of youth than demographics. Transition Age Youth with co-occurring substance disorders and those involved with other agencies (the criminal justice system) were the top priorities. There are, however, (as with children and youth) considerable differences in the penetration rates among transitional age youth. The overall rate for Caucasians is 3.6%, Asian/Pacific Islanders 1.5%, African Americans 4.6%, Native Americans 1.2% and Latinos 2.2%. Gender rates are 2.6% for males and 3.1% for females.

Geographically, the Modesto region is again the highest with 3.7%, the Turlock region is 1.9%, the Ceres region is 3.1%, the Eastside of the County is 3.1% and the Westside of the County is 2.4%. This differs from the overall County in that penetration is higher for this group on the Eastside and lower in the Turlock region.

### Adults

With adults, as with transition age youth, individuals with co-occurring substance issues was the population of most concern in the community input process. Communities followed this. Community penetration rates for adults are the Modesto region is 3.1%, the Turlock region is 2.3%, the Ceres region is 2.6%, the Westside of the County 1.7% and the Eastside of the County 2.2%. The Adult System of Care (ASOC) in Stanislaus County has traditionally provided services in a number of regionally located sites. Reduction in funding over the past few years has required a reduction in services that hardest hit the smaller, outlying regional teams. It is likely this concern with community is in response to the erosion of regional service options. Gender rates for adults are 2.2% for males and 3.1% for females. Ethnic rates are Caucasian 3.2%, African America 4.5%, Native American 1.4%, Asian/Pacific Islander 1.5%, and Latino 1.7%.

### Older Adults

Family/caregivers and consumers with co-occurring disorders were the top two populations identified in the community input for older adults. The co-occurring group was different than for TAY and adults in that it was people with co-occurring health issues as opposed to substance abuse issues that were targeted. Of all age groups, older adults have the lowest overall penetration rate of 1.1%. Prevalence adjusted penetration for older adults is just under half of the rate for adults and children and youth. Gender rates for older adults are males 0.96% and females 1.26%. While females have a higher penetration rate, when adjusted by prevalence rates males have a service rate of 43% with females at 26%. Race and ethnic rates for older adults are Caucasian 1.2%, African American 0.56%, Native American 0.27%, Asian/Pacific Islander 0.49%, and Latino 0.92%.

It is clear from this summary and the further detail in Section II, that there are significant disparities within age, gender, racial and ethnic and geographic groups in Stanislaus County. With additional MHSA funding, BHRS will be able to design services to

continue improving these known disparities. As the populations more specifically identified are now unserved or underserved, there is little or no specific data available. These will need to be developed as the programs progress. For example, while there is a general belief that people of color are over represented in the juvenile justice population and under represented in mental health treatment, neither BHRS nor Juvenile Detention/Probation has detailed specific information as to the number of youth coming into the system with mental health issues. These more specific areas of investigation will need to be undertaken as new and expanded programming is initiated.

**4) If you selected any community issues that are not identified in the “Direction” section above, please describe why these issues are more significant for your county and how the issues are consistent with the purpose and intent of the MHSA.**

Not applicable.



## **PART II: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS**

### **Section II: Analyzing Mental Health Needs in the Community**

- 1) Using the information from population data for the County and any available estimates of unserved populations, provide a narrative analysis of the unserved populations in your county by age group. Specific attention should be paid to racial ethnic disparities**

Attached is a table of penetration of rates by ethnicity, age and gender. (See Attachment 15)

Stanislaus County has one threshold language, Spanish. However, there are significant populations of Asian/Pacific Islander groups of various languages and cultures (Cambodian, Laotian and Hmong) that reside in Stanislaus County. There are other linguistic and cultural groups that are included in the "other ethnicity" category which require special attention. These include individuals whose primary language and cultural affiliation is Assyrian, as well as Portuguese Americans.

Information for this analysis was drawn from Stanislaus County Behavioral Health and Recovery Services databases for Fiscal Year 2003-2004, prevalence data developed by Holzer, 2004 State of California Department of Finance race/ethnic population data, and 2000 federal census data for Stanislaus County. Unduplicated clients were compared with prevalence of Seriously Mentally Ill (SMI) by race and ethnicity, age and gender to determine penetration rates for fiscal year 2003-2004. These comparisons do not include comparisons by age, gender or ethnicity by region due to the lack of available prevalence data by regions with which to compare penetration. Overall penetration rates by region are noted.

The data indicated that the lowest penetration rates for individuals with serious mental illness by race and ethnicity for public mental health services are for Asian/Pacific Islander, Native American and Latino groups. The highest penetration rates are for African Americans, followed by Caucasians.

Females have a higher penetration rate than males. (There are a significant number of clients whose gender is not identified resulting in less than 100%). However, the highest penetration rates by gender and age were for male children. The lowest penetration rates by gender and age were for older adult men.

By age, the greatest penetration rates are for children birth to 15, followed by transitional aged youth. As noted above, significantly lower penetration rates exist for older adults of all races and ethnicities. For children, the highest penetration rates are for African Americans, while the lowest penetration rates are for Asian/Pacific Islanders.

Penetration rates for all ethnic minorities, except African Americans remain low, especially for Asian/Pacific Islanders and Native Americans. Recent strategies to

improve access for Latino individuals and African Americans appear to have been successful, although Latino access still is below their representation in the overall County population.

Asian Indians are the largest group of Asian/Pacific Islanders in the County, followed by Filipinos and Cambodians. While there are similarities with regard to immigration patterns, there are differences between these groups as to language, religion and other cultural factors. There is a need to differentiate strategies among each of the targeted groups to achieve the most effective outreach and engagement. Previous strategies have been to hire, train and promote linguistically and racially and ethnically diverse staff. This has been partially successful in improving access. However, the analysis of this data clearly indicates other additional strategies are necessary.

It is possible that the data regarding Native Americans is not reliable due to the failure of staff in accurately identifying Native American clients. Stanislaus County has no reservations no rancherias, nor any Native American human service organizations based in the County. Neighboring counties have rancherias and Native American organizations whose expertise can be utilized to increase the understanding and cultural competency of BHRS leadership and staff.

By far, the largest ethnic group in Stanislaus County other than non-Hispanic Caucasians is Latinos. There is much less variation in penetration rates by age for this ethnic group, although the penetration rate for Latino children is somewhat higher than other Latino age groups. Overall penetration rates for Latinos are higher than for other ethnic groups other than non-Hispanic Caucasians and African Americans. Latinos represent about 36% of the County population, but only 29% of the service population. Various strategies such as increased and strategic deployment of bilingual and bicultural staff, cultural competency training and targeted programming have been effective in increasing access to services. It is known that many Latinos seek services for mental health problems from primary care health care providers rather than mental health providers. New strategies such as contracting with Latino-serving organizations for outreach and engagement and providing behavioral health services in collaboration with primary care providers offer promise for better access.

It is difficult to determine if the high penetration rates for African Americans, especially male children, are the result of over identification because of stereotypes or improved ease of access. Stanislaus County Behavioral Health and Recovery Services has an extensive school-based service system that targets schools that tend to have greater racial and ethnic diversity and higher levels of poverty. The highest numbers of African American children are in the BHRS early behavioral intervention programs for children tends to support the idea that the high numbers are a result of purposeful strategies. The second highest number of African American male children is in inpatient services. This fits national patterns of over utilization of high-end services by African Americans, most likely resulting from a lack of access to culturally competent interventions at lower levels as well as general discriminatory and social conditions. In either case, it appears that targeting school-based early intervention is appropriate, but perhaps with increased

emphasis on employing and deploying African American service providers to minimize stereotyping that may be occurring.

Finally, there is a pattern of lower penetration rates in outlying areas. The Modesto region and the Ceres region have the highest rates, while the Turlock region, the Eastside and Westside regions of the County (those farthest from the central population centers of Modesto and Ceres) have lower rates. While not specific to the population of individuals with serious mental illness, these overall rates are likely indicative of lower penetration rates for individuals with serious mental illness in the outlying areas of the County.

**2). Using the format provided in Chart A, indicate the estimated total number of persons needing MHSA mental health services who are already receiving services, including those currently fully served and those underserved/inappropriately served, by age groups, race the ethnicity, and gender. Also provide the total county and poverty population by age group and race/ethnicity. (Transition Age Youth may be shown in a separate category or as part of the Children and Youth or Adults.)**

Children and Youth	Fully Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
African American	42	14	127	89	272	6.9	1872	59.8	3943	3.0
Asian Pacific Islander	6	1	15	12	34	0.9	3148	54.9	5697	4.4
Latino	139	73	841	537	1590	40.4	32048	61.9	61218	47.2
Native American	9	0	11	10	30	0.8	258	35.5	1416	1.0
White	333	148	816	671	1968	50.0	18411	33.6	53276	41.1
Other	3	3	18	17	41	1.0	2384	42.6	4161	3.2
TOTAL	532	239	1828	1336	3935		58121	46.9	129711	26.0

Transition Age Youth	Fully Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
African American	16	11	50	51	128	5.5	959	72.0	2784	3.4
Asian Pacific Islander	4	1	35	31	71	3.1	1856	58.2	4808	5.9
Latino	27	29	328	362	746	32.3	14208	57.8	34579	42.6
Native American	1	2	6	2	11	0.5	200	51.7	943	1.2
White	79	82	523	633	1317	56.9	9652	33.3	36279	44.6
Other	3	2	19	16	40	1.7	1133	42.8	1870	2.3
TOTAL	130	127	961	1095	2313		28008	43.1	81263	16.3

Adults	Fully Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
African American	8	12	91	151	262	4.5	1533	38.0	5873	2.7
Asian Pacific Islander	12	8	56	85	161	2.8	2967	36.8	10409	4.7
Latino	60	47	451	697	1255	21.7	25494	49.2	74434	33.9
Native American	1	4	13	26	44	0.8	550	32.3	3126	1.4

Adults	Fully Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
White	234	203	1395	2073	3905	67.4	27056	23.7	121925	55.6
Other	8	11	59	91	169	12.9	2460	34.9	3594	1.6
TOTAL	323	285	2065	3123	5796		60060	30.5	219361	44.0

Older Adults	Fully Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
African American	0	1	5	11	17	2.2	358	53.7	3041	4.4
Asian Pacific Islander	0	0	5	12	17	2.2	797	46.1	3490	5.1
Latino	3	3	41	42	89	11.5	3094	46.5	9750	14.2
Native American	0	0	0	2	2	0.3	147	43.8	728	1.1
White	16	25	198	364	603	77.9	14797	31.8	50544	73.6
Other	1	2	21	22	46	15.9	689	44.8	1099	1.6
TOTAL	20	31	270	453	774		19882	32.4	68652	13.8

- 2) Provide a narrative discussion/analysis of the ethnic disparities in the fully served, underserved and inappropriately served populations in your county by age group as identified in Chart A. Include any available information about their age and situational characteristics as well as race/ethnicity, gender, primary language, sexual orientation, and special needs.**

Stanislaus County has been a pioneer in what are now called Full Service Partnership programs beginning with the AB3777 Integrated Services Agency in 1989. A Children's System of Care grant (AB 3015) was received in 1993 and AB 34/AB2034 programs followed in 2000 and 2001. These programs continue to the present although some have gone through various changes over the years.

For the purposes of this analysis, individuals who are fully served are defined as those transition age youth, adults and older adults in AB34/AB2034 programs, the Stanislaus Integrated Services Agency, and some individuals who are receiving wellness recovery services and have completed their planned service. Children and Transition Age Youth who are receiving services under AB3632 and those who are in the enrollee-based portion of our federally funded Children's System of Care are the only children/youth defined as currently fully served.

Other individuals who receive services from Stanislaus County Behavioral Health and Recovery Services are not considered to be fully served due to the lack of a full and comprehensive array of services outside of the above programs. Key elements missing from other programs include the lack of 24 hour a day, 7 day a week access to a team or service coordinators, limited access to employment and housing supports and the lack of wrap around services for children. Persons who are uninsured or underinsured receive even less of an array of services, often having access to only emergency care.

### Children and Youth

Children and youth are the most ethnically diverse of the four age groups. Only 41.1% of the group is in the White category. In adults, 55.6% are White and in older adults the number increases to 73.6%. Latinos are the largest ethnic group at 47.2% of children and youth, with 42.6% transition aged, 33.9% adult and 14.2% older adults. The prevalence rate for Latino children (7.91%) suggests there are 4,842 children in this category with serious mental illness. Service records show a total of 1,590 Latino children and youth received services or approximately 40.4%. This means that 3,252 children and youth in need went without service. Only 212 (4.4%) Latino children and youth were in fully served programs. This unserved/underserved group is larger than the entire Native American population, over half the entire African American population and over 1/3 of the entire Asian/Pacific Islander population. The challenge for this group will be to work with the Latino community to identify and focus on those children and youth in the greatest need and develop partnerships and practices that can be expanded as MHSA grows.

While Latino children and youth are the largest unserved/underserved population, the greatest disparity is for that of individuals who are Asian/Pacific Islanders. While the percentage of Latino consumers served vs. the percentage in the community is 85.6%, the percentage of Asian/Pacific Islanders served represents only 20.4% of their percentage of the community overall. The total number of Asian/Pacific Islander children and youth served was only 34 persons, with only 7 being fully served. Only 1% of fully served children and youth are Asian/Pacific Islander, while they make up 4.4% of the population. Clearly this disparity needs to be addressed.

### Transition Age Youth

Racial/Ethnic patterns for Transition Age Youth (TAY) are much like those outlined for Children and Youth. The White group is overrepresented in the treatment group, (56.9% of served vs. 44.6% of population) as well as African Americans (5.5% served vs. 3.4% of population). Latinos are again the largest unserved/underserved group. Asian/Pacific Islanders and Native Americans are the most unserved/underserved when comparing the percent served vs. the percentage in the community (52.5 for Asian/Pacific Islanders and 45.4% for Native Americans). While this Asian/Pacific Islander disparity is not as pronounced as with Children and Youth, it is still considerable and in need of attention.

### Adults

The adult group is the largest population group in Stanislaus County making up approximately 44% of the overall population. Adults are 55.6% White, 33.9% Latino, 4.7% Asian/Pacific Islander, 2.7% African American, 1.4% Native American and 1.6% some Other Ethnicity. While 55.6% of the population, Whites make up 67.4% of persons served. The percentage served vs. the percentage in the community for Latinos (64%) is less for Adults than for TAY (76%) and Children and Youth (85.6%).

Of adults served, 41.2 percent were male. Of those in the fully served category, 53.1% were male suggesting males are possibly overrepresented in that category. For children and youth 69% of the fully served are males, for TAY 50.6%, for adults 53.1% and for older adults only 39.2%.

### Older Adults

Older Adults have the lowest overall penetration of all groups in this study. Only 774 Older Adults were served of a population of 68,652, or about 1.1%. The overall County percentage is 13.8%. General Race/Ethnic patterns hold true for Older Adults with Whites overrepresented in the service population. In Older Adults the "Other" category is also overrepresented. The Latino population is much smaller in the Older Adult group at only 14.2% and with considerable efforts to reach this group in the past the percentage served is 81.0% of the percentage in the population. This rate is much better than in the transitional aged youth and adult groups and demonstrates that the disparity can be addressed and corrected with focused effort.

The Older Adult population as a whole is clearly underserved in Stanislaus County. They are underserved by ethnicity/race, gender and location. While the lack of service is more acute in some populations, the need for services for older adults, in all areas needs to be addressed.

As mentioned above, males make up only 37.5% of the service population and 39.2% of the fully served population. This may seem a disparity, however there is a lower percentage of males in this population and a considerable difference in the prevalence rates (older adult male prevalence rate is 2.22% and the older adult female rate is 4.9%).

**3 Identify objectives related to the need for, and the provision of, culturally and linguistically competent services based on the population assessment, the county's threshold languages and the disparities or discrepancies in access and service delivery that will be addressed in this plan.**

- Increased penetration for Asian/Pacific Islanders with special emphasis on children ages birth to 15 using new strategies for outreach and engagement to Asian/Pacific Islanders by making use of natural leaders (e.g. Buddhist Temple) and existing helping processes in those communities.
- Increased penetration for older adults of all ethnicities utilizing new outreach and engagement strategies capitalizing on collaboration with existing support networks, including primary care and ethnic organizations.
- Increased overall access for Latinos by contracting with existing Latino-serving organizations and primary care providers. Strategies that have deployed bilingual staff and cultural competency training throughout the organization have been successful to a point. It is now necessary to take the next step and contract directly with organizations in whom there is increased trust by Latinos, including primary care providers.
- Increase Native American access through staff education and training. There are no reservations or rancherias within Stanislaus County, and no Native American human service organizations are based in Stanislaus County. Strategies that utilize the expertise that exists in neighboring Counties who have rancherias and Native American organizations for staff training and education should be incorporated into the BHRS Cultural Competency Training Plan.
- Increase linguistically competent staff in Spanish, Cambodian, Laotian, Portuguese and Assyrian languages.
- Focus new and expanded Full Service Partnership programs on improving access for unserved ethnic populations by partnering with ethnic service organizations, primary care providers and deploying services to specific neighborhoods.



- Increase focus on client culture throughout the system by increasing consumer participation (as consumers as well as increasingly as staff) in all programs at all levels, and by expanded training opportunities on client culture for all staff. Identification and expansion of culturally competent services can only be truly accomplished with considerable consumer participation at all levels.
- Appointment of a Manager for Consumer and Family Affairs at the senior management level. This Manager will have accountability for continuity, development and promotion of programs that are consumer and family run. The Manager would have a shared accountability, with other BHRS leadership staff, to ensure that BHRS continues to evolve into a consumer and family member driven mental health system.
- Focus new and expanded services on outlying areas with a current disparity of service penetration. In the Latino population, for example, not only is there a disparity in penetration, but also the disparity is much greater for those living in outlying areas. BHRS needs to provide services that are not only culturally and linguistically competent, but are also easily accessible to consumers regardless of where they live in the County.

## **PART II: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS**

### **Section III: Identifying Initial Populations for Full Service Partnerships**

- 1) From your analysis of community issues and mental health needs in the community, identify which initial populations will be fully served in the first three years. Please describe each population in terms of age and the situational characteristics described above (e.g., youth in the juvenile justice system, transition-age youth exiting foster care, homeless adults, older adults at risk of institutionalization, etc.). If all age groups are not included in the Full Service Partnerships during the three-year plan period, please provide an explanation specifying why this was not feasible and describe the county's plan to address those age groups in the subsequent plans.**

Behavioral Health and Recovery Services (BHRS) relied on the community stakeholder process to lead the way in which issues would be prioritized for program development. BHRS leadership utilized stakeholder prioritized input and MHSA guidelines to determine what types of programs, which target populations and how many individuals could be served in each age group. At least one Full Service Partnership (FSP) Program was developed for each age group in the first three years of funding. Following is a list of Full Service Partnership Programs that are proposed. (BHRS developed a numbering system that corresponds to budget sheets, i.e. FSP-01 etc.)

#### **Children/Youth**

##### **FSP-02 - Juvenile Justice Full Service Partnership Program**

This program will serve youth and transition age youth who have not responded to traditional levels of service, who have serious emotional disturbance and levels of aggression involved in the crimes they commit that significantly contribute to recidivism, incarceration, out-of-home placement and institutionalization.

#### **Transition Age Youth**

##### **FSP-01 Westside Stanislaus Homeless Outreach Program**

This program will serve adults and transition age young adults with serious mental illness who are homeless or at risk of being homeless and/or who have co-occurring alcohol and other drug problems. The program will serve individuals who live on the Westside of Modesto, South Modesto, and/or individuals who are Latino, African American or Southeast Asian American (Asian/Pacific Islander).

##### **FSP-02 Juvenile Justice Full Service Partnership Program**

This program will serve youth and transition age youth who have not responded to traditional levels of service, who have serious emotional disturbance and levels of

aggression involved in the crimes they commit that significantly contribute to recidivism, incarceration, out-of-home placement and institutionalization.

#### FSP-05 Integrated Forensic Team

This program will serve adults and transition age young adults with serious mental illness, including those individuals with a co-occurring substance abuse disorder who are underserved and are either, homeless, at risk of homelessness (such as persons coming out of jail), involved in the criminal justice system, frequent users of hospital and emergency room services or who are so underserved they are at risk of homelessness, criminal justice involvement and institutionalization.

#### **Adults**

#### FSP-01 Westside Stanislaus Homeless Outreach Program

This program will serve adults with serious mental illness who are homeless or at risk of being homeless and/or have co-occurring alcohol and other drug problems. The program will serve individuals who live on the Westside of Modesto, South Modesto, and/or individuals who are Latino, African American or Southeast Asian American (Asian/Pacific Islander).

#### FSP-04 Health/Mental Health High Risk Team

This program is for adults and older adults with significant, ongoing, possibly chronic, health conditions and a co-occurring serious mental illness. The target population will be individuals who are uninsured. The program will include significant outreach efforts to racially and ethnically diverse consumers.

#### FSP-05 Integrated Forensic Team

This program will serve adults and transition age young adults with serious mental illness, including those individuals with a co-occurring substance abuse disorder who are underserved and are either, homeless, at risk of homelessness (such as persons coming out of jail), involved in the criminal justice system, frequent users of hospital and emergency room services or who are so underserved they are at risk of homelessness, criminal justice involvement and institutionalization.

#### **Older Adults**

#### FSP-03 Senior Access and Resource Team

This program is for older adults (60 years and older) with serious mental illness and functional impairments. This includes older adults with co-occurring substance abuse disorders and/ or other health conditions. These are individuals who are not currently

being fully served and are experiencing a reduction in functioning level. They may be individuals who are homeless or at risk of homelessness, at risk of institutionalization, hospitalization, and nursing home care or are frequent users of emergency room services. If older adults are so underserved that they may be at risk of any of the above-mentioned categories, they would also qualify for services. Transition age older adults (approximately ages 55 through 59) may be included under the older adult programs when appropriate (i.e., at risk of any of the above-mentioned categories).

#### FSP-04 Health/Mental Health High Risk Team

Adults and older adults with significant, ongoing, possibly chronic, health conditions and a co-occurring serious mental illness will be the populations identified for this team. The target population will include significant numbers of individuals who are uninsured as well as consumers from racially and ethnically diverse communities.

**2) Please describe what factors were considered or criteria established that led to the selection of the initial populations for the first three years. (Distinguish between criteria used for each age group if applicable.)**

The following list of criteria was used for selecting initial populations in all age groups:

- Community stakeholder input
- Prevalence need in Stanislaus County
- Ability to target racial and ethnic disparities in service delivery
- Existence of programs currently successful in serving the target population
- Ability to carry out a quick start-up of an expanded FSP Program

**3) Please discuss how your selections of initial populations in each age group will reduce specific ethnic disparities in your county.**

BHRS relied on the community stakeholder process to lead the way in which issues would be prioritized for program development. It was not surprising that throughout the stakeholder process, BHRS heard the community telling the organization that it needed to provide more services to the very people that the service data indicated BHRS was not reaching.

Unserved and/or underserved individuals with serious mental illness and with mental health needs are a common situation in Stanislaus County. Stanislaus County currently has a population of just below 500,000. According to the prevalence studies, the County has a prevalence rate of 7.09% for serious mental illness (SMI). This would suggest about 35,500 individuals have a serious mental illness and are in need of mental health services. In fiscal year 2003-2004, BHRS served approximately 12,500 individuals, a little over 1/3 of the projected need. While some of those individuals in need may have received services in the private sector, or through other means, it is clear that there is a large unmet need for services across the County, across gender, across age, across race and ethnicity

## **Children/Youth**

Communities and people of color were the top two areas of consideration for this age group. While overall, children and youth have a penetration rate above that for adults, it varies widely among groups within the children and youth age group. Significant efforts will be made to enroll Latino, African American and Southeast Asian American (Asian/Pacific Islander) youth in the Juvenile Justice Full Service Partnership Program with the goal of successfully moving them out of the criminal justice system completely and permanently.

## **Transition Age Youth**

In this age group, community input was related more to situational characteristics of youth than demographics. Transition Age Youth with co-occurring substance disorders and those involved with other agencies (the criminal justice system) were the top priorities. Significant effort will be made to enroll Latino, African American and Southeast Asian American (Asian/Pacific Islander) transition age young adults in the Juvenile Justice Full Service Partnership Program and in the FSP Integrated Forensic Mental Health Program, with the goal of successfully moving them out of the criminal justice system and into gainful employment, independent or supported housing and into natural social supports in the community.

## **Adults**

With adults, as with transition age youth, individuals with co-occurring substance issues was the population of most concern in the community input process. With regard to penetration rates, the following is known: gender rates for adults are 2.2% for males and 3.1% for females. Ethnic rates are Caucasian 3.2%, African American 4.5%, Native American 1.4%, Asian/Pacific Islander 1.5%, and Latino 1.7%. Whatever BHRS does with FSP Programs, it will barely “scratch the surface” of the need that exists. In keeping with the MHSA concept of “start small and smart”, BHRS has developed FSP expansions of successful, outcome producing programs that can easily “ramp-up” a program designed to reduce ethnic disparities in services.

## **Older Adults**

Family/caregivers and consumers with co-occurring disorders were the top two populations identified in the older adult input. Of all age groups, older adults have the lowest overall penetration rate of 1.1%. Prevalence adjusted penetration for older adults is just under half of the rate for adults and children and youth. Gender rates for older adults are males 0.96% and females 1.26%. Racial and ethnic rates for older adults are Caucasian 1.2%, African American 0.56%, Native American 0.27%, Asian/Pacific Islander 0.49%, and Hispanic 0.92%. Whatever BHRS does with FSP Programs, it will barely “scratch the surface” of the needs that exists in racial and ethnic communities. In keeping with the MHSA concept of “start small and smart”, BHRS has developed FSP chosen to begin with an FSP expansion of an already successful,

outcome producing program that could easily ramp-up and endeavor to reduce ethnic disparities in services.

It is clear that there are significant disparities within age, gender, racial and ethnic and geographic groups in Stanislaus County. The community stakeholder process confirms that the need exists. All new MHSA programming will be designed to significantly address these known disparities in all age groups.

## **PART II: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS**

### **Section IV: Identifying Program Strategies**

- 1) If your county has selected one or more strategies to implement with MHSA funds that are not listed in this section, please describe those strategies in detail in each applicable program work plan including how they are transformational and how they will promote wellness/recovery/resiliency and are consistent with the intent and purpose of MHSA. No separate response is necessary in this section**

**Note: Section VI requires completion of Exhibit 4 (Program Work Plan Summary), which specifies the strategies that will be used in each program.**

Not applicable for Stanislaus County.

## PART II: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

### Section V: Assessing Capacity

- 1) Provide an analysis of the organization and service provider strengths and limitations in terms of capacity to meet the needs of racially and ethnically diverse populations in the county. This analysis must address the bilingual staff proficiency for threshold languages.

Behavioral Health and Recovery Services (BHRS) has long made hiring and retaining a culturally and linguistically diverse workforce a priority. Several years ago this focus was added to the monthly strategic dashboard. In addition, turnover and retention weighted for culture and language is tracked. Other departments within Stanislaus County government have benchmarked this approach.

### BHRS Contract & County Staff Ethnicity & Language Report As of: June 30, 2005

#### Race / Ethnicity Totals by Function

	County Pop.*	Overall Staff	Admin/Mgr	Direct Svcs	Support Svcs	Interpreter
<b>Total:</b>	<b>498,987</b>	<b>829</b>	<b>70</b>	<b>639</b>	<b>134</b>	<b>28</b>
<b>Asian/Pacific</b>	5%	7%	3%	7%	4%	25%
<b>African American</b>	3%	5%	4%	6%	1%	0%
<b>Filipino</b>	<i>Included in API</i>	1%	0%	1%	2%	0%
<b>Hispanic</b>	36%	24%	10%	22%	37%	25%
<b>Indian/Alaskan</b>	1%	1%	0%	1%	2%	0%
<b>Caucasian</b>	53%	61%	80%	61%	53%	50%
<b>Other</b>	2%	1%	3%	1%	1%	0%

\*Per 2004 California  
Department of  
Finance Population  
Data



## Spoken Language Totals by Function

	<i>County Pop.*</i>	<i>Overall Staff</i>	<i>Admin/Mgr</i>	<i>Direct Svcs</i>	<i>Support Svcs</i>	<i>Interpreter</i>
<b>Total:</b>	<b>446,997</b>	<b>829</b>	<b>70</b>	<b>639</b>	<b>134</b>	<b>28</b>
<b>Asian/Pacific</b>	2%	3%	0%	4%	2%	21%
<b>Cambodian</b>	1%	1%	0%	1%	0%	7%
<b>Portuguese</b>	1%	0.2%	0%	0%	1%	11%
<b>Spanish</b>	24%	21%	7%	19%	34%	29%
<b>Other</b>	5%	3%	4%	4%	1%	36%

Per Census 2000

The latest BHRS staffing report shows 39% of BHRS and its contract agencies employees are ethnically and racially diverse. In Stanislaus County the portion of population for ethnically and racially diverse groups is 47%. In all categories except Latino and Other, BHRS staff meet or exceed County population rates. BHRS staff is 24% Latino, while the County is 36% overall. Much of the recruitment effort has been, and will continue to be in this area, with strategies such as targeting second year Latino MSW students for stipends.

29% of BHRS staff are bilingual. 32% of individuals in Stanislaus County have a preferred language other than English. In Fiscal Year 2004-2005, BHRS hired 27 staff for full-time positions. Of those hired, 30% were bilingual, which is slightly under the level for Stanislaus County.

Spanish is the only threshold language for Stanislaus County. Currently 21% of staff speak Spanish. This is slightly under the County level of 24%. Maintaining Spanish speaking direct service staff has proven to be the greatest challenge in this area. Currently only 19% direct service staff are Spanish speaking. Future recruitment efforts need to continue to focus on Spanish speaking direct service staff.

Stanislaus County's population is rich in racial and ethnic diversity, and BHRS has worked hard to recruit and maintain a workforce that reflects that richness. BHRS has been successful in many areas and has a strong, diverse staff that is committed to serving Stanislaus County residents. Currently, the greatest challenge is in recruiting bilingual Spanish speaking direct service providers. BHRS will continue to focus its efforts in this area.

- 2) Compare and include an assessment of the percentages of culturally, ethnically and linguistically diverse direct service providers as compared to the same characteristics of the total population who may need services in the County and the total population currently served in the county.**

As with staffing overall, BHRS has tried to build a direct service provision staff that reflects the diversity of Stanislaus County. Current staffing reports show that people of color represent 2% more of BHRS direct service staff than staff overall (43% for direct services vs. 41% for overall). For both Asian Pacific Islanders and African Americans, the percentages of direct service staff are higher than staff overall. Again, the challenge has been to hire bilingual and bicultural Latino staff.

BHRS has, for some time, recruited strongly in the Latino community and as a result, has hired many Latino staff in the support services area. We believe this is important in that support service staff are often the points of first contact with consumers and with the community. BHRS has had good success in this area as the percentage of support services staff is only slightly off that of the County Latino population. As BHRS looks to expand services under MHSA, the organization will need to continue current efforts to attract and hire Latinos and to use new approaches such as partnering with existing Latino organizations to provide services.

Current staffing reports indicate BHRS and its partner agencies employ 626 direct service provision staff. Of these 118, or 19% speak Spanish, the single threshold language for Stanislaus County. That is a ratio of approximately 6.4 Spanish-speaking consumers for each Spanish speaking staff. The ratio of all staff to consumers is approximately 19:1 (Approximately 12,000 clients to 626 direct service staff). BHRS bilingual staff have reported that a caseload of about 50% monolingual consumers is ideal. That would mean a ratio of about 9:1 would be ideal, and the 6.4 consumers to 1 staff person leaves some untapped capacity that could be utilized immediately. An immediate challenge will be to have an appropriate mix of Spanish speaking direct service and support staff effectively deployed to meet consumer need.

- 3) Provide an analysis and include a discussion of the possible barriers your system will encounter in implementing the programs for which funding is requested in this Plan and how you will address and overcome these barriers and challenges. Challenges may include such things as difficulty in hiring staff due to human resource shortages, lack of ethnically diverse staff, lack of staff in rural areas and/or Native American reservations and rancherias, difficulties in hiring clients and family members, need for training of staff in recovery/resiliency and cultural competence principles and approaches, need to increase collaboration efforts with other agencies and organizations, etc.**

Training will be a challenge as BHRS begins these efforts. While BHRS has made considerable efforts to train current staff, the organization will be adding staff and

beginning partnerships with organizations and groups with which the organization has not worked formally. This will necessitate not only training on recovery/resiliency and cultural competency principles, but training in the more basic issues of computer and information systems, forms, workplace safety issues, etc.

While training will present many challenges, BHRS has systems and standards that will allow the organization to quickly and aggressively attend to this area. BHRS currently has required staff competencies with special emphasis on various levels of cultural competency. The organization also has clinical and administrative standards for cultural competency that have recently been reviewed and updated by the BHRS Cultural Competence Oversight Committee. With these in place, it is believed that BHRS is well positioned to deploy training effectively to meet the challenges of the Mental Health Services Act.

BHRS will quickly begin to advertise and conduct recruitments in a way that will gather the most qualified, racially, ethnically and linguistically appropriate group of candidates possible from which to select and hire. As other counties will be doing the same, this will draw deeply from the pool of well-qualified available workers. One strategy, in addition to aggressive recruitment, to help in this area is the planned collaborative use of existing racial, ethnic and cultural organizations. Where possible, in addition to hiring staff, BHRS will partner with organizations currently in place to take advantage of their staff and experience. As stated above, BHRS is currently working with the California State University, Stanislaus Social Work Department to identify second year students for placement within BHRS as well as for MHSA stipends. CSU Stanislaus is also increasing the cohort of first year students in response to the potential demand for Master's level social workers communicated by regional County Mental Health Programs. A key strategy is the development of the use of MHSA funding to provide various incentives and stipends for current staff, especially staff of color, to return to school and obtain necessary advanced degrees and training.

BHRS has long worked at developing good relationships with its local partners. We have a number of major collaborative projects currently in progress including StanWorks, Stanislaus Recovery Center, Drug Court, Proposition 36, Restorative Policing, and the Children's System of Care with its collaboration with Juvenile Justice, Child Welfare and school based services for children and youth with serious emotional disturbances. BHRS believes that it can leverage existing collaborative relationships for a rapid ramp up of MHSA programming. Areas that will require focus based on the Plan include: consumer and family organizations, primary care providers, law enforcement, Courts, employment services and housing organizations.

## PART II: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

### Section VI: Developing Work Plans with Timeframes and Budgets/Staffing

#### I. Summary Information on Programs to be Developed or Expanded

1. **Please complete Exhibits 1, 2, and 3, providing summary information related to the detailed work plans contained in the Program and Expenditure Plan.**

(See exhibits 1, 2, and 3 in this document)

2. **The majority of a county's total three-year CSS funding must be for Full Service Partnerships. If individuals proposed for Full Service Partnerships also receive funds under System Development or Outreach and Engagement Funding, please estimate the portion of those funds that apply toward the requirement for the majority of funds during the three-year period.**

Stanislaus County's three-year CSS funding is detailed in Exhibit 2. Behavioral Health and Recovery Services (BHRS) has separated individuals proposed for Full Service Partnerships that will also be served through General System Development or Outreach and Engagement programs.

Detailed in the chart below is a summary of Stanislaus County's proposed budget information by fiscal year and funding category, including estimated administrative and one-time start up costs. As reflected in this chart, 54% of the funding will serve individuals in Full Service Partnership programs over the three-year funding period.

<b>Type of Funding</b>	<b>FY 05/06</b>	<b>FY 06/07</b>	<b>FY 07/08</b>	<b>Totals</b>	<b>%</b>
Full Service Partnerships	\$1,942,203	\$2,590,924	\$2,720,070	\$7,253,197	54%
General System Development	\$990,297	\$948,520	\$995,946	\$2,934,763	22%
Outreach & Engagement	\$116,400	\$237,456	\$249,329	\$603,185	5%
<b>Sub Total</b>	<b>\$3,048,900</b>	<b>\$3,776,900</b>	<b>\$3,965,345</b>	<b>\$10,791,145</b>	
Non-Program Specific One-Time	\$776,100			\$776,100	6%

Administration	\$375,000	\$669,500	\$702,450	\$1,746,950	13%
<b>Total Budget</b>	<b>\$4,200,000</b>	<b>\$4,446,400</b>	<b>\$4,667,795</b>	<b>\$13,314,195</b>	

- 3. Please provide the estimated number of individuals expected to receive services through System Development Funds for each of the three fiscal years and how many of those individuals are expected to have Full Service Partnerships each year.**

The number of individuals expected to receive services through System Development Funds for each fiscal year:

FY 2005-06 -	496	# expected to have FSP -	238
FY 2006-07 -	3,750	# expected to have FSP -	276
FY 2007-08 -	3,800	# expected to have FSP -	296

- 4. Please provide the estimated unduplicated count of individuals expected to be reached through Outreach and Engagement strategies for each of the three fiscal years and how many of those individuals are expected to have Full Service Partnerships each year.**

It is expected that 10% of individuals reached through Outreach and Engagement strategies in the first 2 years and 15% the third year will have full service partnerships each year.

FY 2005-06 -	200	# expected to have FSP -	20
FY 2006-07 -	600	# expected to have FSP -	60
FY 2007-08 -	1200	# expected to have FSP -	120

- 5. For children, youth and families, the MHSA requires all counties to implement Wraparound services, pursuant to W&I Code Section 18250, or provide substantial evidence that it is not feasible in the county in which case counties should explore collaborative projects with other counties and /or appropriate alternative strategies. Wraparound projects must be consistent with program requirements found in W&I Code Sections 18250-18252. If Wraparound services already exist in a county, it is not necessary to expand these services. If Wraparound services are under development, the county must complete the implementation within the three-year plan period.**

In Stanislaus County, wraparound services have been available for the culturally diverse population of children and youth with serious emotional disturbances and their families since 1994 through the Children's System of Care (CSOC). Flexible funding is available

for CSOC clients through multiple funding sources including Stanislaus County Community Services Agency Child Welfare, Stanislaus County Probation Department and Substance Abuse and Mental Health Services Administration (SAMHSA), all of which provide resources for respite care, housing, utilities, food, clothing, repairs, activities and incentives. The Stanislaus County Community Services Agency Child Welfare Services opted not to participate in the 163 Wraparound Program because of the availability of other well-developed collaborative resources.

CSOC services are provided from an individualized, youth and family driven, strength-based perspective with the goal of maintaining children in their own home, or in the least restrictive, most family-like alternative setting. This focus on home-like settings reflects the resilience model of service provision, offering hope and optimism to youth. Team decision-making, which includes the child and family as part of the team, is utilized in all CSOC service settings. Through a long-standing collaboration among the child serving agencies in Stanislaus County, integrated services are accessible for all family members with seamless access. Resources currently available to support children and families, and to reduce the need for group home placement include relative placement, County licensed foster homes, non-profit therapeutic foster family agencies (FFA), Intensive Treatment Foster Care (ITFC), Therapeutic Behavioral Services (TBS), home-based services through Sierra Vista Child and Family Services, the Family to Family Initiative, 1695 caregivers, the Family Partnership Center (Parent Partner and Kinship services), and the Foster Parent Association.. Each of these programs has racially, ethnically and culturally diverse families who work with children and youth, as well as culturally and linguistically diverse staff.

As a CSOC county, BHRS has shifted from providing traditional office-based services, to providing intensive home and community based services for children and families. Interagency, collaborative services are provided for biological families, adoptive families, guardianship families, 1695 caregivers, and foster families. This extensive continuum of care has resulted in significant reduction in group home placements, has maintained foster care placements levels below the State average, and has helped to reduce the recidivism rate for wards being served by the Juvenile Justice Mental Health Program.

## Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

2005-06

[illegible]

## Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

2006-07

[illegible]



**Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING**

2007-08

[illegible]

### EXHIBIT 3: FULL SERVICE PARTNERSHIP POPULATION – OVERVIEW

Number of individuals to be fully served:									
FY 2005-06: Children and Youth: <u>  7  </u> Transition Age Youth: <u> 14 </u> Adult: <u> 58 </u> Older Adult: <u> 26 </u> TOTAL: <u> 105 </u>									
FY 2006-07: Children and Youth: <u> 13 </u> Transition Age Youth: <u> 29 </u> Adult: <u> 115 </u> Older Adult: <u> 53 </u> TOTAL: <u> 210 </u>									
FY 2007-08: Children and Youth: <u> 13 </u> Transition Age Youth: <u> 29 </u> Adult: <u> 115 </u> Older Adult: <u> 53 </u> TOTAL: <u> 210 </u>									
PERCENT OF INDIVIDUALS TO BE FULLY SERVED									
	% Unserved				%Underserved				%TOTAL
	%Male		%Female		%Male		%Female		
Race/Ethnicity	%Total	%Non-English Speaking	%Total	%Non-English Speaking	%Total	%Non-English Speaking	%Total	%Non-English Speaking	
			2005/06						
% African American	1.0%	0.0%	1.9%	0.0%	1.9%	0.0%	1.0%	0.0%	5.7%
% Asian Pacific Islander	1.0%	0.0%	1.0%	0.0%	0.0%	0.0%	1.0%	0.0%	2.9%
% Latino	6.7%	14.3%	8.6%	22.2%	7.6%	25.0%	8.6%	22.2%	31.4%
% Native American	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%
% White	11.4%	0.0%	16.2%	0.0%	11.4%	0.0%	17.1%	0.0%	56.2%
% Other	0.0%	0.0%	1.0%	0.0%	1.0%	0.0%	1.0%	0.0%	2.9%
Total Population	22	1	30	2	23	2	30	2	105
			2006/07						
% African American	1.4%	0.0%	1.4%	0.0%	1.4%	0.0%	1.4%	0.0%	5.7%
% Asian Pacific Islander	1.0%	50.0%	1.0%	50.0%	1.0%	0.0%	1.0%	50.0%	3.8%
% Latino	7.6%	25.0%	9.5%	25.0%	7.6%	18.8%	9.0%	21.1%	33.8%
% Native American	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	1.0%
% White	11.0%	0.0%	15.7%	3.0%	11.0%	0.0%	15.2%	0.0%	52.9%
% Other	0.5%	0.0%	0.5%	0.0%	1.0%	50.0%	1.0%	50.0%	2.9%
Total Population	46	5	59	7	46	4	59	6	210
			2007/08						
% African American	1.4%	0.0%	1.4%	0.0%	1.4%	0.0%	1.4%	0.0%	5.7%
% Asian Pacific Islander	1.0%	50.0%	1.4%	33.3%	1.0%	0.0%	1.4%	33.3%	4.8%
% Latino	8.1%	23.5%	10.0%	23.8%	8.1%	23.5%	9.5%	20.0%	35.7%
% Native American	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	1.0%
% White	10.5%	0.0%	14.8%	3.2%	10.0%	0.0%	14.8%	0.0%	50.0%
% Other	0.5%	0.0%	0.5%	0.0%	1.0%	50.0%	1.0%	50.0%	2.9%
Total Population	46	5	59	7	45	5	60	6	210

## **II. Programs to be developed or expanded**

The following section includes eleven Exhibit 4 workplans for MHSA funding.

#### EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Stanislaus	Fiscal Year: 2005-2006	Program Work Plan Name: Westside Stanislaus Homeless Outreach Program
Program Work Plan #: FSP-01	Estimated Start Date: January 2006	
<p>Description of Program:</p> <p><i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>This will be an expansion to the existing Stanislaus Homeless Outreach Program (SHOP) program by 40 members, increasing the number of consumers that can be served at one time, from 140 to 180. This expansion will primarily be providing culturally and linguistically appropriate services to locally unserved and underserved racially and ethnically diverse consumers. Over three years, program capacity will exceed the number served annually due to admissions and discharges. This program will provide integrated, intensive community services and supports, with 24 hour a day, 7 day a week availability, utilizing a team approach with consumers and family members as team members. The program will utilize the "housing and employment first" approach, with a recovery and client and family centered focus. This service team will be a part of the larger Adult System of Care (ASOC), which includes additional housing resources, respite care, and wellness recovery services. Recovery oriented services are available to all clients who receive services in the ASOC. Collaboration with and outreach to the local underserved communities will be a critical part of this program, as well as collaboration with other agencies including, but not limited to, the Salvation Army, Golden Valley Health Clinics (a Federally Qualified Health Clinic), and the Modesto Police Department. Eight to ten consumers served by this program expansion will be individuals referred by Golden Valley Health Clinics. Golden Valley Health Clinics serves a high percentage of Latino individuals with co-occurring serious mental health/physical health problems.</p> <p>Goals of the program will be a reduction in homelessness, a reduction in incarceration, a reduction in hospitalization, a reduction in emergency room visits, a reduction in institutionalization, and an increase in employment and social community supports.</p>	
<p>Priority Population:</p> <p><i>Describe the situational characteristics of the priority population</i></p>	<p>The priority population will be individuals with serious mental illness who are homeless or at risk of being homeless and/or have co-occurring alcohol and other drug problems and/or physical health problems. The population identified for this service are among the unserved and underserved who live on the Westside of Modesto, South Modesto, and whose race or ethnicity is Latino, African American, Native American or Southeast Asian (Asian/Pacific Islander).</p>	

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Integrated service agency, which provides or brokers all needed services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Intensive community services and supports team, providing services to consumers where they live, 24 hours a day, 7 days a week; includes consumers and family members as team members	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supportive housing; temporary and permanent supportive housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Culturally appropriate services to reach underserved populations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Racial and ethnic specific outreach to eliminate disparities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Vocational Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Development of housing options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Integrated substance abuse and mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach services to persons who are homeless	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.**

Stanislaus Homeless Outreach Program (SHOP) is one of the original AB34 and AB2034 homeless outreach programs. Telecare Corporation operates this program under contract for Stanislaus County Behavioral Health and Recovery Services (BHRS). SHOP provides intensive case management to assist 140 members with serious mental illness who have histories of homelessness complicated by severe and persistent mental illness. As of one the original AB34 programs, the SHOP team has provided outreach, engagement and assertive community treatment services since November 1999. The team has demonstrated success in outreach and engagement, reducing homelessness, reducing incarceration and hospitalization and in increasing employment among clients they serve. Since the inception of the program, this success has been demonstrated in evidence gathered, monitored and presented to the State Department of Mental Health and to the California State Legislature.

This MHSA program proposal will expand this model AB2034 program by increasing the number of consumers served by 40 and focusing on outreach at the West Modesto Community Center, a collaborative community center with services offered by BHRS, Health Services Agency (the County's public health and indigent health care program), the Women, Infants and Children Program, and others. Program capacity, over three years, will exceed the number served annually due to admissions and discharges. Significant effort will be focused on providing culturally and linguistically competent services to Latino, African American, Native American and Southeast Asian (Asian/Pacific Islander) individuals with serious mental illness who are homeless or at risk of becoming homeless, and their families. Effort will be devoted to developing specific strategies to engage and serve Latino individuals, African American males and Asian individuals. Additionally, individuals who are seriously mentally ill and have co-occurring alcohol and other drug problems and physical health problems will be eligible. Eight to ten consumers served by this program expansion will be referrals from Golden Valley Health Clinics. Golden Valley Health Clinics serve a high percentage of Latino individuals with co-occurring serious mental health/physical health problems.

Services will be provided in an integrated manner and, where appropriate, follow the Integrated Dual Disorder Treatment evidence-based practice guidelines. This program will continue to encourage, support and promote peer self-help recovery services as well as consumer employment and consumer-provided services. SHOP will continue to work in close collaboration with other agencies, including but not limited to, other BHRS programs, the Modesto Police Department, Turning Point's Garden Gate Respite Center, Stanislaus County Sheriff's Office, Golden Valley Health Clinic, Health Services Agency, Doctors Medical Center, National Alliance for Mentally Ill Stanislaus, and the Stanislaus Chapter of Mental Health Consumers, among others. Wraparound or flexible funds are currently a part of the SHOP program and will continue to be provided. Transitional housing and supported housing also will be an integral part of these services.

Treatment for individuals with co-occurring disorders is essential to successful recovery and will be available on a case-by-case basis to adults, transition age youth 18 and older, and older adults. According to information provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), serious mental illness is highly correlated with substance dependence or abuse. Individuals with both a serious mental illness and an alcohol or other drug (AOD) addiction, referred to as having co-occurring disorders, are significantly more likely to be hospitalized and may spend twice as long in the hospital. They have higher rates of relapse for both disorders as well as a high risk of suicide. We can assume that other quality of life indicators, e.g., employment, housing, personal relationships, are adversely affected in a similar way.

This treatment needs to occur in a setting in which both the individual's mental illness and AOD addiction are treated simultaneously. It is especially helpful to begin in a residential setting, which guarantees safety and a clean and sober environment. A program specific to co-occurring disorders is being developed at the Stanislaus Recovery Center (SRC); a BHRS operated comprehensive alcohol and drug rehabilitation facility. SRC has shown an ability to be culturally competent and to strongly encourage the involvement of family and/or caregivers. It is expected that this Full Service Partnership Program will purchase capacity at SRC for the participants who need the service. This will guarantee easy and timely access to these services, as it is well known that delays in obtaining AOD treatment seriously compromise the individual's motivation for the services. Furthermore, staff from the FSP will be heavily involved in directing the treatment plan for the participants in the co-occurring disorders treatment to ensure that services are in alignment with all areas of care for the participant.

Street outreach services will continue through the outreach team component of SHOP. Persons are enrolled in SHOP from outreach, as vacancies are available. The outreach team works with consumers who are not yet ready to accept services by using supportive engagement methods. The outreach team also makes referrals to other providers for services, as needed; and provides contact, engagement and some supportive service to consumers when the SHOP program is at capacity.

BHRS has considerable capability and experience in capturing and reporting outcome data. In addition to the BHRS Data Management Services, BHRS has a dedicated Performance Measurement Program devoted to collecting and reporting outcome data. Data Management Services staff maintain an extensive data warehouse that can be utilized by Performance Measurement staff to analyze and report consumer demographic and service data. In addition, BHRS systematically uses Teleform technology to collect data from staff and consumers on a variety of outcome and consumer satisfaction topics. BHRS contract agencies and consumers, as well as BHRS staff are familiar with this technology. BHRS has participated in numerous large projects with heavy data collection and reporting components such as AB2034, Mentally Ill Offender Crime Reduction Grant, Child/Youth Interagency Enrollee-Based Program (IBEP), and the Older Adult Demonstration Project. It is expected that BHRS will be

able quickly and efficiently to initiate efforts to collect and report data as specific outcomes are identified.

### **3) Describe any housing or employment services to be provided.**

Housing first is very much a core value of this program. Doing “whatever it takes” to address a consumer’s housing needs immediately will be done. Often helping with housing can help with engagement and building a trusting relationship between the service provider and the consumer. It is very difficult for a consumer to experience much benefit from services if he/she is homeless or in unsafe housing. Housing strategies may vary over the course of services, transitional or respite housing may be indicated early on, whereas permanent support housing or independent housing is the long-term goal for many consumers. Housing services need to have a number of strategies or options from which to draw. Program specific housing specialists are a part of the program team. The Personal Service Coordinator will also facilitate housing. And finally, the Adult System of Care will provide housing specialists independent from the specific program team to develop housing resources and broker resources for consumers directly. Housing will not be used coercively to force participation in support services.

SHOP will have a vocational/occupational specialist on the team to work with consumers in identifying employment goals. The program will offer occupational therapy assessments, encourage increased independent and community living skills, encourage and facilitate an “employment-first” approach, whereby incoming consumers’ goals around employment are identified and from the beginning of services, consumers are encouraged to consider and to start volunteer work, part-time work, supported employment or education. Barriers, fears and expectations will be identified and addressed. Consumers will also be linked with BHRS employment services at Turning Point, co-located at the Consumer Employment and Empowerment Center (Workplan GSD-05 in this plan). Having a sense of making a contribution to the community and making meaningful use of one’s time is critical to a consumer’s wellness and ongoing recovery. Employment, whether paid or volunteer, is a powerful way to achieve this goal.

SHOP develops employment and volunteer opportunities for the consumers they serve. SHOP has a Housing Specialist who currently develops new housing resources, handles landlord relations, etc. Service coordination services are recovery and harm reduction oriented to encourage the highest level of client empowerment and independence achievable. Community resources are utilized whenever possible to encourage community integration. The program provides dual diagnosis groups and works closely with alcohol and other drug providers in the community to provide services to consumers who are abusing or addicted to alcohol or other drugs.



- 4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.**

The average cost per full-service participant will be \$10,100 per person per year.

- 5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.**

Recovery from mental illness is possible and happens. BHRS is committed to providing services that promote and support a person's recovery and that are generally recovery oriented. SHOP is fully a partner in this focus. The intention is to provide services that promote an individual's chance of recovery.

The Wellness Recovery Center has been providing leadership within the organization in making recovery central to its work. Recovery means different things to different people, but generally it involves client empowerment, client self-direction, improved functioning, reduced impairment, increased hope and a sense of ownership of the overall improvement by the consumer. BHRS held a series of client focus groups in which staff asked consumers to describe their recovery process. A consensus process was utilized over the course of several months, which resulted in Milestones in Recovery from Mental Illness (Attachment 11-9). These Milestones are posted in all BHRS programs. Though not a prescriptive approach to recovery from mental illness, positive feedback has been consistently received from customers about the Milestones applicability in their own recovery process. These Milestones have been benchmarked outside Stanislaus County.

Peer Recovery Specialists will be an important part of the team that supports consumers to find a path to recovery. The entire SHOP team has and will continue to work to incorporate recovery-minded approaches that communicate hope and enhance an individual's quality of life. Westside SHOP's efforts and actions will be in service to the ASOC vision that "recovery is possible".

- 6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.**

The Telecare Corporation, under contract with Stanislaus County Behavioral Health and Recovery Services, operates SHOP. SHOP uses a modified Assertive Community Treatment model, which includes 24 hour a day, 7 day a week services, intensive case management, medication services, clinical interventions as needed, and housing and employment supports. The program has 140 service slots. Changes will be to increase the number of slots to 180 to provide culturally and linguistically appropriate services to local underserved consumers in racially and ethnically diverse communities and to increase family service and participation.

- 7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.**

BHRS recognizes that an individual's natural support system, including his/her family, is essential to recovery. It is also recognized that this natural support system may need support and/or education to be able to provide the best care and support to their loved one. BHRS has a Family Advocate that will be utilized by the SHOP program. Education and support groups will be developed as the need is identified. In addition, the well-established NAMI sponsored "Family to Family" education class will be available. These classes are scheduled on a regular basis throughout the year.

SHOP has a strong commitment and history of utilizing consumers and family members in providing support, services and education. Consumers and family members will be volunteers, as well as, paid part-time and full-time employees. Peer support is a crucial element in instilling hope and in helping engage the person in services.

- 8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.**

Law Enforcement collaborations include participation in the Restorative Policing Program, follow-up on law enforcement referrals made to the Garden Gate Respite Center, as well as regular interaction with patrol officers working with individuals who are homeless, such as joint visits to homeless encampments. Other collaborations exist with the Probation Department and Parole, several drug and alcohol residential and outpatient treatment providers and a variety of housing partner agencies and individuals. BHRS has an excellent collaborative relationship with STANCO (Stanislaus County Affordable Housing Corporation), a local housing developer, with the various law enforcement agencies, and with other County departments. Contractors and County operated programs work very closely as part of an integrated continuum or system of care.

Collaborative relationships with established ethnic organizations in the communities where the priority population live will be important to the success of this expanded service. Stanislaus County has no reservations, no rancherias, nor any Native American human service organizations based in the County. Neighboring counties have rancherias and Native American organizations whose expertise can be utilized to increase the understanding and cultural competency of BHRS leadership and staff. In this way, BHRS will improve system services and outcomes for individuals.

- 9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.**

SHOP will be utilizing a highly individualized, comprehensive approach to assessment and services. This approach will be used to understand each individual's and family history, strengths, needs and vision of their own recovery, including attention to the issues of culture, spirituality, trauma and other factors. An emphasis will be placed on culturally welcoming décor and informational brochures in appropriate languages. SHOP recognizes that service plans and outcomes are built upon respect for the unique preference, strengths, and dignity of each person.

BHRS has a Cultural Competence Oversight Committee, which is responsible for the oversight of the BHRS Cultural Competency Plan. Clinical and Administrative Standards for Cultural Competence have been developed. The Cultural Competence Oversight Committee has reviewed this plan and given feedback.

BHRS recognizes that adults and transitional age young adults with a serious mental illness who are homeless and/or criminally involved are underserved. In addition, as identified in Part II Section II of this plan, people of color with serious mental illness are also underserved in Stanislaus County. SHOP will have 40 participants. Of those 40 participants at least 50% will be designated for people of color. It is intended that staff of the program will reflect the racial and ethnic diversity of the consumers they serve. As a contract agency of BHRS, Telecare must have a Cultural Competency Plan that is submitted to BHRS as part of contract requirements. BHRS monitors Telecare SHOP's compliance to this plan (Telecare's cultural competency plan is not included in this document).

BHRS' training program provides required courses related to develop cultural competency in it and its partner agency staff. These include a continuum of courses from basic to specialized, which have been regularly provided for several years. These courses are provided to all staff including those working for SHOP.

Staff have also received extensive training in recovery and harm reduction techniques. They have ongoing in-service trainings to ensure continued learning. Several staff are in recovery from drug and alcohol addictions and/or mental illness, and the peer component has been invaluable in reminding "non-recovering" staff of the core values.

- 10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.**

Stanislaus County Behavioral Health and Recovery Services and Telecare SHOP recognize that service delivery, service plans, and outcomes are built upon respect for

the unique preference, strengths and dignity of each person. SHOP staff will attend the Lesbian, Gay, Bi-sexual and Transgender training regularly offered by BHRS. They will also utilize existing community supports including PFLAG, Referrals to Friends Coming of Age 12 Step Meeting, and referral of gay, lesbian, bisexual or transgender consumers to Wellness Recovery Center's Peer run Gay/Lesbian Support group for individual and group supports.

Attention to gender sensitivity and the differing psychologies and needs of women and men, boys and girls are considered in providing services. Issues related to who is the primary care giver (traditionally women) in the family (of children and older adult parents), the need for respite care and transportation to benefit from services, women's health issues and domestic violence will be addressed. These issues are especially of concern in the area of treatment of trauma in adults and transition age youth who experience sexual harassment and intimate partner abuse.

**11) Describe how services will be used to meet the service needs for individuals residing out-of-county.**

Full service program staff will travel out-of -county to where the consumer is residing to provide services. Stanislaus County BHRS has contracts with a number of providers outside of the County and the level of service provided is maintained, as it would be if they were in county.

**12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.**

Not applicable.

**13) Please provide a timeline for this work plan, including all critical implementation dates.**

Board of Supervisor approval – October 2005

DMH approval – January 2006

Service expansion to begin immediately – January 2006

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): <u>Stanislaus</u>	Fiscal Year: <u>2005-06</u>
Program Workplan # <u>FSP-01</u>	Date: <u>9/1/05</u>
Program Workplan Name <u>Westside Stanislaus Homeless Outreach Program</u>	Page <u>1</u> of <u>1</u>
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation <u>6</u>
Proposed Total Client Capacity of Program/Service: <u>90</u>	New Program/Service or Expansion <u>Expansion</u>
Existing Client Capacity of Program/Service: <u>70</u>	Prepared by: <u>Laurie Lusk</u>
Client Capacity of Program/Service Expanded through MHSA: <u>20</u>	Telephone Number: <u>(209)525-6096</u>

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene			\$16,100	\$16,100
b. Travel and Transportation			\$8,250	\$8,250
c. Housing			\$52,500	
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports			\$900	\$900
e. Other Support Expenditures (provide description in budget narrative)			<u>\$23,100</u>	<u>\$23,100</u>
f. Total Support Expenditures	\$0	\$0	\$100,850	\$100,850
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)			\$378,633	\$378,633
b. New Additional Personnel Expenditures (from Staffing Detail)			\$104,932	\$104,932
c. Employee Benefits			<u>\$152,051</u>	<u>\$152,051</u>
d. Total Personnel Expenditures	\$0	\$0	\$635,616	\$635,616
<b>3. Operating Expenditures</b>				
a. Professional Services			\$80,636	\$80,636
b. Translation and Interpreter Services				\$0
c. Travel and Transportation			\$2,000	\$2,000
d. General Office Expenditures			\$40,708	\$40,708
e. Rent, Utilities and Equipment			\$47,674	\$47,674
f. Medication and Medical Supports			\$20,375	\$20,375
g. Other Operating Expenses (provide description in budget narrative)			<u>\$9,927</u>	<u>\$9,927</u>
h. Total Operating Expenditures	\$0	\$0	\$201,320	\$201,320
<b>4. Program Management</b>				
a. Existing Program Management			\$118,300	\$118,300
b. New Program Management			<u>\$24,696</u>	<u>\$24,696</u>
c. Total Program Management		\$0	\$142,996	\$142,996
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,080,782</b>	<b>\$1,080,782</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)			\$215,650	\$215,650
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds			\$642,032	\$642,032
e. County Funds				\$0
f. Grants				
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$857,682	\$857,682
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$857,682</b>	<b>\$857,682</b>
<b>C. One-Time CSS Funding Expenditures</b>	<b>\$60,742</b>			<b>\$60,742</b>
<b>D. Total Funding Requirements</b>	<b>\$60,742</b>	<b>\$0</b>	<b>\$223,100</b>	<b>\$283,842</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Westside Stanislaus Homeless Outreach Program - #FSP-01**

County(ies): Stanislaus

Fiscal Year: 2005-06

Date: 9/1/05

**A. Expenditures****1. Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene	\$	16,100
b. Travel and Transportation	\$	8,250
c. Housing	\$	52,500
d. Employment and Education Supports	\$	900
e. Other Support Expenditures	\$	23,100
Ancillary treatment services	\$	23,100
<b>f. Total Support Expenditures</b>	<b>\$</b>	<b>100,850</b>

**2. Personnel Expenditures****a. Current Existing Positions****a. Administrator and Team Leaders**

Program Admin (Bilingual MFT \$47.39 x 2080 x 1 FTE x 1/2 yr)	\$	49,281
SW/Clin Spec/Lead (Licensed MFT \$29 x 2080 x 2 FTE x 1/2 yr)	\$	60,926

**b. Support Staff**

Technician		
Receptionist Typist (13.69 x 2080 x 1FTE x 1/2 year)	\$	14,234
Bilingual Admin Asst/Med Recep. (13.69 x 2080 x 1FTE x 1/2 yr)	\$	14,234
Other Technician		
Business Office Manager (20.22 x 2080 x .45 FTE x 1/2 year)	\$	9,462
Bilingual Receptionist (20.47 x 2080 x .25 FTE x 1/2 Year)	\$	5,323

**c. Program Staff**

Registered Nurse (26.61 x 2080 x .6 FTE x 1/2 year)	\$	16,606
Bilingual Rehab Therapist (16.71 x 2080 x 2 FTE x 1/2 year)	\$	34,761
Rehab Therapist (16.71 X 2080 x 10FTE x 1/2 year)	\$	173,806

**d. Total Current Existing FTEs/Salaries** \$ 378,633

**b. New Additional Positions****a. Program Staff**

SW/Clin Spec/Lead (Licensed MFT-29.29 x 2080 x 1 FTE x 1/2 year)	\$	30,463
Rehab Therapist (16.66 X 2080 x 2FTE x 1/2 year)	\$	34,646
Drug/Alcohol Specialist (16.66 x 2080 x 1 FTE x 1/2 year)	\$	17,323
Occupational Therapist (21.63 x 2080 x 1 FTE x 1/2 year)	\$	22,500

**e. Total New Additional FTE/Salaries** \$ 104,932

**C. Benefits**

\$ 152,051

**f. Total Personnel Expenditures****\$ 635,616****3. Operating Expenditures**

a. Professional Services	\$	80,636
b. Translation and Interpreter Services		
c. Travel and Transportation	\$	2,000
d. General Office Expenditures	\$	40,708
e. Rent, Utilities and Equipment	\$	47,674
f. Medication and Medical Supports	\$	20,375
g. Other Operating Expenses (provide description in budget narrative)	\$	9,927
i. Depreciation	\$	9,342
i. Property Tax	\$	357
i. Property Insurance	\$	229
<b>h. Total Operating Expenditures</b>	<b>\$</b>	<b>201,320</b>

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Westside Stanislaus Homeless Outreach Program - #FSP-01**

County(ies): Stanislaus

Fiscal Year: 2005-06  
Date: 9/1/05

**4. Program Management**

a. Existing Program Management	\$	118,300
b. New Program Management	\$	24,696
c. Total Program Management	<b>\$</b>	<b>142,996</b>

**5. Estimated Total Expenditures when service provider is not known**

\$ -

**6. Total Proposed Program Budget**

\$ 1,080,782

**B. Revenues**

**1. Existing Revenues**

a. Medi-Cal (FFP only)	\$	215,650
b. Medicare/Patient Fees/Patient Insurance		
c. Realignment		
d. State General Funds (AB2034 Funds)	\$	642,032
e. County Funds		
f. Grants		
g. Other Revenue		

**h. Total Existing Revenues**

\$ 857,682

**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

\$ -  
\$ 857,682

**3. Total Revenues**

\$ 857,682

**C. One-Time CSS Funding Expenditures - all expenditures anticipated to spent by 6/30/06**

Space - estimated at \$5000/month	\$	30,000
Dual disorder services	\$	14,742
Furnishings	\$	16,000
Total One-Time Expenditures	\$	60,742

**D. Total County Administration Funding Requirements**

**\$ 283,842**





**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2006-07

Program Workplan # FSP-01 Date: 9/1/05

Program Workplan Name Westside Stanislaus Homeless Outreach Program Page 1 of 1

Type of Funding 1. Full Service Partnership Months of Operation 12

Proposed Total Client Capacity of Program/Service: 180 New Program/Service or Expansion Expansion

Existing Client Capacity of Program/Service: 140 Prepared by: Laurie Lusk

Client Capacity of Program/Service Expanded through MHSA: 40 Telephone Number: (209)525-6096

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene			\$32,200	\$32,200
b. Travel and Transportation			\$16,500	\$16,500
c. Housing			\$109,313	\$109,313
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports			\$1,800	\$1,800
e. Other Support Expenditures (provide description in budget narrative)			\$47,124	\$47,124
f. Total Support Expenditures	\$0	\$0	\$206,937	\$206,937
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)			\$772,420	\$772,420
b. New Additional Personnel Expenditures (from Staffing Detail)			\$214,059	\$214,059
c. Employee Benefits			\$310,184	\$310,184
d. Total Personnel Expenditures	\$0	\$0	\$1,296,663	\$1,296,663
<b>3. Operating Expenditures</b>				
a. Professional Services			\$161,271	\$161,271
b. Translation and Interpreter Services				\$0
c. Travel and Transportation			\$4,000	\$4,000
d. General Office Expenditures			\$81,414	\$81,414
e. Rent, Utilities and Equipment			\$95,347	\$95,347
f. Medication and Medical Supports			\$40,750	\$40,750
g. Other Operating Expenses (provide description in budget narrative)			\$19,853	\$19,853
h. Total Operating Expenditures	\$0	\$0	\$402,635	\$402,635
<b>4. Program Management</b>				
a. Existing Program Management			\$236,600	\$236,600
b. New Program Management			\$49,392	\$49,392
c. Total Program Management		\$0	\$285,992	\$285,992
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	\$0	\$0	\$2,192,227	\$2,192,227
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)			\$444,239	\$444,239
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds			\$1,292,864	\$1,292,864
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$1,737,103	\$1,737,103
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	\$0	\$0	\$1,737,103	\$1,737,103
<b>C. One-Time CSS Funding Expenditures</b>				\$0
<b>D. Total Funding Requirements</b>	\$0	\$0	\$455,124	\$455,124
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Westside Stanislaus Homeless Outreach Program - #FSP-01**

County(ies): Stanislaus

Fiscal Year: 2006-2007

Date: 9/1/05

**A. Expenditures**

**1. Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene	\$	32,200
b. Travel and Transportation	\$	16,500
c. Housing	\$	109,313
d. Employment and Education Supports	\$	1,800
e. Other Support Expenditures	\$	47,124
Dual Disorder services provided at SRC	\$	47,124
<b>f. Total Support Expenditures</b>	<b>\$</b>	<b>206,937</b>

**2. Personnel Expenditures**

**a. Current Existing Positions**

**a. Administrator and Team Leaders**

Program Admin (Bilingual MFT 48.34 x 2080 x 1 FTE )	\$	100,533
SW/Clin Spec/Lead (Licensed MFT 29.88 x 2080 x 2 FTE )	\$	124,289

**b. Support Staff**

Technician		
Receptionist Typist (13.96 x 2080 x 1FTE )	\$	29,037
Bilingual Admin Asst/Med Recep. (13.96 x 2080 x 1FTE)	\$	29,037
Other Technician		
Business Office Manager (20.62 x 2080 x .45 FTE )	\$	19,304
Bilingual Receptionist (20.47 x 2080 x .25 FTE )	\$	10,858

**c. Program Staff**

Registered Nurse (27.14 x 2080 x .6 FTE )	\$	33,876
Bilingual Rehab Therapist (17.05 x 2080 x 2 FTE )	\$	70,915
Rehab Therapist (17.05x 2080 x 10 FTE )	\$	354,573

**d. Total Current Existing FTEs/Salaries** \$ 772,420

**b. New Additional Positions**

**a. Program Staff**

SW/Clin Spec/Lead (Licensed MFT-29.88 x 2080 x 1 FTE )	\$	62,145
Rehab Therapist (16.99 x 2080 x 2FTE )	\$	70,676
Drug/Alcohol Specialist (16.99 x 2080 x 1 FTE )	\$	35,338
Occupational Therapist (22.07 x 2080 x 1 FTE )	\$	45,900

**e. Total New Additional FTE/Salaries** \$ 214,059

**C. Benefits** \$ 310,184

**f. Total Personnel Expenditures** **\$ 1,296,663**

**3. Operating Expenditures**

a. Professional Services	\$	161,271
b. Translation and Interpreter Services		
c. Travel and Transportation	\$	4,000
d. General Office Expenditures	\$	81,414
e. Rent, Utilities and Equipment	\$	95,347
f. Medication and Medical Supports	\$	40,750
g. Other Operating Expenses (provide description in budget narrative)	\$	19,853

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Westside Stanislaus Homeless Outreach Program - #FSP-01**

County(ies): Stanislaus

Fiscal Year: 2006-2007

Date: 9/1/05

i. Depreciation	\$	9,342	
i. Property Tax	\$	357	
i. Property Insurance	\$	229	
h. Total Operating Expenditures			<b>\$ 402,635</b>

**4. Program Management**

a. Existing Program Management	\$	236,600	
b. New Program Management	\$	49,392	
c. Total Program Management			<b>\$ 285,992</b>

**5. Estimated Total Expenditures when service provider is not known**

\$ -

**6. Total Proposed Program Budget**

\$ 2,192,227

**B. Revenues**

**1. Existing Revenues**

a. Medi-Cal (FFP only)	\$	444,239	
b. Medicare/Patient Fees/Patient Insurance			
c. Realignment			
d. State General Funds (AB2034 Funds)	\$	1,292,864	
e. County Funds			
f. Grants			
g. Other Revenue			
h. Total Existing Revenues			<b>\$ 1,737,103</b>

**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**

\$ 1,737,103

**C. One-Time CSS Funding Expenditures**

\$ -

**D. Total County Administration Funding Requirements**

**\$ 455,124**



**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2007-08  
 Program Workplan #: FSP-01 Date: 9/1/05  
 Program Workplan Name: Westside Stanislaus Homeless Outreach Program Page 1 of 1  
 Type of Funding: 1. Full Service Partnership Months of Operation: 12  
 Proposed Total Client Capacity of Program/Service: 180 New Program/Service or Expansion: Expansion  
 Existing Client Capacity of Program/Service: 140 Prepared by: Laurie Lusk  
 Client Capacity of Program/Service Expanded through MHSA: 40 Telephone Number: (209)525-6096

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene			\$32,200	\$32,200
b. Travel and Transportation			\$16,500	\$16,500
c. Housing			\$109,313	
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports			\$1,800	\$1,800
e. Other Support Expenditures (provide description in budget narrative)			<u>\$49,480</u>	<u>\$49,480</u>
f. Total Support Expenditures	\$0	\$0	\$209,293	\$209,293
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)			\$787,869	\$787,869
b. New Additional Personnel Expenditures (from Staffing Detail)			\$218,339	\$218,339
c. Employee Benefits			<u>\$310,184</u>	<u>\$310,184</u>
d. Total Personnel Expenditures	\$0	\$0	\$1,316,392	\$1,316,392
<b>3. Operating Expenditures</b>				
a. Professional Services			\$161,271	\$161,271
b. Translation and Interpreter Services				\$0
c. Travel and Transportation			\$4,000	\$4,000
d. General Office Expenditures			\$81,414	\$81,414
e. Rent, Utilities and Equipment			\$95,347	\$95,347
f. Medication and Medical Supports			\$40,750	\$40,750
g. Other Operating Expenses (provide description in budget narrative)			<u>\$19,853</u>	<u>\$19,853</u>
h. Total Operating Expenditures	\$0	\$0	\$402,635	\$402,635
<b>4. Program Management</b>				
a. Existing Program Management			\$236,600	\$236,600
b. New Program Management			<u>\$49,392</u>	<u>\$49,392</u>
c. Total Program Management		\$0	\$285,992	\$285,992
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	\$0	\$0	<b>\$2,214,312</b>	<b>\$2,214,312</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)			\$444,239	\$444,239
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds			\$1,292,593	\$1,292,593
e. County Funds				\$0
f. Grants				
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$1,736,832	\$1,736,832
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	\$0	\$0	\$1,736,832	\$1,736,832
<b>C. One-Time CSS Funding Expenditures</b>				\$0
<b>D. Total Funding Requirements</b>	\$0	\$0	<b>\$477,480</b>	<b>\$477,480</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Westside Stanislaus Homeless Outreach Program - #FSP-01**

County(ies): Stanislaus

Fiscal Year: 2007-2008

Date: 9/1/05

**A. Expenditures**

**1. Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene	\$	32,200
b. Travel and Transportation	\$	16,500
c. Housing	\$	109,313
d. Employment and Education Supports	\$	1,800
e. Other Support Expenditures	\$	49,480
Dual Disorder services provided at SRC	\$	49,480
<b>f. Total Support Expenditures</b>	<b>\$</b>	<b>209,293</b>

**2. Personnel Expenditures**

**a. Current Existing Positions**

**a. Administrator and Team Leaders**

Program Admin (Bilingual MFT 48.34 x 2080 x 1 FTE )	\$	102,544
SW/Clin Spec/Lead (Licensed MFT 29.88 x 2080 x 2 FTE )	\$	126,775

**b. Support Staff**

Technician		
Receptionist Typist (13.96 x 2080 x 1FTE )	\$	29,617
Bilingual Admin Asst/Med Recep. (13.96 x 2080 x 1FTE)	\$	29,617
Other Technician		
Business Office Manager (20.62 x 2080 x .45 FTE )	\$	19,690
Bilingual Receptionist (20.47 x 2080 x .25 FTE )	\$	11,075

**c. Program Staff**

Registered Nurse (27.14 x 2080 x .6 FTE )	\$	34,554
Bilingual Rehab Therapist (17.05 x 2080 x 2 FTE )	\$	72,333
Rehab Therapist (17.05 x 2080 x 10FTE )	\$	361,664

**d. Total Current Existing FTEs/Salaries** \$ 787,869

**b. New Additional Positions**

**a. Program Staff**

SW/Clin Spec/Lead (Licensed MFT-29.88 x 2080 x 1 FTE )	\$	63,387
Rehab Therapist (16.99 x 2080 x 2FTE )	\$	72,089
Drug/Alcohol Specialist (16.99 x 2080 x 1 FTE )	\$	36,045
Occupational Therapist (22.07 x 2080 x 1 FTE )	\$	46,818

**e. Total New Additional FTE/Salaries** \$ 218,339

**C. Benefits** \$ 310,184

**f. Total Personnel Expenditures** **\$ 1,316,392**

**3. Operating Expenditures**

a. Professional Services	\$	161,271
b. Translation and Interpreter Services		
c. Travel and Transportation	\$	4,000
d. General Office Expenditures	\$	81,414
e. Rent, Utilities and Equipment	\$	95,347
f. Medication and Medical Supports	\$	40,750
g. Other Operating Expenses (provide description in budget narrative)	\$	19,853
i. Depreciation	\$	9,342
i. Property Tax	\$	357

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Westside Stanislaus Homeless Outreach Program - #FSP-01**

County(ies): Stanislaus

Fiscal Year: 2007-2008

Date: 9/1/05

i. Property Insurance	\$	229	
h. Total Operating Expenditures	\$		<b>402,635</b>
<b>4. Program Management</b>			
a. Existing Program Management	\$		236,600
b. New Program Management	\$		49,392
c. Total Program Management	\$		<b>285,992</b>
<b>5. Estimated Total Expenditures when service provider is not known</b>	\$		-
<b>6. Total Proposed Program Budget</b>	\$		2,214,312
<b>B. Revenues</b>			
<b>1. Existing Revenues</b>			
a. Medi-Cal (FFP only)	\$		444,239
b. Medicare/Patient Fees/Patient Insurance			
c. Realignment			
d. State General Funds (AB2034 Funds)	\$		1,292,593
e. County Funds			
f. Grants			
g. Other Revenue			
<b>h. Total Existing Revenues</b>	\$		1,736,832
<b>2. New Revenues</b>			
a. Medi-Cal (FFP only)			
b. Medicare/Patient Fees/Patient Insurance			
c. State General Funds			
d. Other Revenue			
e. Total New Revenue	\$		-
<b>3. Total Revenues</b>	\$		1,736,832
<b>C. One-Time CSS Funding Expenditures</b>	\$		-
<b>D. Total County Administration Funding Requirements</b>	\$		<b>477,480</b>





#### EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Stanislaus	Fiscal Year: 2005-2006	Program Work Plan Name: Juvenile Justice Full Service Partnership Program
Program Work Plan #: FSP-02	Estimated Start Date: January 2006	
<p>Description of Program:  <i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>Stanislaus County Behavioral Health and Recovery Services (BHRS) has been working collaboratively and successfully with the Stanislaus County Probation Department since the early 1990's. This Full Service Partnership Program (FSP) adds a new component and significantly expands the already successful Juvenile Justice Mental Health Program.</p> <p>The program will provide 24 hour a day, 7 day a week crisis response services and on-site intensive mental health services in the Juvenile Justice Mental Health Program to a new group of 25 high-risk youth (primarily ages 13 to 19) and their families. Over three years program capacity, will exceed the number served annually due to admissions and discharges. All of the targeted youth have a diagnosis of a serious emotional disturbance and are on formal or informal probation. The high-risk youth targeted for this FSP have historically been "hard to engage" and have not responded to traditional levels of mental health services. As a result, they tend to become more seriously ill, have more aggressive behavior and higher rates of incarceration and institutionalization. The FSP will be designed to do "whatever it takes" to engage with these seriously emotionally disturbed youth.</p> <p>Goals of the program are to reduce recidivism, to reduce out-of-home placement, to reduce homelessness and to reduce involuntary hospitalization and institutionalization.</p> <p>There are many high-risk youth, with serious emotional disturbance, who become involved in the Juvenile Justice System and who continue to be seriously underserved. Many of these youth are from racially and ethnically diverse communities. Most of them are uninsured or underinsured. The majority of these youth live in families that are difficult to engage. Many of them come from closed family systems that are resistant to interaction with outside influences. Oftentimes, domestic violence is present in the family system, as well as gang involvement and multi-generational incarceration.</p> <p>This program will serve high-risk youth who have not responded to attempts at engagement in traditional levels of service and who come from the above-mentioned types of family environments. Due to the severity of the serious emotional disturbance, the levels of aggression involved in the crimes committed and continued recidivism; these youth are often made formal wards of the court and are at persistent risk of out-of-home placement.</p>	
<p>Priority Population:  <i>Describe the situational characteristics of the priority population</i></p>		

	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)							
Youth involvement in planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culture and gender specific services in the community	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services and support in the community and at home	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis services 24 hours a day, 7 days a week, mobile crisis response	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education for youth and families	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-site services at Juvenile Probation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services located in racially and ethnically diverse communities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrated services and supports with co-occurring services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Values driven, evidence-based clinical services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive family partnership educational opportunities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent partnerships	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith-based collaboration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.**

The proposal is to develop the first full service partnership program for high-risk youth (ages 13 to 19) in Stanislaus County who are involved in the Juvenile Justice System. The FSP Program will be part of the existing Juvenile Justice Mental Health Program. The FSP will serve 25 high-risk youth who are on formal or informal probation. Program capacity, over three years, will exceed the number annually due to admissions and discharges. Many of these youth are from racially and ethnically diverse communities. Most of them are uninsured or underinsured. The majority of these youth live in families that are difficult to engage. Many of them come from closed family systems that are resistant to interaction with outside influences. Oftentimes, domestic violence is present in the family system, as well as gang involvement and multi-generational incarceration. Program goals are to reduce recidivism, reduce out-of-home placement, reduce homelessness, and reduce involuntary hospitalization and institutionalization. Program staff will include one service coordinator, one bicultural Mental Health Clinician who is bilingual in Spanish, and one parent support person.

Services offered to youth and their families will include individual and family therapy, weekly groups for youth that focus specifically on aggression reduction, 24 hour a day, 7 day a week crisis response and support, and one staff person who will act as a single point of responsibility for each youth and family to ensure strong collaboration with the youth's Probation Officer.

MHSA funds cannot be used to fund the Probation Officer needed to make the team complete. In the first year of the program, it will be necessary to rely on the existing collaborative relationship with the Probation Department interfacing with the existing Juvenile Justice Mental Health Program (i.e., the 3015 program). In the first year of the program, youth in this expanded program will be assigned to the 3015 Probation Officer. This is to ensure that a Probation Officer who is experienced in working with mental health consumers is assigned to the youth. In subsequent years, it is anticipated that BHRS will shift other funding that can be used to fund a Probation Officer assigned to the team.

Youth and their families will have the opportunity to articulate their own strengths and needs. They will be asked to state their goals in seeking treatment and what services they think are required to meet these goals. Service plans will be clearly related to the youth and family's beliefs, opinions and preferences. Individual and family therapy providers will communicate in a clear and honest fashion with youth and families to ensure that they are respected and have the information they need to make informed decisions about their services. These practices apply to all issues related to diversity.

The concepts of recovery from mental illness will be introduced to each youth and family at the beginning of contact with the program and will be woven into services throughout treatment. Each family will initially be assessed with regard to their capacity to cope with the stresses of having a seriously emotionally disturbed youth in the Juvenile

Justice System. Throughout treatment, each family will be supported to develop new capacities to cope and to be resilient in stressful circumstances.

All of the above advances the goals of the MHSA by providing a consumer-driven service for an underserved population. It incorporates multi-agency collaboration and integration with services in Stanislaus County. Through collaboration with the Probation Department and other community agencies, youth and their families will receive integrated services that are seamless and family-driven. The program will offer culturally appropriate and relevant services by ensuring that service providers can offer linguistically and culturally appropriate services that correspond with the characteristics of the target population. Services will be consumer and family driven and will be individualized so as to be respectful of both the needs and strengths of youth and families. The focus will be on the resiliency of the family and the individual, as well as the ability to be “well”. Youth and their families will be encouraged to participate fully in having hope for their future. The opportunity to “give back” to the program and community at large will be part of the recovery-oriented approach.

BHRS has considerable capability and experience in capturing and reporting outcome data. In addition to the BHRS Data Management Services, BHRS has a dedicated Performance Measurement Program devoted to collecting and reporting outcome data. Data Management Services staff maintain an extensive data warehouse that can be utilized by Performance Measurement staff to analyze and report consumer demographic and service data. In addition, BHRS systematically uses Teleform technology to collect data from staff and consumers on a variety of outcome and consumer satisfaction topics. BHRS contract agencies and consumers, as well as BHRS staff are familiar with this technology. BHRS has participated in numerous large projects with heavy data collection and reporting components such as AB2034, Mentally Ill Offender Crime Reduction Grant, Child/Youth Interagency Enrollee-Based Program (IEBP), and the Older Adult Demonstration Project. It is expected that BHRS will be able quickly and efficiently to initiate efforts to collect and report data as specific outcomes are identified.

### **3) Describe any housing or employment services to be provided.**

The Juvenile Justice Full Service Partnership Program will utilize housing resources that currently exist in the Adult System of Care. It will also utilize the Pathways and Visions supported housing programs for Transitional Age Youth. Both programs provide housing as well as educational and vocational programming. For younger consumers, BHRS will provide assistance with vocational training and opportunities through the partnership Stanislaus County has with Excell Center (a group home of Moss Beach Homes that has an extensive program for vocational training and education funded by the Stanislaus County Department of Employment and Training).

**4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.**

The average cost per participant is estimated at \$9,985.00 per child and family. The program will be entirely funded by MHSA Full Service Partnership Funds.

**5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.**

As mentioned above, the concepts of recovery and resiliency will be a key element in the program. Recovery and resiliency will be embedded in the program through all interventions that will focus on the strengths of the family and work toward the goal of enhancing those strengths and self-sufficiency. Former participants will be encouraged to “give back” to the program as either peer or parent mentors. Weekly aggression reduction groups will allow youth an open opportunity to discuss their efforts to manage their anger appropriately. Peer support will be an important component of the work in aggression reduction groups.

BHRS held a series of client focus groups in which staff asked consumers to describe their recovery process. A consensus process was utilized over the course of several months, which resulted in Milestones in Recovery from Mental Illness (see page 9 of attachment 11). Though not a prescriptive approach to recovery from mental illness, positive feedback has been consistently received from customers about the Milestones applicability in their own recovery process. Milestones in Recovery posters will be posted throughout the program site. These Milestones emphasize hope, enjoying the benefits of giving back, beginning to recognize and examine one’s distress, and the importance of voluntary action and taking ownership of recovery from one’s mental health issues.

The values of recovery will be promoted as staff work with consumers in developing their self-directed care plans. These plans will incorporate both the principles of wellness in general as well as the principles of wellness recovery specific to their mental health conditions. Program staff will receive training in mental health collaborative work, recovery-oriented work with consumers, and consumer- and family-driven service planning.

**6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.**

The Full Service Partnership program is a new program that will be co-located with an existing successful Juvenile Justice Mental Health Program. Juvenile Justice Mental Health is a program that represents successful collaboration between BHRS and the Stanislaus County Probation Department. The existing program employs mental health clinicians, service coordinators and a psychiatrist who work with youth in custody at Juvenile

Hall and in an outpatient center located on the Juvenile Justice campus. The youth who are seen in the outpatient center live with family, in foster placement or in group homes. The existing program does not have the 24-hour a day, 7 day a week component. Although the program has had many successes, it has never been able to serve as many youth and families as fully needed or provide 24 hour a day, 7-day a week support and crisis response.

The program will have a separate team of staff who will be dedicated to working with the 25 high-risk youth and families identified for entry into the program and will establish a “what ever it takes” standard of working with these youth and families.

**7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.**

Consumers and family members will provide peer-to-peer mentoring and support as a part of the Full Service Partnership program. Early graduates of the program will be supported to participate as peer and parent mentors within the first year and on an ongoing basis throughout the program. Peer and parent mentors will be considered part of the service delivery team and will be an essential part of day-to-day operations of the program.

**8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.**

A multi-agency collaborative called the Interagency Review Board currently exists within the Stanislaus County Children’s System of Care. Membership of the Interagency Review Board consists of representatives of local group home and foster home agencies, BHRS staff, Probation Department staff, Child Welfare staff, Modesto City Schools staff, and Stanislaus SELPA staff. The goal of the Interagency Review Board is to bring together resource staff from key agencies to assist families, provide improved system services and improved outcomes for youth in the program.

A key partnership in this program is the Probation Department, the primary source of referrals into the program. As part of the commitment to provide integrated services, designated Probation Officers attend weekly staff meetings of the existing Juvenile Justice Mental Health Program, as they will with the new FSP program. By utilizing the Probation Officer assigned to Juvenile Justice Mental Health, it ensures the seamless provision of services between the Probation Department and the Full Service Partnership Juvenile Justice Program.

**9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.**

While overall, children and youth from culturally and linguistically diverse communities receive more services than adults from the same communities, it varies widely among groups within the children and youth age group. Significant effort will be made to enroll Latino, African American and Southeast Asian American (Asian/Pacific Islander) youth in the Juvenile Justice Full Service Partnership Program with the goal of successfully moving them out of the Criminal Justice System completely and permanently. Methods to be employed will include staff and peer and family mentors who are bilingual and bicultural. Parenting groups will be conducted in the preferred language of the participant families. In all aspects of services, particular attention will be paid to the specific cultural concerns of the family as it relates to the use of relevant community supports, traditional values and beliefs and family histories. An emphasis will be placed on culturally welcoming décor and informational brochures in appropriate languages. The Interagency Review Board will be culturally and linguistically diverse.

In addition, BHRS has a Cultural Competence Oversight Committee, which is responsible for the oversight of the organization's Cultural Competency Plan. Clinical and Administrative Standards for Cultural Competence have also been developed. The Cultural Competence Oversight Committee has reviewed this plan and given input.

Stanislaus County has no reservations, no rancherias, nor any Native American human service organizations based in the County. Neighboring counties have rancherias and Native American organizations whose expertise can be utilized to increase the understanding and cultural competency of BHRS leadership and staff. In this way, BHRS will improve system services and outcomes for individuals.

**10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.**

BHRS staff is trained on gender differences as well as lesbian, gay, bisexual, and transgender (LGBT) issues. The existing staff is diverse with regard to sexual orientation. These staff will be able to lend their expertise to the new program. In being client centered and strength based, service plans will be tailored to the needs of the individual and family. This includes sensitivity to, and competence in, working with this population. Furthermore, referrals will be made to partner agencies that provide support groups for gay and lesbian teenagers such as Diversity Plus, which is operated by a local private non-profit organization. Referrals will also be made to PFLAG and other programs within the community. A recent workgroup focused on improving service provision to LGBT clients has begun and will be used as consultants for all programming.

Attention to gender sensitivity and the differing psychologies and needs of women and men, boys and girls are considered in providing services. Issues related to who is the primary care giver (traditionally women) in the family (of children and older adult parents), the need for respite care and transportation to benefit from services, women's health issues and domestic violence will be addressed. These issues are especially of concern in the area of treatment of trauma in transition age youth who experience sexual harassment and intimate partner abuse.

**11) Describe how services will be used to meet the service needs for individuals residing out-of-county.**

High-risk youth who are identified for the Juvenile Justice Full Service Partnership Program who reside out-of-county will begin to receive engagement services as soon as it is appropriate to do so given the residential treatment setting. In addition to engagement, one of the initial goals of services will be establishing appropriate family and community supports within Stanislaus County. Ultimately, the goal of re-establishing residence within Stanislaus County will enable the youth and their family to benefit from the full service partnership program.

**12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.**

Not applicable.

**13) Please provide a timeline for this work plan, including all critical implementation dates.**

The following timeline is tentative:

Board of Supervisor Approval – October 05  
DMH approval of CSS plan – January 06  
Recruit, hire and train program staff – January – March 06  
Expansion of physical space of existing Juvenile Justice Mental Health Program – January – February 06  
Program services to begin March 1, 2006



**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2005-06  
 Program Workplan # FSP-02 Date: 9/1/05  
 Program Workplan Name Juvenile Justice Full Service Partnership Page 1 of 1  
 Type of Funding 1. Full Service Partnership Months of Operation 6  
 Proposed Total Client Capacity of Program/Service: 113 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 100 Prepared by: Mandip Dhillon  
 Client Capacity of Program/Service Expanded through MHSA: 13 Telephone Number: (209)525-6273

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene	\$1,250			\$1,250
b. Travel and Transportation	\$1,750			\$1,750
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports	\$2,500			\$2,500
e. Other Support Expenditures (provide description in budget narrative)	\$5,000			\$5,000
f. Total Support Expenditures	\$10,500	\$0	\$0	\$10,500
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$377,704			\$377,704
b. New Additional Personnel Expenditures (from Staffing Detail)	\$75,855			\$75,855
c. Employee Benefits	\$169,100			\$169,100
d. Total Personnel Expenditures	\$622,659	\$0	\$0	\$622,659
<b>3. Operating Expenditures</b>				
a. Professional Services	\$1,250			\$1,250
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$1,880			\$1,880
d. General Office Expenditures	\$9,925			\$9,925
e. Rent, Utilities and Equipment	\$6,450			\$6,450
f. Medication and Medical Supports	\$375			\$375
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$19,880	\$0	\$0	\$19,880
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	<b>\$653,039</b>	<b>\$0</b>	<b>\$0</b>	<b>\$653,039</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)	\$93,662			\$93,662
b. Medicare/Patient Fees/Patient Insurance	\$1,289			\$1,289
c. Realignment	\$167,944			\$167,944
d. State General Funds	\$91,628			\$91,628
e. County Funds	\$0			\$0
f. Grants	\$94,603			\$94,603
g. Other Revenue	\$78,913			\$78,913
h. Total Existing Revenues	\$528,039	\$0	\$0	\$528,039
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	<b>\$528,039</b>	<b>\$0</b>	<b>\$0</b>	<b>\$528,039</b>
<b>C. One-Time CSS Funding Expenditures</b>	<b>\$128,260</b>			<b>\$128,260</b>
<b>D. Total Funding Requirements</b>	<b>\$253,260</b>	<b>\$0</b>	<b>\$0</b>	<b>\$253,260</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Juvenile Justice Full Service Partnership - Workplan # FSP-02**

County(ies): Stanislaus

Fiscal Year: 2005-06  
Date: 9/1/05**A. Expenditures**

Planned Cost for six months (.5 Year)

**Personnel Expenditures**

a. Current Existing Personnel Expenditures (from Staffing Detail)		
Administrative Clerk III - 0.75 FTE	14,753	
Behavioral Health Specialist II - 3 FTEs	84,059	
MH Clinician II (Coordinator) - 1 FTE	46,754	
MH Clinician II - 7 FTEs	232,138	
Total Existing Personnel		\$377,704
b. New Additional Personnel Expenditures (from Staffing Detail)		
Administrative Clerk III - 1 FTE (\$15.39/hr x 2080 hrs x .5)	16,006	
Behavioral Health Specialist II - 1 FTE (\$21.35/hr x 2080 hrs x .5)	22,204	
Psychiatrist - .1 FTE (\$82.27/hr x 2080 hrs x .5 x .1FTE)	8,556	
MH Clinician II - 1 FTE (\$27.97/hr x 2080 hrs x .5)	29,089	
Total New Personnel		\$75,855
c. Employee Benefits (estimated at 38% of salaries above)		\$169,100
d. Total Personnel Expenditures		<b>\$622,659</b>

**Operating Expenditures****Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene		\$1,250
Dry Goods	750	
Food	500	
b. Travel and Transportation (estimated-patient related travel \$.425/mile & other)		\$1,750
c. Housing		\$0
d. Employment and Education Supports (estimated @ \$20/client)		\$2,500
e. Other Support Expenditures (estimated incidental expenses-wraparound @ \$40/client)		\$5,000
f. Total Support Expenditures		<b>\$10,500</b>

**Operating Expenditures (Remaining)**

a. Professional Services (psychiatric services to client)		\$1,250
b. Translation and Interpreter Services		\$0
c. Travel and Transportation (estimated staff mileage-4420 miles @ \$.425/mile)		\$1,880
d. General Office Expenditures		\$9,925
Communications	1,500	
Maintenance-Structures/Grounds	2,500	
Office Supplies	1,000	
Postage	75	
Books and Periodicals	75	
Educational Materials	250	
Alarm & Answering Service	300	
Education & Training	1,000	
Meeting Allowance	100	
Bottled Water Services	125	
Conferences & Seminars	3,000	
e. Rent, Utilities and Equipment		\$6,450
Janitorial Services	1,200	
Maintenance-Equipment	300	
Office Equipment	750	
Computers	-	
Rents & Leases-Equipment	1,800	

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Juvenile Justice Full Service Partnership - Workplan # FSP-02**

County(ies): Stanislaus

Fiscal Year: 2005-06  
Date: 9/1/05

Rents &amp; Leases-Structure &amp; Grounds

-

Utilities

2,400

f. Medication and Medical Supports (pharmacy cost)

\$375

g. Other Operating Expenses

\$0

h. Total Operating Expenditures

**\$19,880****Total Proposed Program Budget****\$653,039****B. Revenues****1. Existing Revenues**

a. Medi-Cal (FFP only)

\$93,662

b. Medicare/Patient Fees/Patient Insurance

\$1,289

c. Realignment

\$167,944

d. State General Funds

\$91,628

e. County Funds

\$0

f. Grants

\$94,603

g. Other Revenue (STOP)

\$78,913

h. Total Existing Revenues

**\$528,039****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

**\$0****3. Total Revenues****\$528,039****C. One-Time CSS Funding Expenditures - all expenditures anticipated to spent by 6/30/06**

Expand trailer to triple-wide &amp; furnish

\$100,000

Dual Disorder services

\$8,260

Curriculum Materials

\$10,000

PCs &amp; Workstations 5 @ \$2000 each

\$10,000

Total One-Time Expenditures

**\$128,260****Total Funding Requirements****\$253,260**

Telephone Number: (209)525-6273

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2006-07

Program Workplan # FSP-02 Date: 9/1/05

Program Workplan Name Juvenile Justice Full Service Partnership Page 1 of 1

Type of Funding 1. Full Service Partnership Months of Operation 12

Proposed Total Client Capacity of Program/Service: 125 New Program/Service or Expansion Expansion

Existing Client Capacity of Program/Service: 100 Prepared by: Mandip Dhillon

Client Capacity of Program/Service Expanded through MHSA: 25 Telephone Number: (209)525-6273

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene	\$2,500			\$2,500
b. Travel and Transportation	\$3,500			\$3,500
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports	\$5,000			\$5,000
e. Other Support Expenditures (provide description in budget narrative)	<u>\$10,000</u>			<u>\$10,000</u>
f. Total Support Expenditures	\$21,000	\$0	\$0	\$21,000
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$778,068			\$778,068
b. New Additional Personnel Expenditures (from Staffing Detail)	\$156,260			\$156,260
c. Employee Benefits	<u>\$348,347</u>			<u>\$348,347</u>
d. Total Personnel Expenditures	\$1,282,675	\$0	\$0	\$1,282,675
<b>3. Operating Expenditures</b>				
a. Professional Services	\$2,500			\$2,500
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$3,760			\$3,760
d. General Office Expenditures	\$19,850			\$19,850
e. Rent, Utilities and Equipment	\$54,900			\$54,900
f. Medication and Medical Supports	\$750			\$750
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$81,760	\$0	\$0	\$81,760
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	<b>\$1,385,435</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,385,435</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)	\$229,634			\$229,634
b. Medicare/Patient Fees/Patient Insurance	\$2,577			\$2,577
c. Realignment	\$371,742			\$371,742
d. State General Funds	\$179,451			\$179,451
e. County Funds				\$0
f. Grants	\$189,205			\$189,205
g. Other Revenue	<u>\$157,826</u>			<u>\$157,826</u>
h. Total Existing Revenues	\$1,130,435	\$0	\$0	\$1,130,435
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	<b>\$1,130,435</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,130,435</b>
<b>C. One-Time CSS Funding Expenditures</b>				<b>\$0</b>
<b>D. Total Funding Requirements</b>	<b>\$255,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$255,000</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Juvenile Justice Full Service Partnership - Workplan # FSP-02**

County(ies): Stanislaus

Fiscal Year: 2006-07

Date: 9/1/05

**A. Expenditures**

Planned Cost for one year

**Personnel Expenditures**

a. Current Existing Personnel Expenditures (from Staffing Detail)		
Administrative Clerk III - 0.75 FTE (increased 3% from prior year)	30,391	
Behavioral Health Specialist II - 3 FTEs (increased 3% from prior year)	173,162	
MH Clinician II (Coordinator) - 1 FTEs (increased 3% from prior year)	96,313	
MH Clinician II - 7 FTEs (increased 3% from prior year)	478,202	
Total Existing Personnel		\$778,068
b. New Additional Personnel Expenditures (from Staffing Detail)		
Administrative Clerk III - 1 FTE (\$15.39/hr x 2080 hrs-increased 3% from pr yr)	32,971	
Behavioral Health Specialist II - 1 FTE (\$21.35/hr x 2080 hrs-increased 3%)	45,740	
Psychiatrist - .1 FTE (\$84.74/hrx2080 hrs x .1FTE)3% increase from Pr Yr	17,626	
MH Clinician II - 1 FTE (\$27.97/hr x 2080 hrs-increased 3% from pr yr)	59,923	
Total New Personnel		\$156,260
c. Employee Benefits (estimated at 38% of salaries above)		\$348,347
d. Total Personnel Expenditures		<b>\$1,282,675</b>

**Operating Expenditures****Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene		\$2,500
Dry Goods	1,500	
Food	1,000	
b. Travel and Transportation (estimated-patient related travel \$.425/mile & other)		\$3,500
c. Housing		\$0
d. Employment and Education Supports (estimated @ \$20/client)		\$5,000
e. Other Support Expenditures (estimated incidental expenses-wraparound @ \$40/client)		\$10,000
f. Total Support Expenditures		<b>\$21,000</b>

**Operating Expenditures (Remaining)**

a. Professional Services (psychiatric services to client)		\$2,500
b. Translation and Interpreter Services		\$0
c. Travel and Transportation (estimated staff mileage-4420 miles @ \$.425/mile)		\$3,760
d. General Office Expenditures		\$19,850
Communications	3,000	
Maintenance-Structures/Grounds	5,000	
Office Supplies	2,000	
Postage	150	
Books and Periodicals	150	
Educational Materials	500	
Alarm & Answering Service	600	
Education & Training	2,000	
Meeting Allowance	200	
Bottled Water Services	250	
Conferences & Seminars	6,000	
e. Rent, Utilities and Equipment		\$54,900
Janitorial Services	2,400	
Maintenance-Equipment	600	
Office Equipment	1,500	
Computers	-	
Rents & Leases-Equipment	3,600	
Rents & Leases-structure & Grounds (\$3500/month)	42,000	
Utilities (\$400/month)	4,800	

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Juvenile Justice Full Service Partnership - Workplan # FSP-02**

County(ies): Stanislaus

Fiscal Year: 2006-07  
Date: 9/1/05

f. Medication and Medical Supports (pharmacy cost)	\$750	
g. Other Operating Expenses	\$0	
h. Total Operating Expenditures		<b>\$81,760</b>

<b>Total Proposed Program Budget</b>		<b>\$1,385,435</b>
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**B. Revenues**

**1. Existing Revenues**

a. Medi-Cal (FFP only)	\$229,634	
b. Medicare/Patient Fees/Patient Insurance	\$2,577	
c. Realignment	\$371,742	
d. State General Funds	\$179,451	
e. County Funds	\$0	
f. Grants	\$189,205	
g. Other Revenue (STOP)	\$157,826	
h. Total Existing Revenues		<b>\$1,130,435</b>

**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		<b>\$0</b>

<b>3. Total Revenues</b>		<b>\$1,130,435</b>
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<b>Total Funding Requirements</b>		<b>\$255,000</b>
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**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2007-08

Program Workplan # FSP-02 Date: 9/1/05

Program Workplan Name Juvenile Justice Full Service Partnership Page 1 of 1

Type of Funding 1. Full Service Partnership Months of Operation 12

Proposed Total Client Capacity of Program/Service: 125 New Program/Service or Expansion Expansion

Existing Client Capacity of Program/Service: 100 Prepared by: Mandip Dhillon

Client Capacity of Program/Service Expanded through MHSA: 25 Telephone Number: (209)525-6273

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene	\$2,500			\$2,500
b. Travel and Transportation	\$3,500			\$3,500
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports	\$5,000			\$5,000
e. Other Support Expenditures (provide description in budget narrative)	<u>\$10,000</u>			<u>\$10,000</u>
f. Total Support Expenditures	\$21,000	\$0	\$0	\$21,000
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$801,412			\$801,412
b. New Additional Personnel Expenditures (from Staffing Detail)	\$160,947			\$160,947
c. Employee Benefits	<u>\$358,798</u>			<u>\$358,798</u>
d. Total Personnel Expenditures	\$1,321,157	\$0	\$0	\$1,321,157
<b>3. Operating Expenditures</b>				
a. Professional Services	\$2,500			\$2,500
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$3,760			\$3,760
d. General Office Expenditures	\$19,850			\$19,850
e. Rent, Utilities and Equipment	\$54,900			\$54,900
f. Medication and Medical Supports	\$750			\$750
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>
h. Total Operating Expenditures	\$81,760	\$0	\$0	\$81,760
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	<b>\$1,423,917</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,423,917</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)	\$245,927			\$245,927
b. Medicare/Patient Fees/Patient Insurance	\$2,577			\$2,577
c. Realignment	\$365,416			\$365,416
d. State General Funds	\$195,216			\$195,216
e. County Funds				\$0
f. Grants	\$189,205			\$189,205
g. Other Revenue	<u>\$157,826</u>			<u>\$157,826</u>
h. Total Existing Revenues	\$1,156,167	\$0	\$0	\$1,156,167
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	\$1,156,167	\$0	\$0	\$1,156,167
<b>C. One-Time CSS Funding Expenditures</b>				<b>\$0</b>
<b>D. Total Funding Requirements</b>	<b>\$267,750</b>	<b>\$0</b>	<b>\$0</b>	<b>\$267,750</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Juvenile Justice Full Service Partnership - Workplan # FSP-02**

County(ies): Stanislaus

Fiscal Year: 2007-08

Date: 9/1/05

**A. Expenditures**

Planned Cost for one year

**Personnel Expenditures**

a. Current Existing Personnel Expenditures (from Staffing Detail)		
Administrative Clerk III - 0.75 FTE (increased 3% from prior year)	31,303	
Behavioral Health Specialist II - 3 FTEs (increased 3% from prior year)	178,357	
MH Clinician II (Coordinator)- 1 FTEs (increased 3% from prior year)	99,202	
MH Clinician II - 7 FTEs (increased 3% from prior year)	492,550	
Total Existing Personnel		\$801,412
b. New Additional Personnel Expenditures (from Staffing Detail)		
Administrative Clerk III - 1 FTE (\$15.39/hr x 2080 hrs-increased 3% from pr yr)	33,960	
Behavioral Health Specialist II - 1 FTE (\$21.35/hr x 2080 hrs-increased 3%)	47,112	
Psychiatrist - .1 FTE (\$87.28/hrx2080 hrs x .1FTE)3% increase from Pr Yr	18,154	
MH Clinician II - 1 FTE (\$27.97/hr x 2080 hrs-increased 3% from pr yr)	61,721	
Total New Personnel		\$160,947
c. Employee Benefits (estimated at 38% of salaries above)		\$358,798
d. Total Personnel Expenditures		<b>\$1,321,157</b>

**Operating Expenditures****Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene		\$2,500
Dry Goods	1,500	
Food	1,000	
b. Travel and Transportation (estimated-patient related travel \$.425/mile & other)		\$3,500
c. Housing		\$0
d. Employment and Education Supports (estimated @ \$20/client)		\$5,000
e. Other Support Expenditures (estimated incidental expenses-wraparound @ \$40/client)		\$10,000
f. Total Support Expenditures		<b>\$21,000</b>

**Operating Expenditures (Remaining)**

a. Professional Services (psychiatric services to client)		\$2,500
b. Translation and Interpreter Services		\$0
c. Travel and Transportation (estimated staff mileage-4420 miles @ \$.425/mile)		\$3,760
d. General Office Expenditures		\$19,850
Communications	3,000	
Maintenance-Structures/Grounds	5,000	
Office Supplies	2,000	
Postage	150	
Books and Periodicals	150	
Educational Materials	500	
Alarm & Answering Service	600	
Education & Training	2,000	
Meeting Allowance	200	
Bottled Water Services	250	
Conferences & Seminars	6,000	
e. Rent, Utilities and Equipment		\$54,900
Janitorial Services	2,400	
Maintenance-Equipment	600	
Office Equipment	1,500	
Computers	-	
Rents & Leases-Equipment	3,600	
Rents & Leases-structure & Grounds (\$3500/month)	42,000	
Utilities (\$400/month)	4,800	

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Juvenile Justice Full Service Partnership - Workplan # FSP-02**

County(ies): Stanislaus

Fiscal Year: 2007-08  
Date: 9/1/05

f. Medication and Medical Supports (pharmacy cost)	\$750	
g. Other Operating Expenses	\$0	
h. Total Operating Expenditures		<b>\$81,760</b>

<b>Total Proposed Program Budget</b>		<b>\$1,423,917</b>
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**B. Revenues**

**1. Existing Revenues**

a. Medi-Cal (FFP only)	\$245,927	
b. Medicare/Patient Fees/Patient Insurance	\$2,577	
c. Realignment	\$365,416	
d. State General Funds	\$195,216	
e. County Funds	\$0	
f. Grants	\$189,205	
g. Other Revenue (STOP)	\$157,826	
h. Total Existing Revenues		<b>\$1,156,167</b>

**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		<b>\$0</b>

<b>3. Total Revenues</b>		<b>\$1,156,167</b>
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<b>Total Funding Requirements</b>		<b>\$267,750</b>
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**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): <u>Stanislaus</u>	Fiscal Year: <u>2007-08</u>	
Program Workplan # <u>FSP-02</u>	Date: <u>9/1/05</u>	
Program Workplan Name <u>Juvenile Justice Full Service Partnership</u>	Page <u>1</u> of <u>1</u>	
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>125</u>	New Program/Service or Expansion <u>Expansion</u>	
Existing Client Capacity of Program/Service: <u>100</u>	Prepared by: <u>Mandip Dhillon</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>25</u>	Telephone Number: <u>(209)525-6273</u>	

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
<b>A. Current Existing Positions</b>					
Administrative Clerk III	Part-Time Regular		0.75	\$41,738	\$31,304
Behavioral Health Specialist II	Full-Time Regular		1.00	\$62,301	\$62,301
Behavioral Health Specialist II	Full-Time Regular		1.00	\$59,795	\$59,795
Behavioral Health Specialist II	Full-Time Regular		1.00	\$56,261	\$56,261
MH Clinician II	Full-Time Regular		1.00	\$66,749	\$66,749
MH Clinician II	Full-Time Regular		1.00	\$82,116	\$82,116
MH Clinician II	Full-Time Regular		1.00	\$61,891	\$61,891
MH Clinician II	Full-Time Regular		1.00	\$65,188	\$65,188
MH Clinician II	Full-Time Regular		1.00	\$71,617	\$71,617
MH Clinician II	Full-Time Regular		1.00	\$78,578	\$78,578
MH Clinician II (Coordinator)	Full-Time Regular		1.00	\$99,202	\$99,202
MH Clinician II	Full-Time Regular		1.00	\$66,410	\$66,410
					\$0
					\$0
					\$0
					<u>\$0</u>
	<b>Total Current Existing Positions</b>	0.00	11.75		\$801,412
<b>B. New Additional Positions</b>					
Administrative Clerk III	Full-Time Regular		1.00	\$33,960	\$33,960
Behavioral Health Specialist II	Full-Time Regular		1.00	\$47,112	\$47,112
Psychiatrist	Part-Time Regular		0.10	\$181,543	\$18,154
MH Clinician II	Full-Time Regular		1.00	\$61,721	\$61,721
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	<b>Total New Additional Positions</b>	0.00	3.10		\$160,947
<b>C. Total Program Positions</b>		0.00	14.85		\$962,359

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

#### EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Stanislaus	Fiscal Year: 2005-2006	Program Work Plan Name: Senior Access and Resource Team
Program Work Plan #: FSP-03	Estimated Start Date: January 2006	
<p>Description of Program:</p> <p><i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>The proposed service Senior Access and Resource Team (SART) is a new full service partnership program based on the successful implementation and outcomes of the Older Adult Demonstration Project. Older Adult Demonstration Project was a three-year Substance Abuse and Mental Health Services Administration (SAMHSA) grant through the State Department of Mental Health from 2001 to 2004. The Senior Access and Resource Team (SART) will include a Psychiatric Nurse and a Mental Health Clinician, a Program Coordinator, and two consumer and/or family member positions. SART is a Full Service Partnership (FSP) program, designed to “do whatever it takes” to enable individuals to attain their goals. Over three years, program capacity will exceed the number served annually due to admissions and discharges. Each individual with serious mental illness identified, as part of the initial full service population will be offered a partnership with SART and will develop an individualized services and support plan.</p> <p>SART will provide a comprehensive assessment process utilizing a standardized tool, the Geriatric Field Screening Protocol (GFSP). This tool allows for a standardized full biopsychosocial assessment, including identification of co-occurring disorders (both substance abuse and physical health problems). Included in the assessment is family involvement, so that the consumer and family can be given sufficient information to allow for informed choices regarding available services. All fully served consumers will have an assigned service coordinator from the team to ensure continuity, as well as to allow for a relationship to develop. The staff members will be readily available to the clients and family routinely, as well as on a 24 hour a day, 7 day a week basis by means of team coverage after regular hours.</p> <p>All staff will be culturally competent and be aware of community resources within a client’s cultural, racial, or ethnic community. In order to begin to address community stakeholders’ desire for a Senior Resource Center, the SART team will have an outreach and supportive resource component. This aspect of the FSP will involve employing consumers and family members to work in two resource specialist positions. These two resource specialists will provide outreach, engagement and supportive services for</p>	

	<p>individuals with serious mental illness who may not yet be receiving services from the FSP, but who need these services and who may be receiving services from an agency in their community, e.g., Family Resource Centers, Area Agency on Aging senior service offices, health clinics, etc. Many of these sites are located in ethnically diverse neighborhoods.</p> <p>Full service partners will have various choices around service availability, which may include some variation of the following: group therapy, individual therapy, peer counseling, medication services and linkage services. A special focus will be on assessment, service planning and the identification and treatment of consumers with co-occurring disorders. As the Demonstration Project identified, seniors often will benefit from focused interventions and may return to other existing support services in the community.</p> <p>Goals of the program will be a reduction in homelessness, a reduction in hospitalization, a reduction in emergency room visits, a reduction in institutionalization, reduction in isolation, and an increase in community functioning and in social community supports.</p>
<p>Priority Population:  <i>Describe the situational characteristics of the priority population</i></p>	<p>The identified population will be 50 older adults (60 years and older) with serious mental illness (SMI) and functional impairments. This includes older adults with co-occurring substance abuse disorders and/ or other physical health conditions.</p> <p>These are individuals who are not currently being fully served and are experiencing a reduction in functioning level. They may be individuals who are homeless or at risk of homelessness, at risk of institutionalization, hospitalization, and nursing home care or are frequent users of emergency room services. If older adults are so underserved that they may be at risk of any of the above-mentioned categories, they would also qualify for this FSP. Transition age older adults (approximately age 55 through 59) may be included under the older adult programs when appropriate (i.e., at risk of any of the above-mentioned categories). Ten consumers served by this program will be individuals referred by Golden Valley Health Clinics (a Federally Qualified Health Clinic), who serve a high percentage of Latino individuals with co-occurring serious mental health and physical health problems.</p>

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Integrated assessment teams will provide skilled geropsychiatric assessment and comprehensive services, to include group therapies (Cognitive Behavioral Therapy, psycho educational groups, and Process), case management services, linkages to other necessary services provide throughout the County	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Self directed care-planning processes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile services to reach clients unable to access services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Access to Personal Service Coordinators 24 hours a day, 7 days a week	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Integrated physical and mental health services, including co-location in health care settings and primary care settings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Joint service planning in collaboration with other senior service providers- collaboration (Multi-Disciplinary Teams)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Education for clients, family and caregivers. Client/Family employees to be co-located with existing senior service providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.**

The program proposal is for a Full Service Partnership (FSP) for older adults, utilizing an integrated multi-disciplinary service team. The team will include a Program Coordinator, a Psychiatric Nurse, and Mental Health Clinicians. Support staff will include an administrative clerk and a driver clerk. Consumer and/or family members will fill two positions for Senior Resource Center staff as well. Staff will reflect the cultural, racial and ethnic diversity of Stanislaus County.

Community collaboration has been established and highly valued throughout the existence of the Older Adult System of Care (OASOC) and the existing Senior Access and Treatment Team (SATT). Consumers and family members have participated and continue to participate in the Older Adult System of Care Committee of the Stanislaus County Mental Health Board, as well as the monthly OASOC Quality Improvement Council meetings.

Proposed programming will introduce two new positions that will be filled by individuals who are a consumer and/or family member. These new positions will provide services at other sites at which seniors access other kinds of services (such as health care, social services, aging network services, etc.) and will focus on outreach and engagement of individuals with serious mental illness (SMI) who may be appropriate for FSP services in this program. These staff will also provide linkage to FSP consumers who may need other services available in community centers. They will be co-located at various sites in areas throughout the County to maximize services to culturally, racially and ethnically diverse older adults. SART will focus on the integration of services within mental health, as well as in collaboration with other service delivery agencies that interface with shared clients. Ten consumers served by this program will be individuals referred by Golden Valley Health Clinics. Golden Valley Health Clinics serve a high percentage of Latino individuals with co-occurring serious mental health and physical health problems.

In addition, current OASOC programming is the last in Behavioral Health and Recovery Services (BHRS) to achieve integration with drug and alcohol treatment services. The proposed model affords the opportunity to have training provided to program staff to ensure that substance abuse issues are included in all assessment activities, and that appropriate treatment options are offered for individuals with serious mental illness and with co-occurring disorders.

All OASOC programming is focused on recovery principles and values a “least restrictive” focus. The Milestones in Recovery from Mental Illness (page 9 of Attachment 11), a BHRS-developed method of representing the recovery process for individuals with serious mental illness and providing consumers and service providers a common language to discuss where an individual is in their recovery journey, is prominent in OASOC programming and service delivery. The existing BHRS Senior Peer Counseling Program, originally a traditionally structured program, has begun utilizing peers who have a better-articulated recovery focus.



As previous findings of the Senior Access Treatment Team suggest, an initial skilled, standardized geropsychiatric assessment is integral to recognizing the myriad of unique needs of this vulnerable population and to intervening appropriately. Thus, once the above-referenced referral process is complete, a Mental Health Clinician (who is a Master's level social worker) or a Psychiatric Nurse will conduct a comprehensive, holistic, standardized biopsychosocial assessment with the individual at his/her place of residence (e.g., apartment, home, residential care facility or skilled nursing facility). The consumer's need will then be presented to the multidisciplinary team to discuss the consumer's mental health concerns, strengths, risk status and service needs. Other issues addressed will include cultural and language issues, family involvement, legal concerns, advocacy needs, diagnostic questions (including the identification of co-occurring substance abuse and physical health conditions), and whatever successful linkages for non-behavioral health services are currently in place. Based on the client's diagnosis, specific treatments will be followed, which may include a variety of interventions, such as individual therapy, peer support, medication, group therapy, etc. (SATT has staff trained in providing Cognitive-Behavioral Therapy in a group setting; new staff will be trained as well.) The staff person assigned to the consumer will develop an individualized initial care plan with client direction, that integrates all of the above information and that will further involve and empower the consumer and family members in the process as strengths are identified and built upon.

Treatment for co-occurring disorders is essential to successful recovery and will be available to older adults. According to information provided by SAMHSA, serious mental illness is highly correlated with substance dependence or abuse. Individuals with both a serious mental illness and an alcohol or other drug (AOD) addiction (referred to as having co-occurring disorders) are significantly more likely to be hospitalized and may spend twice as long in the hospital. They have higher rates of relapse for both disorders as well as a high risk of suicide. We can assume that other quality of life indicators, e.g., employment, housing, personal relationships, are adversely affected in a similar way.

This treatment needs to occur in a setting in which both the individual's mental illness and AOD addiction are treated simultaneously. It is especially helpful to begin in a residential setting, which guarantees safety and a clean and sober environment. A program specific to co-occurring disorders is being developed at the Stanislaus Recovery Center (SRC), a BHRS operated comprehensive alcohol and drug recovery facility. SRC has shown an ability to be culturally competent and to strongly encourage the involvement of family and/or caregivers. It is expected that this Full Service Partnership Program will purchase capacity at SRC for the participants who need the service. This will guarantee easy and timely access to these services, as it is well known that delays in obtaining AOD treatment seriously compromise the individual's motivation for the services. Furthermore, staff from the FSP will be involved in directing the treatment plan for the participants in the co-occurring disorders treatment to ensure that services are in alignment with all areas of care for the participant.

The goals of the MHSA are clearly addressed in the community collaboration among agencies, and in the fact that families and support people will keep all involved focused on goals. The full integration of all levels and types of services and supports is key to satisfied customers as well. Both the wellness approach and keeping cultural and linguistic issues in the forefront will ensure a greater sense of satisfaction and self-determination for consumers and families.

BHRS has considerable capability and experience in capturing and reporting outcome data. In addition to the BHRS Data Management Services, BHRS has a dedicated Performance Measurement Program devoted to collecting and reporting outcome data. Data Management Services staff maintain an extensive data warehouse that can be utilized by Performance Measurement staff to analyze and report consumer demographic and service data. In addition, BHRS systematically uses Teleform technology to collect data from staff and consumers on a variety of outcome and consumer satisfaction topics. BHRS contract agencies and consumers, as well as BHRS staff are familiar with this technology. BHRS has participated in numerous large projects with heavy data collection and reporting components such as AB2034, Mentally Ill Offender Crime Reduction Grant, Child/Youth Interagency Enrollee-Based Program (IEBP), and the Older Adult Demonstration Project. It is expected that BHRS will be able quickly and efficiently to initiate efforts to collect and report data as specific outcomes are identified.

### **3) Describe any housing or employment services to be provided.**

The Older Adult System of Care, which is not large enough to support a separate housing staff, has successfully linked and interfaced with the BHRS Housing and Employment Program of the Adult System of Care for the last six years. All staff that provide services to older adults are familiar with the residential care facilities for seniors located in Stanislaus County, as well as independent senior complexes in the area. Staff have actively worked with landlords and residential care facility operators to assist with problems that arise with older adult consumers. This responsiveness has allowed staff to access housing opportunities for consumers that otherwise would not have been available. OASOC consumers have been able to utilize a small “wraparound” fund to assist with rent expenses (one-time or short in duration). FSP clients will have this ability as well.

BHRS has been a key partner in the Stanislaus Housing Collaborative since its inception. This active role allows for joint housing projects. One such project is Miller Pointe, a supported housing complex for individuals with serious mental illness. This was a collaborative effort between BHRS, the City of Modesto and the Stanislaus County Housing Authority. The BHRS Housing Program has unique insight and information around future development for permanent housing and is currently working on a complex in the City of Turlock that will be one-third senior occupied, once construction is completed.

**4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.**

The average annual cost per FSP participant is \$10,200. When appropriate, Medi-Cal and Medicare may be billed for services, which would result in offsetting some of this average per-participant cost.

**5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.**

BHRS has a strong wellness and recovery focus for adults; in recent years this focus has extended to consumers and programming in the Older Adult System of Care. Integration of the Milestones in Recovery from Mental Illness into the SATT Program is an example of this. Having had an active Senior Peer Counseling program for many years, it is exciting to watch recovery principles being operationalized by some of the newer peer counselors, who bring these values with them from exposure to them in the Adult System of Care. By maintaining a close connection between SATT/SART and the Senior Peer Counseling program, these principles will be an integral part of providing service.

Formulating individualized treatment plans from the consumer's perspective has been a hallmark of the Senior Access and Treatment Team, and is fundamental to serving older adult consumers. It will continue to be a priority in the new full service partnership program. Current SATT staff and new SART staff will have a clear understanding of their role in assisting a consumer's move toward self-identified goals. Consumer advocacy will be a significant component in SART, unfortunately necessitated by the stigma associated with being older in a youth-focused society.

The new SART program, in partnership with the existing SATT program, will continue to focus on working with consumers to identify their goals and helping them reach those goals. This is recovery.

**6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.**

In 2000, BHRS dedicated its SAMHSA Block Grant funding allocation increase to the OASOC through the creation of the Senior Access Team (SAT). SAT applied for and was awarded further SAMHSA funding in 2001, allowing for an expansion in the scope of services. For the next several years, SAT successfully provided outreach, assessment, and direct mental health services (individual, group, service coordination, linkage and medication services) to seniors over the age of 60. All services were delivered in a location in which the senior felt most comfortable, i.e., in homes, senior housing locations, skilled nursing facilities and residential care facilities. In 2004, the SAT Demonstration Project funding ceased. As of June 30, 2004, these services were

no longer in place. This resulted in a number of seniors in Stanislaus County being unable to access services.

The proposed Full Service Partnership program reinstates and expands the previous infrastructure of the successful OASOC Demonstration Project. It values high levels of multidisciplinary and interagency collaboration, utilizes an integrated services team foundation, engages families, promotes recovery principles, and focuses on improving access to mental health services as well as other community-based social health services. A core element that attributed to the success of SATT was establishing coalitions and service coordination with other agencies serving older adults with serious mental illness.

Some key components to the expansion and implementation of the proposed SART project include needs assessment, expanded access and comprehensive assessment, the provision of evidenced-based mental health treatment, enhanced interagency collaboration and care coordination. In addition, increases in family involvement, as well as the inclusion of the recovery principles will benefit this group of older adult consumers.

**7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.**

Representative consumers and family members will continue to attend Mental Health Board meetings as active members. Consumers and family members have served on the Older Adult Quality Improvement Council for the past several years and will continue in those roles as well. For the past two years, the OASOC has been active in providing consumers the training needed to become peer recovery specialists. This training will be expanded in the next few years to encourage active peer-to-peer supports. In collaboration with the Adult System of Care peer recovery program, older adult consumers will have the supports in place to further independence in all areas of their lives.

Staffing for the Senior Resource Centers will be consumer and/or family members, who will provide the actual services related to outreach, engagement and supportive peer contact in various collaborative settings throughout culturally, racially and ethnically diverse areas of Stanislaus County. These individuals may benefit from trainings offered through the Consumer Self Help Network.

**8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.**

In 1997, the OASOC began collaborating with multiple public agencies and community based organizations, including social service agencies, law enforcement agencies, behavioral health organizations, the Office of the Public Guardian, the District Attorney's Office, Ombudsman, the County Health Services Agency, acute care medical hospitals and other health care providers, ministerial organizations, municipalities throughout the County, AARP, home health agencies, adult day health care providers, Adult Protective Services, Area Agency on Aging and others. Stanislaus Elder Abuse Prevention Alliance (SEAPA) was formed as a result of this system-wide community collaboration and currently functions as the Mental Health and Aging Advisory Coalition. This is a core group that continues to meet on a monthly basis to examine system level issues. This alliance has allowed for streamlined access to all partner agencies.

The relationships that have been formed over time allow for increased access to services for seniors in the target community. To address client-specific needs, SEAPA has formed a Multi-Disciplinary Team (MDT) that meets monthly. The membership is fluid to invite necessary stakeholders, as any agency representative can request a specific case be reviewed. Frequently, the client cases brought to the MDT are for clients who are accessing multiple agencies at the same time; when such situations are discussed, services are coordinated and benefits to consumers are maximized.

Stanislaus County has no reservations, no rancherias, nor any Native American human service organizations based in the County. Neighboring counties have rancherias and Native American organizations whose expertise can be utilized to increase the understanding and cultural competency of BHRS leadership and staff. In this way, BHRS will improve system services and outcomes for individuals.

**9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.**

All BHRS staff attend mandatory cultural competency training. Last fiscal year, BHRS provided training in the following areas of cultural competence: Lesbian, Gay, Bisexual, and Transgender (LGBT) Services; Providing Customer Service with LGBT Individuals; Spirituality and Wisdom in Behavioral Health; Use of Interpreters; Crossing Cultural Bridges; Cultural Dialogues; Interpreter Training; Client Culture and Building collaborative Relationships with Families.

In addition, BHRS has a Cultural Competence Oversight Committee, which is responsible for the oversight of the organization's Cultural Competency Plan. Through the use of the BHRS Cultural Competence Oversight Committee, the organization ensures that every system of care addresses cultural competency issues in its programming and service provision. Clinical and Administrative Standards for Cultural Competence have also been developed. The Cultural Competence Oversight Committee has reviewed this plan and given input.

Consumers who have been receiving services from SATT are predominantly English-speaking (86%), Caucasian (74%), and women (56%). Other seniors from diverse racial and ethnic groups include Latino (14%, the majority of whom are of Mexican origin), as well as Asian (5%), and African American (4%), with another two percent or less who identified themselves as Native American or other. The chosen strategy of collaboration with existing racial and ethnic community groups and with primary care providers will allow the program staff to provide culturally competent services.

A specific strategy was chosen to place senior resource staff in communities that, historically, have been undeserved and unserved. As a part of that strategy, staff will reflect the predominant race or ethnicity of the community as well as employ consumer and/or family as staff. If staff cannot provide services in a consumer's or family member's preferred language, interpreters are used. Increased penetration for older adults of all races and ethnicities utilizing new outreach and engagement strategies, as well as capitalizing on collaboration with existing support networks, including primary care and racial and ethnic organizations, is the road map to culturally competent service delivery for this population. An emphasis will be placed on culturally welcoming décor and informational brochures in appropriate languages. Significant effort to engage seniors from racially, ethnically and culturally diverse communities will be part of the Full Service Partnership Program.

**10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.**

A growing body of literature on the mental health needs of Lesbian, Gay, Bisexual, Transgender (LGBT) Americans suggests that these individuals may be at increased risk for mental disorders and mental health problems due to exposure to societal stressors such as stigmatization, prejudice and anti-gay violence. Social support, which is an important element for the mental health of all older adults, may be critical particularly for LGBT older adults. In addition, access to care may be limited due to concerns about providers' sensitivity to differences in sexual orientation. Staff have attended trainings regarding the unique needs of this diverse population. As a standard practice, staff do not assume all older adults are or were in heterosexual relationships. Assessment of client sexual orientation is incorporated into the comprehensive biopsychosocial intake process.

BHRS staff are trained on gender differences as well. In being client-centered and strength-based, treatment plans will be tailored to the needs of the individual and family. This includes sensitivity to, and competence in, working with these populations. A recent workgroup focused on improving service provisions to LGBT has begun and will be used as consultants for all BHRS programming. In addition, gender-specific groups have been utilized in OASOC treatment settings in the past; this strategy may be used in the future as well.

Attention to gender sensitivity and the differing psychologies and needs of women and men are considered in providing services. Issues related to who are traditionally the primary care givers and how that may change with the aging process or loss of a partner will be addressed. Issues related to whether there is a need for respite care and/or transportation in order to benefit from services, women's health issues, domestic violence and intimate partner abuse will be addressed as well.

**11) Describe how services will be used to meet the service needs for individuals residing out-of-county.**

Stanislaus County long has been recognized for outstanding service monitoring when consumers are unable to reside in their home county. An approach of consistent service monitoring and strong advocacy has been established, to ensure that consumer needs are being met. It is the policy of BHRS not to place any consumers in facilities more than two hours away, to ensure that monitoring can be done in a routine workday.

The goal from the initial out-of-county placement, most often an Institution for Mental Diseases (IMD), which is a locked psychiatric residential facility, is to plan for a lower level of care and for return to the home county and residence of choice. Consumers are visited frequently to keep the relationship and engagement with program staff. The key is to keep the consumer and family members involved to ensure that the comfortable return to the home and community of origin, with a continual focus on recovery and return. In the event a FSP consumer is placed out-of-county, full service partnership services will be focused on doing whatever it takes to affect discharge and return to the client's community in Stanislaus County. No MHSA funds will be utilized to pay for involuntary treatment.

**12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.**

Not applicable.

**13) Please provide a timeline for this work plan, including all critical implementation dates.**

Board of Supervisor approval – October 2005  
DMH approval – January 2006  
Recruit, hire and train new staff – January – February  
Services to begin March 2006

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2005-06  
 Program Workplan # FSP-03 Date: 9/1/05  
 Program Workplan Name Senior Access & Resource Team Page 1 of 1  
 Type of Funding 1. Full Service Partnership Months of Operation 6  
 Proposed Total Client Capacity of Program/Service: 117 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 92 Prepared by: Laurie Lusk  
 Client Capacity of Program/Service Expanded through MHSA: 25 Telephone Number: (209)525-6096

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene	\$1,208			\$1,208
b. Travel and Transportation	\$726			\$726
c. Housing	\$5,000			\$5,000
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports	\$1,750			\$1,750
e. Other Support Expenditures (provide description in budget narrative)	\$24,625			\$24,625
f. Total Support Expenditures	\$33,309	\$0	\$0	\$33,309
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$267,214			\$267,214
b. New Additional Personnel Expenditures (from Staffing Detail)	\$177,433			\$177,433
c. Employee Benefits	\$137,592			\$137,592
d. Total Personnel Expenditures	\$582,239	\$0	\$0	\$582,239
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$1,442			\$1,442
d. General Office Expenditures	\$3,695			\$3,695
e. Rent, Utilities and Equipment	\$7,095			\$7,095
f. Medication and Medical Supports	\$3,250			\$3,250
g. Other Operating Expenses (provide description in budget narrative)	\$4,000			\$4,000
h. Total Operating Expenditures	\$19,482	\$0	\$0	\$19,482
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	<b>\$635,029</b>	<b>\$0</b>	<b>\$0</b>	<b>\$635,029</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)	\$6,604			\$6,604
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment	\$256,908			\$256,908
d. State General Funds				\$0
e. County Funds				\$0
f. Grants	\$90,684			\$90,684
g. Other Revenue				\$0
h. Total Existing Revenues	\$354,196	\$0	\$0	\$354,196
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$1,433			\$1,433
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	\$0			\$0
e. Total New Revenue	\$1,433	\$0	\$0	\$1,433
<b>3. Total Revenues</b>	<b>\$355,629</b>	<b>\$0</b>	<b>\$0</b>	<b>\$355,629</b>
<b>C. One-Time CSS Funding Expenditures</b>	<b>\$90,463</b>			<b>\$90,463</b>
<b>D. Total Funding Requirements</b>	<b>\$369,863</b>	<b>\$0</b>	<b>\$0</b>	<b>\$369,863</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				



**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Senior Access and Resource Team Workplan # FSP-03**

County(ies): Stanislaus

Fiscal Year: 2005-06Date: 9/1/05**A. Expenditures****1. Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene	\$	1,208
b. Travel and Transportation	\$	726
c. Housing	\$	5,000
d. Employment and Education Supports	\$	1,750
e. Other Support Expenditures	\$	24,625
Support Service Funds - Wraparound	\$	2,750
Other treatment services	\$	21,875
f. Total Support Expenditures	\$	33,309

**2. Personnel Expenditures****a. Current Existing Positions****a. Manager**

Manager II-35.70 x 2080 x 1 FTE x 1/2 year \$ 37,128

**b. Support Staff**

Admin Clerk II - 16.36 x 2080 x 1 FTE x 1/2 year \$ 17,021

Admin Clerk II - 17.83 x 2080 x 1 FTE x 1/2 year \$ 18,545

**c. Program Staff**

Psych Nurse - 38.70 x 2080 x 1 FTE x 1/2 year \$ 40,248

MH Clinician I - 28.41 x 2080 x 1FTE x 1/2 year \$ 29,543

BHS II - 29.98 x 2080 x 1 FTE x 1/2 year \$ 31,178

BHS II - 24.10 x 2080 x 1 FTE x 1/2 year \$ 25,068

Psychiatrist - PSC - 120.19 x 2080 x .5 FTE x 1/2 year \$ 62,500

Senior Peer Counselor - PSC - 5.75 x 2080 x 1FTE x 1/2 yr \$ 5,983

**d. Total Current Existing FTEs/Salaries** \$ 267,214**b. New Additional Positions****a. Manager**

MHC II (Coordinator) x 27.97 x 2080 x 1FTE x 1/2 yr plus 8% Diffe \$ 31,416

**b. Support Staff**

Admin Clerk III - 15.39 x 2080 x 1FTE x 1/2 year \$ 16,006

**c. Program Staff**

MHC II - 27.97 x 2080 x 1 FTE x 1/2 year \$ 29,089

Psych Nurse II - 27.17 x 2080 x 2 FTE x 1/2 year \$ 56,514

Consumer/Family (BHSII) - 21.35 x 2080 x 2 FTE x 1/2 year \$ 44,408

**e. Total New Additional FTE/Salaries** \$ 177,433**C. Benefits**

\$ 137,592

**f. Total Personnel Expenditures**

\$ 582,239

**3. Operating Expenditures**

a. Professional Services	\$	-
b. Translation and Interpreter Services	\$	-
c. Travel and Transportation	\$	1,442
d. General Office Expenditures	\$	3,695
e. Rent, Utilities and Equipment	\$	7,095

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Senior Access and Resource Team Workplan # FSP-03**

County(ies): Stanislaus

Fiscal Year: 2005-06  
Date: 9/1/05

f. Medication and Medical Supports		\$	3,250
g. Other Operating Expenses (provide description in budget narrative)		\$	4,000
i. Education & Training	\$	3,000	
i. Conference & Seminars	\$	1,000	
h. Total Operating Expenditures		\$	<b>19,482</b>

**4. Program Management**

a. Existing Program Management			
b. New Program Management			
c. Total Program Management		\$	-

**5. Estimated Total Expenditures when service provider is not known**

\$ -

**6. Total Proposed Program Budget**

\$ 635,029

**B. Revenues**

**1. Existing Revenues**

a. Medi-Cal (FFP only)		\$	6,605
b. Medicare/Patient Fees/Patient Insurance		\$	-
c. Realignment		\$	256,907
d. State General Funds (AB2034 Funds)		\$	-
e. County Funds		\$	-
f. Grants		\$	90,684
g. Other Revenue		\$	-
h. Total Existing Revenues		\$	354,196

**2. New Revenues**

a. Medi-Cal (FFP only)		\$	1,433
b. Medicare/Patient Fees/Patient Insurance		\$	-
c. State General Funds		\$	-
d. Other Revenue		\$	0
e. Total New Revenue		\$	1,433

**3. Total Revenues**

\$ 355,629

**C. One-Time CSS Funding Expenditures - anticipated to be spent by 6/30/06**

Space - estimated at \$5000/month	\$	30,000	
Furnishings	\$	16,000	
Dual disorder services	\$	18,463	
3 PCs & workstations @\$2000 each	\$	6,000	
Car	\$	20,000	
Total One-Time Expenditures		\$	90,463

**D. Total County Administration Funding Requirements**

\$ **369,863**

County(ies):	<u>Stanislaus</u>	Fiscal Year:	<u>2005-06</u>
Program Workplan #	<u>FSP-03</u>	Date:	<u>9/1/05</u>
Program Workplan Name	<u>Senior Access &amp; Resource Team</u>	Page	<u>1</u> of <u>1</u>
Type of Funding	<u>1. Full Service Partnership</u>	Months of Operation	<u>6</u>
Proposed Total Client Capacity of Program/Service:	<u>117</u>	New Program/Service or Expansion	<u>Expansion</u>
Existing Client Capacity of Program/Service:	<u>92</u>	Prepared by:	<u>Laurie Lusk</u>
Client Capacity of Program/Service Expanded through MHSA:	<u>25</u>	Telephone Number:	<u>(209)525-6096</u>

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2006-07  
 Program Workplan # FSP-03 Date: 9/1/05  
 Program Workplan Name Senior Access & Resource Team Page 1 of 1  
 Type of Funding 1. Full Service Partnership Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 234 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 184 Prepared by: Laurie Lusk  
 Client Capacity of Program/Service Expanded through MHSA: 50 Telephone Number: (209)525-6096

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene	\$2,488			\$2,488
b. Travel and Transportation	\$1,494			\$1,494
c. Housing	\$10,000			\$10,000
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports	\$3,575			\$3,575
e. Other Support Expenditures (provide description in budget narrative)	\$47,975			\$47,975
f. Total Support Expenditures	\$65,531	\$0	\$0	\$65,531
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$550,463			\$550,463
b. New Additional Personnel Expenditures (from Staffing Detail)	\$365,508			\$365,508
c. Employee Benefits	\$285,605			\$285,605
d. Total Personnel Expenditures	\$1,201,576	\$0	\$0	\$1,201,576
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$2,971			\$2,971
d. General Office Expenditures	\$7,612			\$7,612
e. Rent, Utilities and Equipment	\$14,615			\$14,615
f. Medication and Medical Supports	\$6,695			\$6,695
g. Other Operating Expenses (provide description in budget narrative)	\$8,150			\$8,150
h. Total Operating Expenditures	\$40,042	\$0	\$0	\$40,042
<b>4. Program Management</b>				
a. Existing Program Management	\$0			\$0
b. New Program Management	\$0			\$0
c. Total Program Management	\$0	\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	<b>\$1,307,149</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,307,149</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)	\$13,603			\$13,603
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment	\$534,672			\$534,672
d. State General Funds				\$0
e. County Funds				\$0
f. Grants	\$181,368			\$181,368
g. Other Revenue				\$0
h. Total Existing Revenues	\$729,643	\$0	\$0	\$729,643
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$7,530			\$7,530
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	\$0			\$0
e. Total New Revenue	\$7,530	\$0	\$0	\$7,530
<b>3. Total Revenues</b>	<b>\$737,173</b>	<b>\$0</b>	<b>\$0</b>	<b>\$737,173</b>
<b>C. One-Time CSS Funding Expenditures</b>				<b>\$0</b>
<b>D. Total Funding Requirements</b>	<b>\$569,976</b>	<b>\$0</b>	<b>\$0</b>	<b>\$569,976</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Senior Access and Resource Team Workplan # FSP-03**

County(ies): Stanislaus

Fiscal Year: 2006-07

Date: 9/1/05

**A. Expenditures****1. Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene	\$	2,488
b. Travel and Transportation	\$	1,494
c. Housing	\$	10,000
d. Employment and Education Supports	\$	3,575
e. Other Support Expenditures	\$	47,975
Support Service Funds - Wraparound	\$	5,665
Dual Diagnosis services provided at SRC	\$	42,310
f. Total Support Expenditures	\$	<b>65,531</b>

**2. Personnel Expenditures****a. Current Existing Positions****a. Manager**

Manager II-36.77 x 2080 x 1 FTE	\$	76,484
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**b. Support Staff**

Admin Clerk II - 16.85 x 2080 x 1 FTE	\$	35,064
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Admin Clerk II - 18.36 x 2080 x 1 FTE	\$	38,203
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**c. Program Staff**

Psych Nurse - 39.86 x 2080 x 1 FTE	\$	82,911
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MH Clinician I - 29.26 x 2080 x 1FTE	\$	60,859
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BHS II - 30.88 x 2080 x 1 FTE	\$	64,227
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BHS II - 24.83 x 2080 x 1 FTE	\$	51,639
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Psychiatrist - PSC - 123.80 x 2080 x .5 FTE	\$	128,750
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Senior Peer Counselor - PSC - 5.93 x 2080	\$	12,326
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**d. Total Current Existing FTEs/Salaries**

\$	550,463
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**b. New Additional Positions****a. Manager**

MHC II (Coordinator) x 28.81 x 2080 x 1FTE plus 8% Differential	\$	64,717
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**b. Support Staff**

Admin Clerk III - 15.85 x 2080 x 1FTE	\$	32,972
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**c. Program Staff**

MHC II - 28.81 x 2080 x 1 FTE	\$	59,923
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Psych Nurse II - 27.99 x 2080 x 2 FTE	\$	116,418
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Consumer/Family (BHSII) - 21.99 x 2080 x 2 FTE	\$	91,478
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**e. Total New Additional FTE/Salaries**

\$	365,508
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**C. Benefits**

\$	285,605
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**f. Total Personnel Expenditures**

\$	<b>1,201,577</b>
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**3. Operating Expenditures**

a. Professional Services	\$	-
b. Translation and Interpreter Services	\$	-
c. Travel and Transportation	\$	2,971
d. General Office Expenditures	\$	7,612
e. Rent, Utilities and Equipment	\$	14,615
f. Medication and Medical Supports	\$	6,695

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Senior Access and Resource Team Workplan # FSP-03**

County(ies): Stanislaus

Fiscal Year: 2006-07

Date: 9/1/05

g. Other Operating Expenses (provide description in budget narrative)		\$	8,150
i. Education & Training	\$	6,090	
i. Conference & Seminars	\$	2,060	
h. Total Operating Expenditures		\$	<b>40,042</b>

**4. Program Management**

a. Existing Program Management			
b. New Program Management			
c. Total Program Management		\$	-

**5. Estimated Total Expenditures when service provider is not known**

\$ -

**6. Total Proposed Program Budget**

\$ 1,307,150

**B. Revenues**

**1. Existing Revenues**

a. Medi-Cal (FFP only)	\$	13,603
b. Medicare/Patient Fees/Patient Insurance	\$	-
c. Realignment	\$	534,672
d. State General Funds (AB2034 Funds)	\$	-
e. County Funds	\$	-
f. Grants	\$	181,368
g. Other Revenue	\$	-
h. Total Existing Revenues	\$	729,643

**2. New Revenues**

a. Medi-Cal (FFP only)	\$	7,530
b. Medicare/Patient Fees/Patient Insurance	\$	-
c. State General Funds	\$	-
d. Other Revenue	\$	0
e. Total New Revenue	\$	7,530

**3. Total Revenues**

\$ 737,173

**C. One-Time CSS Funding Expenditures**

\$ -

**D. Total County Administration Funding Requirements**

\$ **569,976**

County(ies):	<u>Stanislaus</u>	Fiscal Year:	<u>2006-07</u>
Program Workplan #	<u>FSP-03</u>	Date:	<u>9/1/05</u>
Program Workplan Name	<u>Senior Access &amp; Resource Team</u>	Page	<u>1</u> of <u>1</u>
Type of Funding	<u>1. Full Service Partnership</u>	Months of Operation	<u>12</u>
Proposed Total Client Capacity of Program/Service:	<u>234</u>	New Program/Service or Expansion	<u>Expansion</u>
Existing Client Capacity of Program/Service:	<u>184</u>	Prepared by:	<u>Laurie Lusk</u>
Client Capacity of Program/Service Expanded through MHSA:	<u>50</u>	Telephone Number:	<u>(209)525-6096</u>

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2007-08  
 Program Workplan # FSP-03 Date: 9/1/05  
 Program Workplan Name Senior Access & Resource Team Page 1 of 1  
 Type of Funding 1. Full Service Partnership Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 234 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 184 Prepared by: Laurie Lusk  
 Client Capacity of Program/Service Expanded through MHSA: 50 Telephone Number: (209)525-6096

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene	\$2,562			\$2,562
b. Travel and Transportation	\$1,538			\$1,538
c. Housing	\$25,000			\$25,000
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports	\$4,152			\$4,152
e. Other Support Expenditures (provide description in budget narrative)	\$50,612			\$50,612
f. Total Support Expenditures	\$83,865	\$0	\$0	\$83,865
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$566,977			\$566,977
b. New Additional Personnel Expenditures (from Staffing Detail)	\$376,475			\$376,475
c. Employee Benefits	\$294,174			\$294,174
d. Total Personnel Expenditures	\$1,237,626	\$0	\$0	\$1,237,626
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$3,060			\$3,060
d. General Office Expenditures	\$7,840			\$7,840
e. Rent, Utilities and Equipment	\$15,053			\$15,053
f. Medication and Medical Supports	\$6,896			\$6,896
g. Other Operating Expenses (provide description in budget narrative)	\$9,744			\$9,744
h. Total Operating Expenditures	\$42,592	\$0	\$0	\$42,592
<b>4. Program Management</b>				
a. Existing Program Management	\$0			\$0
b. New Program Management	\$0			\$0
c. Total Program Management	\$0	\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	<b>\$1,364,082</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,364,082</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)	\$14,009			\$14,009
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment	\$556,155			\$556,155
d. State General Funds				\$0
e. County Funds				\$0
f. Grants	\$181,368			\$181,368
g. Other Revenue				\$0
h. Total Existing Revenues	\$751,533	\$0	\$0	\$751,533
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$14,075			\$14,075
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	\$0			\$0
e. Total New Revenue	\$14,075	\$0	\$0	\$14,075
<b>3. Total Revenues</b>	<b>\$765,608</b>	<b>\$0</b>	<b>\$0</b>	<b>\$765,608</b>
<b>C. One-Time CSS Funding Expenditures</b>				<b>\$0</b>
<b>D. Total Funding Requirements</b>	<b>\$598,475</b>	<b>\$0</b>	<b>\$0</b>	<b>\$598,475</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				



**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Senior Access and Resource Team Workplan # FSP-03**

County(ies): Stanislaus

Fiscal Year: 2007-08

Date: 9/1/05

**A. Expenditures****1. Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene	\$	2,562
b. Travel and Transportation	\$	1,538
c. Housing	\$	25,000
d. Employment and Education Supports	\$	4,152
e. Other Support Expenditures	\$	50,612
Support Service Funds - Wraparound	\$	5,835
Dual Diagnosis services provided at SRC	\$	44,777
f. Total Support Expenditures	\$	83,865

**2. Personnel Expenditures****a. Current Existing Positions****a. Manager**

Manager II-37.87x 2080 x 1 FTE \$ 78,778

**b. Support Staff**

Admin Clerk II - 17.36 x 2080 x 1 FTE \$ 36,116

Admin Clerk II - 18.92 x 2080 x 1 FTE \$ 39,349

**c. Program Staff**

Psych Nurse - 41.06 x 2080 x 1 FTE \$ 85,398

MH Clinician I - 30.14 x 2080 x 1FTE \$ 62,685

BHS II - 31.81 x 2080 x 1 FTE \$ 66,154

BHS II - 25.57 x 2080 x 1 FTE \$ 53,188

Psychiatrist - PSC - 127.51 x 2080 x .5 FTE \$ 132,613

Senior Peer Counselor - PSC - 6.10 x 2080 x 1FTE \$ 12,696

d. Total Current Existing FTEs/Salaries \$ 566,977

**b. New Additional Positions****a. Manager**

MHC II (Coordinator) x 29.67 x 2080 x 1FTE plus 8% Differential \$ 66,658

**b. Support Staff**

Admin Clerk III - 16.33 x 2080 x 1FTE \$ 33,961

**c. Program Staff**

MHC II - 29.67 x 2080 x 1 FTE \$ 61,721

Psych Nurse II - 28.83 x 2080 x 2 FTE \$ 119,911

Consumer/Family (BHSII) - 22.65 x 2080 x 2 FTE \$ 94,224

e. Total New Additional FTE/Salaries \$ 376,475

**C. Benefits**

\$ 294,174

**f. Total Personnel Expenditures**

\$ 1,237,626

**3. Operating Expenditures**

a. Professional Services	\$	-
b. Translation and Interpreter Services	\$	-
c. Travel and Transportation	\$	3,060
d. General Office Expenditures	\$	7,840
e. Rent, Utilities and Equipment	\$	15,053
f. Medication and Medical Supports	\$	6,896
g. Other Operating Expenses (provide description in budget narrative)	\$	9,744
i. Education & Training	\$	7,183

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Senior Access and Resource Team Workplan # FSP-03**

County(ies): Stanislaus

Fiscal Year: 2007-08

Date: 9/1/05

i. Conference & Seminars	\$	2,561	
h. Total Operating Expenditures			\$ 42,593
<b>4. Program Management</b>			
a. Existing Program Management			
b. New Program Management			
c. Total Program Management			\$ -
<b>5. Estimated Total Expenditures when service provider is not known</b>			\$ -
<b>6. Total Proposed Program Budget</b>			\$ 1,364,083
<b>B. Revenues</b>			
<b>1. Existing Revenues</b>			
a. Medi-Cal (FFP only)			\$ 14,009
b. Medicare/Patient Fees/Patient Insurance			\$ -
c. Realignment			\$ 556,155
d. State General Funds (AB2034 Funds)			\$ -
e. County Funds			\$ -
f. Grants			\$ 181,368
g. Other Revenue			\$ -
<b>h. Total Existing Revenues</b>			\$ 751,533
<b>2. New Revenues</b>			
a. Medi-Cal (FFP only)			\$ 14,075
b. Medicare/Patient Fees/Patient Insurance			\$ -
c. State General Funds			\$ -
d. Other Revenue			\$ 0
e. Total New Revenue			\$ 14,075
<b>3. Total Revenues</b>			\$ 765,608
<b>C. One-Time CSS Funding Expenditures</b>			\$ -
<b>D. Total County Administration Funding Requirements</b>			\$ 598,475

County(ies):	<u>Stanislaus</u>	Fiscal Year:	<u>2007-08</u>
Program Workplan #	<u>FSP-03</u>	Date:	<u>9/1/05</u>
Program Workplan Name	<u>Senior Access &amp; Resource Team</u>	Page	<u>1</u> of <u>1</u>
Type of Funding	<u>1. Full Service Partnership</u>	Months of Operation	<u>12</u>
Proposed Total Client Capacity of Program/Service:	<u>234</u>	New Program/Service or Expansion	<u>Expansion</u>
Existing Client Capacity of Program/Service:	<u>184</u>	Prepared by:	<u>Laurie Lusk</u>
Client Capacity of Program/Service Expanded through MHSA:	<u>50</u>	Telephone Number:	<u>(209)525-6096</u>

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

#### EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Stanislaus	Fiscal Year: 2005-2006	Program Work Plan Name: Health/Mental Health High Risk Team
Program Work Plan #: FSP-04	Estimated Start Date: January 2006	
<p>Description of Program:</p> <p><i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>The Health/Mental Health High Risk Team will provide intensive, integrated services to 50 individuals who have both a serious mental illness and significant co-occurring health conditions, e.g., diabetes mellitus (DM), hypertension (HTN), that require ongoing, and often frequent and costly, treatment from primary care providers as well as cooperation from the individual to remain stable. Health conditions that are prevalent among individuals from racial and ethnic populations as well as those conditions that may be worsened by the psychotropic medications prescribed to consumers will be the focus of this collaborative team approach. Whenever possible, evidence-based, disease management "protocols" will be used to support education with consumers and family members. Over three years, program capacity will exceed the number that the program is designed to serve annually due to admissions and discharges.</p> <p>This program will incorporate close collaboration with community public and private health entities. Focusing on the primary care settings as referral sources will also allow outreach to individuals from racially and ethnically diverse populations that are reluctant to seek services in traditional mental health settings. Ten consumers served by this program will be individuals referred by Golden Valley Health Clinics (a Federally Qualified Health Clinic), which serves a high percentage of Latino individuals with co-occurring serious mental health and physical health problems.</p> <p>Consumers will be linked to existing community support groups and will be assisted in developing peer support and recovery groups for individuals with co-occurring health and mental health disorders. Both consumers and families will receive education regarding the management of both health and mental health issues, with a focus on reducing stigma, instilling hope, and reducing symptoms in both health and mental health areas to allow optimal functioning. Service to consumers being served in this program will include 24 hour a day, 7 day a week support, and a "what ever it takes" approach to service delivery.</p> <p>Goals of the program will be a reduction in hospitalization, a reduction in emergency room visits, a reduction in institutionalization, decrease in isolation, increase in ability to manage well being and independence. It is expected that the following goals will also be impacted for consumers receiving these services; decrease in homelessness, decrease in incarceration, increase in employment and social community supports.</p>	

<p>Priority Population: <i>Describe the situational characteristics of the priority population</i></p>	<p>Both adults and older adults with significant, ongoing, possibly chronic, health conditions and a co-occurring serious mental illness are the populations identified for this team. The priority population will be individuals who are primarily uninsured as well as individuals from racial and ethnic communities who do not have access to well coordinated health services. Referrals to this program will come from primary caregivers and Golden Valley Health Centers. This is expected to impact significantly the ability to fully serve individuals in racially and ethnically diverse communities who are reluctant to seek services in traditional mental health settings. Although priority populations identified for the service are uninsured consumers, some individuals with Medi-Cal coverage may also be included.</p>						
<p>Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)</p>	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<p>Integrated physical and mental health services, which includes co-location and/or collaboration with primary care clinics or other health care sites and providers to provide individualized, inter-disciplinary, coordinated services. Linkage to the full range of mental health services must be provided for clients served in these settings when needed. These services are particularly needed to serve individuals of racially and ethnically diverse populations and others who may be more responsive to services in health care settings and to reach individuals with co-occurring chronic or life-threatening medical conditions and individuals who are frequent users of hospital emergency rooms or inpatient care.</p>						
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Intensive community services and supports teams capable of providing services to consumers where they live, 24 hours a day, 7 days a week including employing consumers and family members as team members.</p>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Consumer self-directed care plans (e.g., Wellness Recovery Action Plans or other similar models)</p>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>On-site services in primary care clinics or other health care sites to provide individualized, inter-disciplinary services coordinated with other health care providers. These services are particularly needed to reach people with co-occurring chronic or life-threatening medical conditions, people who are frequent users of hospital emergency rooms or inpatient care and others who may be more responsive to services in this setting. Linkage must be provided to the full range of services for these consumers.</p>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

[illegible]

Community cultural practices - traditional practitioners, natural healing practices and ceremonies recognized by communities in place of or in addition to mainstream services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.**

The Health/Mental Health High Risk Team will provide services to 50 individuals who have both a serious mental illness and significant co-occurring health conditions, e.g., diabetes mellitus (DM), hypertension (HTN), that require ongoing, and often frequent and costly, treatment from primary care providers as well as cooperation from the individual to remain stable. Health conditions that are prevalent among individuals from racial and ethnic populations, as well as those conditions that may be worsened by the psychotropic medications that are prescribed to consumers will be the focus of this collaborative team approach. In addition, it is highly desirable that the health conditions have evidenced-based, disease management protocols.

This program is designed to facilitate referrals from Primary Care Physicians (PCP). Staff will be mobile to provide services to identified primary care clinics serving the priority population for the purposes of consultation, referral planning, and ongoing coordination of care. Ten consumers served by this program will be individuals referred by Golden Valley Health Clinics, which serves a high percentage of Latino individuals with co-occurring serious mental health and physical health problems.

The team will consist of Behavioral Health Specialists (personal service coordinators), Psychiatric Nurse, Mental Health Clinician, Psychiatrist, Clinical Service Technician (peer recovery staff) and clerical support. The team will provide service coordination and crisis management of consumers served by the program as well as medication management. The psychiatrist assigned to this team will be available to consult with PCP's. In addition, the team will have a consultant who is an internist or family practice physician available to them. This will also allow for more formal education of the Full Service Partnership (FSP) staff regarding signs and symptoms to be aware of in assisting consumers, family members and caregivers in managing physical health issues. The details of program design and identification of the clinics will be mutual decisions between Stanislaus County Behavioral Health and Recovery Services (BHRS) and primary care providers.

Focusing on the primary care settings as referral sources will also allow outreach to individuals in racially and ethnically diverse communities who are reluctant to seek services in traditional mental health settings. It is well documented that certain medical conditions, such as DM and HTN, are prevalent among some racial and ethnic populations, making it likely that they would seek health services. PCP's will be asked to identify those individuals that have co-occurring serious mental health conditions. Providing services at the primary care clinics will be a way to engage these clients initially and provide a clear connection between their family doctor and the services of this team.

Staff will be available to accompany consumers to physician and /or clinic visits and will work with consumers and families to address medication compliance in the treatment of both physical and mental health conditions as well as the broad range of other needs that may be identified by the team and/or the PCP. For example, funds may be used to



cover co-payments for lower cost services that will ultimately reduce utilization of higher cost services, such as emergency room visits and/or inpatient admissions. Consumers will be linked to existing community support groups and will be assisted in developing peer support and recovery groups for individuals with co-occurring health and mental health disorders.

Both consumers and their families will receive education regarding the management of both health and mental health issues, with a focus on reducing stigma, instilling hope, and reducing symptoms in both health and mental health areas to allow more optimal functioning. These educational opportunities could be held in primary care settings.

Along with the disease management interventions, the consumer will benefit from exposure to materials and education developed by the Neuroscience Treatment Team Partnership (NTTP) program. NTTP is an evidence-based, psychoeducational program developed by the University of Medicine and Dentistry of New Jersey, involving a consumer empowering, recovery-oriented approach, and stressing both personal self-management of psychiatric illness as well as physical wellness strategies. Key BHRS leadership staff have been trained at the University of Medicine and Dentistry of New Jersey, and they have, in turn, rolled out further training for BHRS staff. It is anticipated that program staff will be knowledgeable regarding the NTTP psychoeducational approach, and, using the NTTP materials, will conduct regular NTTP based groups for consumers.

Treatment for co-occurring disorders is essential to successful recovery and will be available on a case-by-case basis to adults and older adults. According to information provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), serious mental illness is highly correlated with substance dependence or abuse. Individuals with both a serious mental illness and an alcohol or other drug (AOD) addiction, referred to as having co-occurring disorders, are significantly more likely to be hospitalized and may spend twice as long in the hospital. They have higher rates of relapse for both disorders as well as a high risk of suicide. We can assume that other quality of life indicators, e.g., employment, housing, personal relationships, are adversely affected in a similar way.

This treatment needs to occur in a setting in which both the individual's mental illness and AOD addiction are treated simultaneously. It is especially helpful to begin in a residential setting, which guarantees safety and a clean and sober environment. A program specific to co-occurring disorders is being developed at the Stanislaus Recovery Center (SRC), a BHRS operated comprehensive alcohol and drug recovery facility. SRC has shown an ability to be culturally competent and to strongly encourage the involvement of family and/or caregivers. It is expected that this Full Service Partnership Program will purchase capacity at SRC for the participants who need the service. This will guarantee easy and timely access to these services, as it is well known that delays in obtaining AOD treatment seriously compromise the individual's motivation for the services. Furthermore, staff from the FSP team will be involved in directing the treatment plan for the participants in the co-occurring disorders

treatment to ensure that services are in alignment with all areas of care for the participant.

BHRS has considerable capability and experience in capturing and reporting outcome data. In addition to the BHRS Data Management Services, BHRS has a dedicated Performance Measurement Program devoted to collecting and reporting outcome data. Data Management Services staff maintain an extensive data warehouse that can be utilized by Performance Measurement staff to analyze and report consumer demographic and service data. In addition, BHRS systematically uses Teleform technology to collect data from staff and consumers on a variety of outcome and consumer satisfaction topics. BHRS contract agencies and consumers, as well as BHRS staff are familiar with this technology. BHRS has participated in numerous large projects with heavy data collection and reporting components such as AB2034, Mentally Ill Offender Crime Reduction Grant, Child/Youth Interagency Enrollee-Based Program (IEBP), and the Older Adult Demonstration Project. It is expected that BHRS will be able quickly and efficiently to initiate efforts to collect and report data as specific outcomes are identified.

**3) Describe any housing or employment services to be provided.**

The staff of the Health/Mental Health High Risk Team will facilitate linkages of consumers and their families to housing and employment resources, both in the community and those provided by BHRS.

**4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.**

The average annual cost for each Full Services Partnership participant will be \$9,700.00, including both MHSA funds and Medi-Cal FFP funds.

**5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.**

One of the goals of this team will be the establishment of peer support and recovery groups that engage individuals in the possibility of their own recovery. These concepts will be introduced at the beginning of contact with the team and throughout services. Recovery and resiliency will be embedded in the program through clinical interventions that will focus on the strengths of the consumer and family members and work toward the goal of enhancing those strengths and self-sufficiency.

Participants in this FSP will become very familiar with the Milestones in Recovery from Mental Illness (page 9 of Attachment 11). The Milestones in Recovery were developed as the result of a series of consumer focus groups in which they were asked to describe their recovery process, followed by a consensus process utilized to develop the

Milestones. Though not a prescriptive approach to recovery from mental illness, positive feedback has been consistently received from customers about the Milestones applicability in their own recovery process. These Milestones have been benchmarked outside Stanislaus County.

Important to the recovery process will be the recognition that one of the recovery “life domains” that may be critical to recovery is physical health and physical well being. As participants work on their Recovery, attention will also focus on maintaining wellness from the physical health standpoint, especially as this wellness relates to adhering to management of their physical health condition(s). As available, evidence-based, disease management protocols will be incorporated in the routine interactions with participants.

The values of recovery will be promoted as staff work with consumers in developing their self-directed care plans. These plans will incorporate both the principles of wellness in general (disease management) as well as the principles of wellness recovery specific to their mental health conditions.

Program staff will receive extensive training in health/mental health collaborative work, managing both health and mental conditions, recovery-oriented work with consumers, and consumer- and family-driven service planning.

**6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.**

Not applicable.

**7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.**

The Health/Mental Health High Risk Team envisions the use of peer recovery specialists (positions that consumers will fill) as part of the menu of services available through this team. These peer recovery specialists will be involved in facilitating support groups, in advocating for clients, in providing peer counseling, and in outreach. Transportation provided by consumer staff or volunteers will be available, when needed. Family members and/or caregivers will receive education regarding management of both mental illness and physical health conditions. It is hoped that they will be able to assist in providing environments conducive to stabilizing the physical health conditions, e.g., encouraging adherence to special dietary requirements. In addition, education will assist family members and caregivers in recognizing when to seek help if symptoms of physical and/or mental illness worsen.

Ideally, groups related to disease management will be co-facilitated by primary care staff and FSP staff, with the ultimate goal being peer and family led groups dealing with

these subjects. It is expected that family and/or caregivers will also receive education about wellness recovery principles as well.

**8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.**

In Stanislaus County, BHRS has developed a collaborative relationship with some public sector clinics. This collaboration was initiated out of recognition that we serve similar target populations and, yet, we were not effectively looking for ways to maximize both of our resources in the service of our clients. This collaboration has led to some significant infrastructure changes, including co-location of medication management and consultation services in one of the clinics. Thus, BHRS is well positioned to move forward with the planning for this MHSA FSP program in that solid relationships with key stakeholders in our community are already in place. These relationships set the stage for new and different ways to collaborate to promote the mental and physical well being of our clients.

During the planning process, various stakeholders in the primary care sector were involved. As many of them as possible have been contacted for feedback and ideas as concepts for this team have developed. For implementation, several large public sector health clinics and one Federally Qualified Health Clinic (Golden Valley Health Clinics) will be targeted for co-location and/or collaboration. It is our belief that as many as 40% to 50 % of the individuals served by these clinics have serious mental illness as well as chronic health conditions. The plan is to link with these clinics to obtain referrals of potential FSP participants. Discussions will occur with the clinics regarding locating staff on-site for the purposes of consultation with clinic staff and brief screenings of potential participants. Ongoing interface will occur as staff from the Health/Mental Health High Risk Team work to engage consumers in treatment for both mental health and physical health conditions. Team members will be working with clinic staff to learn disease management techniques, which they then can reinforce in their interactions with consumers. Since a major mission of this team is the involvement of individuals from racially and ethnically diverse communities, many of the services may be performed in the clinics, which are seen as neutral, approachable sites by most racial and ethnic groups in Stanislaus County.

Stanislaus County has no reservations, no rancherias, nor any Native American human service organizations based in the County. Neighboring counties have rancherias and Native American organizations whose expertise can be utilized to increase the understanding and cultural competency of BHRS leadership and staff. In this way, BHRS will improve system services and outcomes for individuals.

Close, intensive coordination of care between the primary care providers and the team will facilitate recovery, improve the quality of life with respect to chronic health conditions, and possibly prolong life.

- 9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.**

The primary health care setting does not have the stigma associated with it that services provided out of a mental health clinic often do, especially for some individuals from racially and ethnically diverse communities. It is the intention of this program to seek referrals from clinics that serve diverse populations, especially individuals from Latino and African American communities. Clinics serving refugees will also be targeted for referrals. It is expected that this will improve access for Latino adults and older adults and for African American older adults. Staff on the team will be bilingual and bicultural. Trained interpreters will be used for languages that staff do not speak or understand.

All BHRS staff attend mandatory cultural competence training. Last fiscal year, BHRS provided training in the following areas of cultural competence: Lesbian, Gay Bisexual and Transgender (LGBT) Services; Providing Customer Service with LGBT Individuals; Spirituality and Wisdom in Behavioral Health; Use of Interpreters; Crossing Cultural Bridges; Cultural Dialogues; Interpreter Training; Client Culture and Building Collaborative Relationships with Families.

In addition, BHRS has a Cultural Competence Oversight Committee, which is responsible for the oversight of the organization's Cultural Competency Plan. Clinical and Administrative Standards for Cultural Competence have also been developed. The Cultural Competence Oversight Committee has reviewed this plan and given input.

The focus of program interventions will be both the physical and the mental health condition, but having this dual focus may be helpful in initially engaging individuals who are resistant to or distrustful of mental health services. The chronic health problems chosen for a disease management model will be ones that are prevalent in racially and ethnically diverse populations. Traditional practitioners and natural healing practices recognized by the racially and ethnically diverse communities will also be honored. Creative ways to incorporate traditional healing practices into the medical model of the primary care practitioner will be a challenge, but one with which consumers and families can assist. An emphasis will be placed on culturally welcoming décor and informational brochures in appropriate languages.

- 10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.**

BHRS staff are trained on gender differences as well as Lesbian, Gay, Bisexual and Transgender (LGBT) issues. This becomes the background by which to evaluate services provided. In being client centered and strength based, service coordination plans will be tailored to the needs of the individual and family. This includes sensitivity to, and

competence in, working with diverse populations. A recent workgroup focused on improving service provision to LGBT populations has begun and will be used as consultants for all programming. It is expected that some of the support groups and certainly the treatment groups will offer gender-specific treatment as well.

Attention to gender sensitivity and the differing psychologies and needs of women and men, boys and girls are considered in providing services. Issues related to who is the primary care giver (traditionally women) in the family (of children and older adult parents), the need for respite care and transportation to benefit from services, women's health issues and domestic violence will be addressed. These issues are especially of concern in the area of treatment of trauma in adults and transition age youth who experience sexual harassment and intimate partner abuse.

**11) Describe how services will be used to meet the service needs for individuals residing out-of-county.**

Currently, there are contractual arrangements in place to provide medication management of adults and older adults in placements outside of the County. It is expected that these arrangements will continue to be implemented as needed. The Health/Mental Health High Risk Team staff will also travel out of county to assess the needs of out-of-county individuals and provide appropriate linkages for services in the county in which the individual is residing. If applicable to the situation, staff will become familiar with community supports in the area in which the individual is residing and facilitate a referral and transportation to these supports.

**12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.**

Not applicable.

**13) Please provide a timeline for this work plan, including all critical implementation dates.**

Board of Supervisor approval – October 2005  
DMH approval – January 2006  
Recruit, hire, train staff – January – March 2006  
Services begin – March 2006

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2005-06  
 Program Workplan # FSP-04 Date: 9/1/05  
 Program Workplan Name Health/Mental Health High Risk Team Page 1 of 1  
 Type of Funding 1. Full Service Partnership Months of Operation 6  
 Proposed Total Client Capacity of Program/Service: 50 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Bob Backlund  
 Client Capacity of Program/Service Expanded through MHSA: 50 Telephone Number: 209-525-7496

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)	\$29,400			\$29,400
f. Total Support Expenditures	\$29,400	\$0	\$0	\$29,400
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$162,720			\$162,720
c. Employee Benefits	\$59,752			\$59,752
d. Total Personnel Expenditures	\$222,472	\$0	\$0	\$222,472
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$4,050			\$4,050
d. General Office Expenditures	\$3,478			\$3,478
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports	\$25,000			\$25,000
g. Other Operating Expenses (provide description in budget narrative)	\$0			\$0
h. Total Operating Expenditures	\$32,528	\$0	\$0	\$32,528
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management	\$0			\$0
c. Total Program Management	\$0	\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	\$284,400	\$0	\$0	\$284,400
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	\$0			\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>	\$90,793			\$90,793
<b>D. Total Funding Requirements</b>	\$375,193	\$0	\$0	\$375,193
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Health/Mental Health High Risk Team- Workplan # FSP- 04**

County(ies): Stanislaus

Fiscal Year: 2005-06

Date: 9/1/05

**A. Expenditures****1. Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene

b. Travel and Transportation

c. Housing

d. Employment and Education Supports

e. Other Support Expenditures

Other treatment services

\$ 29,400

\$ 29,400

f. Total Support Expenditures

\$ 29,400

**2. Personnel Expenditures**

a. Health/Mental Health High Risk Team Coordinator

Mental Health Clinician (30.77 1 FTE x .5 year)

\$ 32,001

b. MHSA Support Staff

Admin Clerk III (15.39 1 FTE x .5 year)

\$ 16,006

c. Other Personnel (list below)

i. Program Staff

\$ 114,713

Behavioral Health Specialists (21.35 x 2 FTE x .5 year)

\$ 44,408

Psychiatric Nurse (27.17 x 1 FTE x .5 year)

\$ 28,257

Psychiatrist (82.27 x .3 FTE x .5 year)

\$ 25,668

Clinical Service Tech II (15.75 x 1 FTE x .5 year)

\$ 16,380

d. Total FTEs/Salaries

\$ 162,720

e. Employee Benefits

Total salaries for MHSA FTEs @ 38% benefits

\$ 59,752

f. Total Personnel Expenditures

\$ 222,472

**3. Operating Expenditures**

a. Professional Services

\$ - \$ -

b. Translation and Interpreter Services

c. Travel and Transportation

\$ 4,050

estimated 40 miles per day times 250 day = 10,000miles/year @

i. \$.405/mile, total similar to Eastside region team

\$ 4,050

d. General Office Expenditures

\$ 3,478

i. Similar to account 1501.6111560.62600

\$ 3,478

e. Rent, Utilities and Equipment

\$ - \$ -

f. Medication and Medical Supports

\$ 25,000 \$ 25,000

g. Other Operating Expenses (provide description in budget narrative)

\$ - \$ -

i.

\$ -

h. Total Operating Expenditures

\$ 32,528

**4. Program Management**

a. Existing Program Management

\$ -

b. New Program Management

\$ -

c. Total Program Management

\$ -

**5. Estimated Total Expenditures when service provider is not known**

\$ -

**6. Total Proposed Program Budget**

\$ 284,400

**B. Revenues****1. Existing Revenues**

a. Medi-Cal (FFP only)



**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Health/Mental Health High Risk Team- Workplan # FSP- 04**

County(ies): Stanislaus

Fiscal Year: 2005-06Date: 9/1/05

b. Medicare/Patient Fees/Patient Insurance

c. Realignment

d. State General Funds

e. County Funds

f. Grants

g. Other Revenue

**h. Total Existing Revenues**

\$ -

**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**

\$ -

**C. One-Time CSS Funding Expenditures - anticipated to be spent by 6/30/06**

Space - estimated at \$5000/month

\$ 30,000

Furnishings

\$ 16,000

3 PCs &amp; workstations @\$2000 each

\$ 6,000

Car

\$ 20,000

Dual Disorder services

\$ 18,793

Total one-time expenditures

\$ 90,793

**D. Total County Administration Funding Requirements**

\$ 375,193

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): Stanislaus Fiscal Year: 2005-06  
 Program Workplan # FSP-04 Date: 9/1/05  
 Program Workplan Name Health/Mental Health High Risk Team Page 1 of 1  
 Type of Funding 1. Full Service Partnership Months of Operation 6  
 Proposed Total Client Capacity of Program/Service: 50 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Bob Backlund  
 Client Capacity of Program/Service Expanded through MHSA: 50 Telephone Number: 209-525-7496

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
<b>Total Current Existing Positions</b>		0.00	0.00		\$0
<b>B. New Additional Positions</b>	Behavioral Health Specialists <i>Full Time</i>		2.00	\$22,204	\$44,408
	Psychiatric Nurse <i>Full Time</i>		1.00	\$28,257	\$28,257
	MHC II - Coordinator <i>Full Time</i>		1.00	\$32,001	\$32,001
	Psychiatrist <i>Part Time</i>		0.30	\$85,560	\$25,668
	Clinical Service Tech II <i>Full Time</i>		1.00	\$16,380	\$16,380
	Admin Clerk III <i>Full Time</i>		1.00	\$16,006	\$16,006
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
<b>Total New Additional Positions</b>		0.00	6.30		\$162,720
<b>C. Total Program Positions</b>		0.00	6.30		\$162,720

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2006-07  
 Program Workplan # FSP-04 Date: 9/1/05  
 Program Workplan Name Health/Mental Health High Risk Team Page 1 of 1  
 Type of Funding 1. Full Service Partnership Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 50 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Bob Backlund  
 Client Capacity of Program/Service Expanded through MHSA: 50 Telephone Number: 209-525-7496

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)	\$59,976			\$59,976
f. Total Support Expenditures	\$59,976	\$0	\$0	\$59,976
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$335,203			\$335,203
c. Employee Benefits	\$123,089			\$123,089
d. Total Personnel Expenditures	\$458,292	\$0	\$0	\$458,292
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$4,050			\$4,050
d. General Office Expenditures	\$1,854			\$1,854
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports	\$51,500			\$51,500
g. Other Operating Expenses (provide description in budget narrative)	\$40,351			\$40,351
h. Total Operating Expenditures	\$97,755	\$0	\$0	\$97,755
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management	\$0			\$0
c. Total Program Management	\$0	\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	\$616,023	\$0	\$0	\$616,023
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$25,647			\$25,647
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	\$0			\$0
e. Total New Revenue	\$25,647	\$0	\$0	\$25,647
<b>3. Total Revenues</b>	\$25,647	\$0	\$0	\$25,647
<b>C. One-Time CSS Funding Expenditures</b>				\$0
<b>D. Total Funding Requirements</b>	\$590,376	\$0	\$0	\$590,376
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative  
Health/Mental Health High Risk Team- Workplan # FSP- 04**

County(ies): Stanislaus

Fiscal Year: 2006-07

Date: 9/1/05

**A. Expenditures**

**1. Client, Family Member and Caregiver Support Expenditures**

**a. Clothing, Food and Hygiene**

**b. Travel and Transportation**

**c. Housing**

**d. Employment and Education Supports**

**e. Other Support Expenditures**

Dual Disorder services provided at SRC

	\$	59,976
	\$	59,976

**f. Total Support Expenditures**

\$ 59,976

**2. Personnel Expenditures**

**a. Health/Mental Health High Risk Team Coordinator**

Mental Health Clinician (31.69 x 1 FTE) includes 3% COLA

\$ 65,922

**b. MHSA Support Staff**

Admin Clerk III (15.85 x 1 FTE) includes 3% COLA

\$ 32,972

**c. Other Personnel (list below)**

i. Program Staff

Behavioral Health Specialists (21.99 x 2 FTE) includes 3% COLA

\$ 91,480

Psychiatric Nurse (27.99 x 1 FTE) includes 3% COLA

\$ 58,209

Psychiatrist (84.74 x .3 FTE) includes 3% COLA

\$ 52,877

Clinical Service Tech II (16.22 x 1 FTE) includes 3% COLA

\$ 33,743

**d. Total FTEs/Salaries**

\$ 335,203

**e. Employee Benefits**

Total salaries for MHSA FTEs @ 38% benefits

\$ 123,089

**f. Total Personnel Expenditures**

**\$ 458,292**

**3. Operating Expenditures**

**a. Professional Services**

	\$	-	\$	-
--	----	---	----	---

**b. Translation and Interpreter Services**

**c. Travel and Transportation**

\$ 4,050

i. estimated 40 miles per day times 250 day = 10,000miles/year @

\$ .405/mile, total similar to Eastside regional team

\$ 4,050

**d. General Office Expenditures**

\$ 1,854

i. FY06 Budget in acct 1501.6111560.62600 with 3% COLA, similar in size

\$ 1,854

**e. Rent, Utilities and Equipment**

	\$	-	\$	-
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**f. Medication and Medical Supports**

	\$	51,500	\$	51,500
--	----	--------	----	--------

**g. Other Operating Expenses (provide description in budget narrative)**

	\$	-	\$	40,351
--	----	---	----	--------

i. Loan repayment 5.74% of \$180,000

\$ 10,332

i. Interest on loan 5.74% of \$70,000

\$ 4,018

i. Security 5.74% of \$145,392

\$ 8,346

i. Utilities 5.74% of \$87,000

\$ 4,994

i. Engineering 5.74% of \$84,000

\$ 4,822

i. Landscaping 5.74% of \$80,000

\$ 4,592

i. Housekeeping 5.74% of \$30,666

\$ 1,760

i. Maintenance structures & grounds 5.74% of \$25,000

\$ 1,435

i. Janitorial services 5.74% of \$900

\$ 52

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Health/Mental Health High Risk Team- Workplan # FSP- 04**

County(ies): Stanislaus

Fiscal Year: 2006-07

Date: 9/1/05

- i. note: 5.74% = 2,160 sq ft used of 37,612 sq ft available, \$ are FY06  
annual budget for SRC

h. Total Operating Expenditures \$ 97,755

**4. Program Management**

- a. Existing Program Management \$ -
- b. New Program Management \$ -
- c. Total Program Management \$ -

**5. Estimated Total Expenditures when service provider is not known** \$ -

**6. Total Proposed Program Budget** \$ 616,023

**B. Revenues**

**1. Existing Revenues**

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Fees/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

**h. Total Existing Revenues** \$ -

**1. New Revenues**

- a. Medi-Cal (FFP only)
  - i. used to make to funding requirement less admin = to planning matrix \$ 25,647
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds
- d. Other Revenue
- e. Total New Revenue \$ 25,647

**3. Total Revenues** \$ 25,647

**C. One-Time CSS Funding Expenditures** \$ -

**D. Total County Administration Funding Requirements** \$ 590,376

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): <u>Stanislaus</u>	Fiscal Year: <u>2006-07</u>	
Program Workplan # <u>FSP-04</u>	Date: <u>9/1/05</u>	
Program Workplan Name <u>Health/Mental Health High Risk Team</u>	Page <u>1</u> of <u>1</u>	
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>50</u>	New Program/Service or Expansion <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Bob Backlund</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>50</u>	Telephone Number: <u>209-525-7496</u>	

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
<b>Total Current Existing Positions</b>		0.00	0.00		\$0
<b>B. New Additional Positions</b>	Behavioral Health Specialists <i>Full Time</i>		2.00	\$45,740	\$91,480
	Psychiatric Nurse <i>Full Time</i>		1.00	\$58,209	\$58,209
	MHC II - Coordinator <i>Full Time</i>		1.00	\$65,922	\$65,922
	Psychiatrist <i>Part Time</i>		0.30	\$176,258	\$52,877
	Clinical Service Tech II <i>Full Time</i>		1.00	\$33,743	\$33,743
	Admin Clerk III <i>Full Time</i>		1.00	\$32,972	\$32,972
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
<b>Total New Additional Positions</b>		0.00	6.30		\$335,203
<b>C. Total Program Positions</b>		0.00	6.30		\$335,203

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies):	Stanislaus	Fiscal Year:	2007-08
Program Workplan #	FSP-04	Date:	9/1/05
Program Workplan Name	Health/Mental Health High Risk Team	Page	1 of 1
Type of Funding	1. Full Service Partnership	Months of Operation	12
Proposed Total Client Capacity of Program/Service:	50	New Program/Service or Expansion	New
Existing Client Capacity of Program/Service:	0	Prepared by:	Bob Backlund
Client Capacity of Program/Service Expanded through MHSA:	50	Telephone Number:	209-525-7496

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)	\$62,975			\$62,975
f. Total Support Expenditures	\$62,975	\$0	\$0	\$62,975
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$345,258			\$345,258
c. Employee Benefits	\$126,783			\$126,783
d. Total Personnel Expenditures	\$472,041	\$0	\$0	\$472,041
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$4,050			\$4,050
d. General Office Expenditures	\$1,910			\$1,910
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports	\$53,045			\$53,045
g. Other Operating Expenses (provide description in budget narrative)	\$40,351			\$40,351
h. Total Operating Expenditures	\$99,356	\$0	\$0	\$99,356
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management	\$0	\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	\$634,372	\$0	\$0	\$634,372
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$14,477			\$14,477
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$14,477	\$0	\$0	\$14,477
<b>3. Total Revenues</b>	\$14,477	\$0	\$0	\$14,477
<b>C. One-Time CSS Funding Expenditures</b>				\$0
<b>D. Total Funding Requirements</b>	\$619,895	\$0	\$0	\$619,895
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative  
Health/Mental Health High Risk Team- Workplan # FSP- 04**

County(ies): Stanislaus

Fiscal Year: 2007-08

Date: 9/1/05

**A. Expenditures**

**1. Client, Family Member and Caregiver Support Expenditures**

**a. Clothing, Food and Hygiene**

**b. Travel and Transportation**

**c. Housing**

**d. Employment and Education Supports**

**e. Other Support Expenditures**

Dual Disorder services provided at SRC

	\$	62,975
	\$	62,975

**f. Total Support Expenditures**

\$ 62,975

**2. Personnel Expenditures**

**a. Health/Mental Health High Risk Team Coordinator**

Mental Health Clinician (32.64 x 1 FTE) includes 3% COLA

\$ 67,900

**b. MHSA Support Staff**

Admin Clerk III (16.33 x 1 FTE) includes 3% COLA

\$ 33,961

**c. Other Personnel (list below)**

i. Program Staff

Behavioral Health Specialists (22.65 x 2 FTE) includes 3% COLA

\$ 94,224

Psychiatric Nurse (28.83 x 1 FTE) includes 3% COLA

\$ 59,955

Psychiatrist (87.28 x .3 FTE) includes 3% COLA

\$ 54,463

Clinical Service Tech II (16.71 x 1 FTE) includes 3% COLA

\$ 34,755

\$ 243,397

**d. Total FTEs/Salaries**

\$ 345,258

**e. Employee Benefits**

Total salaries for MHSA FTEs @ 38% benefits

\$ 126,783

**f. Total Personnel Expenditures**

**\$ 472,041**

**3. Operating Expenditures**

**a. Professional Services**

\$	-	\$	-
----	---	----	---

**b. Translation and Interpreter Services**

**c. Travel and Transportation**

estimated 40 miles per day times 250 day = 10,000miles/year @

\$ 4,050

i. \$.405/mile, total similar to Eastside region team

\$ 4,050

**d. General Office Expenditures**

\$ 1,910

FY06 Budget in acct 1501.6111560.62600 with 3% COLA, similar in

i. size

\$ 1,910

**e. Rent, Utilities and Equipment**

\$	-	\$	-
----	---	----	---

**f. Medication and Medical Supports**

\$	53,045	\$	53,045
----	--------	----	--------

**g. Other Operating Expenses (provide description in budget narrative)**

\$	-	\$	40,351
----	---	----	--------

i. Loan repayment 5.74% of \$180,000

\$ 10,332

i. Interest on loan 5.74% of \$70,000

\$ 4,018

i. Security 5.74% of \$145,392

\$ 8,346

i. Utilities 5.74% of \$87,000

\$ 4,994

i. Engineering 5.74% of \$84,000

\$ 4,822

i. Landscaping 5.74% of \$80,000

\$ 4,592

i. Housekeeping 5.74% of \$30,666

\$ 1,760

i. Maintenance structures & grounds 5.74% of \$25,000

\$ 1,435

i. Janitorial services 5.74% of \$900

\$ 52



**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Health/Mental Health High Risk Team- Workplan # FSP- 04**

County(ies): Stanislaus

Fiscal Year: 2007-08

Date: 9/1/05

note: 5.74% = 2,160 sq ft used of 37,612 sq ft available, \$ are FY06

i. annual budget for SRC

h. Total Operating Expenditures \$ 99,356

**4. Program Management**

a. Existing Program Management \$ -

b. New Program Management \$ -

c. Total Program Management \$ -

**5. Estimated Total Expenditures when service provider is not known** \$ -

**6. Total Proposed Program Budget** \$ 634,372

**B. Revenues**

**1. Existing Revenues**

a. Medi-Cal (FFP only)

b. Medicare/Patient Fees/Patient Insurance

c. Realignment

d. State General Funds

e. County Funds

f. Grants

g. Other Revenue

**h. Total Existing Revenues** \$ -

**1. New Revenues**

a. Medi-Cal (FFP only)

i. used to make to funding requirement less admin = to planning matrix \$ 14,477

b. Medicare/Patient Fees/Patient Insurance

c. State General Funds

d. Other Revenue

e. Total New Revenue \$ 14,477

**3. Total Revenues** \$ 14,477

**C. One-Time CSS Funding Expenditures** \$ -

**D. Total County Administration Funding Requirements** \$ 619,895

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): Stanislaus Fiscal Year: 2007-08  
 Program Workplan # FSP-04 Date: 9/1/05  
 Program Workplan Name Health/Mental Health High Risk Team Page 1 of 1  
 Type of Funding 1. Full Service Partnership Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 50 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Bob Backlund  
 Client Capacity of Program/Service Expanded through MHSA: 50 Telephone Number: 209-525-7496

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
<b>Total Current Existing Positions</b>		0.00	0.00		\$0
<b>B. New Additional Positions</b>	Behavioral Health Specialists <i>Full Time</i>		2.00	\$47,112	\$94,224
	Psychiatric Nurse <i>Full Time</i>		1.00	\$59,955	\$59,955
	MHC II - Coordinator <i>Full Time</i>		1.00	\$67,900	\$67,900
	Psychiatrist <i>Part Time</i>		0.30	\$181,542	\$54,463
	Clinical Service Tech II <i>Full Time</i>		1.00	\$34,755	\$34,755
	Admin Clerk III <i>Full Time</i>		1.00	\$33,961	\$33,961
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
<b>Total New Additional Positions</b>		0.00	6.30		\$345,258
<b>C. Total Program Positions</b>		0.00	6.30		\$345,258

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

#### EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Stanislaus	Fiscal Year: 2005-2006	Program Work Plan Name: Integrated Forensic Team
Program Work Plan #: FSP-05	Estimated Start Date: January 2006	
<p>Description of Program:</p> <p><i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>This program will be an Integrated Forensic Team in partnership with the Stanislaus County Criminal Justice System that will serve 40 adult and transition-age young adult consumers. Over three years program capacity will exceed the 40 consumers that can be served at any one time due to admissions and discharges. An integrated, multi-disciplinary, full service team will staff this 24-hour a day, 7 days a week program. The program will partner with the existing Drug Court Program to make court-accountable case management services available to consumers with co-occurring disorders. The program will provide crisis response, peer support, alternatives to jail, re-entry support from State Hospital and/or State Prison, and housing and employment supports using engagement and “what ever it takes” treatment strategies learned from AB2034 programs and the Mentally Ill Offender Crime Reduction Program.</p> <p>Goals of the program are a reduction in homelessness, a reduction in incarceration and institutionalization, a reduction in the use of emergency room care, a reduction in the inability to work, a reduction in the inability to manage independence, a reduction in isolation and a reduction in involuntary care.</p>	
<p>Priority Population:</p> <p><i>Describe the situational characteristics of the priority population</i></p>	<p>The age group served by this program will be adults and transition age young adults (TAYA). The characteristics of the priority population to be served are adults or transition age young adults with serious mental illness, including those individuals with a co-occurring substance abuse disorder who are underserved and are either homeless, at risk of homelessness (such as persons coming out of jail), involved in the Criminal Justice System, frequent users of hospital and emergency room services or who are so underserved they are at risk of homelessness, criminal justice involvement and institutionalization.</p>	

	Fund Type			Age Group		
	FSP	Sys Dev	OE	CY	TAY	A OA
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Integrated services agencies which provide and/or broker all services that a client needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supportive housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Client self-directed care plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Integrated substance abuse and mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Integrated services with law enforcement, Probation and Courts for the purpose of crisis response, pre and post-booking services, alternatives to jail for those with serious mental illness and/or collaboration to establish Mental Health Courts for clients who have criminal justice charges	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive community services and supports teams capable of providing services to clients where they live, 24 hours a day, 7 days a week, including consumers or family members as team members	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outreach services for persons who are homeless or at risk of homelessness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.**

This Full Service Partnership Program, in collaboration with the Criminal Justice System, will meet the needs of unserved and underserved individuals with a serious mental illness in Stanislaus County. This Integrated Forensic Team will be recovery-focused and harm reduction oriented. The Integrated Forensic Team will partner with the Stanislaus County Drug Court Program to provide integrated mental health and substance abuse treatment to individuals with serious mental illness and a co-occurring substance abuse disorder. This program will have a maximum capacity of service to 40 consumers at a time. Over the course of three years, the total number served will likely exceed 40 per year due to admissions and discharges.

The Stanislaus County Drug Court Program is a well-established collaborative program between Superior Court and Behavioral Health and Recovery Services (BHRS). Drug Court's target population is primarily individuals with a single diagnosis of substance abuse disorder. Presently, individuals with serious mental illness and a co-occurring substance abuse disorder do not succeed in the current Drug Court structure.

The Integrated Forensic Team will work with individuals with serious mental illness and a co-occurring substance abuse disorder so that they can benefit from the opportunities Drug Court can provide. In addition to individuals assigned to Drug Court, the Integrated Forensic Team will partner with local law enforcement, the Probation Department and the local jails to assist with individuals who have serious mental illness, are homeless, criminally involved, and have a high incidence of recidivism in the local jail and Courts.

This 24 hour a day, 7 day a week program will be culturally competent and multi-disciplinary. Individuals assigned to this program will have a single point of responsibility service coordinator, a Behavioral Health Specialist. The Behavioral Health Specialist, in partnership with the individual, will be responsible for developing an individualized, self-directed personal service plan that will be used to identify a full array of services. The Integrated Forensic Team will be able to provide crisis response, alternatives to jail, re-entry support from State Hospital and/or State Prison, and housing and employment supports using engagement and treatment strategies. A key component of the program will be a Peer Recovery Specialist on the team to incorporate peer-to-peer support with regard to hope and the possibility of recovery. The Integrated Forensic Team's efforts and actions will be in service to the vision that "recovery is possible". This partnership and collaboration with the Criminal Justice System will establish a framework for the future formation of a Mental Health Court by the Judicial System in Stanislaus County.

A full-time Probation Officer as part of the team will also be a key component to the program's success. The Probation Officer will be an unarmed position with a focus on service coordination as opposed to law enforcement. As a fully participating member of the Integrated Forensic Team, the Probation Officer would be involved in all of the clinical discussions and treatment planning. The Probation Officer, as an objective

member of the court team, would then have vital information that would give the court team the opportunity to offer creative solutions and/or probation terms tailored for the individual. The “non-cookie cutter” approach in court would allow the clients more opportunities to succeed and decrease their time in court and/or in custody. Additionally, the vital information obtained in clinical discussions and service planning will benefit the client when the Probation Department makes decisions involving law enforcement interventions, as was shown in the Mentally Ill Offender Crime Reduction (MIO-CR) Grant Program. A success of the MIO-CR grant funded program was a reduction in incarceration and the completion of probation. A key to the success of this program was having a Probation Officer as a fully participating member of the team.

The Integrated Forensic Team’s expected outcomes would be an increase in an individual’s quality of life, reduction in incarceration, reduction in homelessness, reduction in involuntary services, and an increase in employment, vocational or educational opportunities.

BHRS has considerable capability and experience in capturing and reporting outcome data. In addition to the organization’s Data Management Services, BHRS has a dedicated Performance Measurement Program devoted to collecting and reporting outcome data. Data Management Services maintains an extensive data warehouse that can be utilized by Performance Measurement staff to analyze and report consumer demographic and service data. In addition, BHRS systematically uses Teleform technology to collect data from staff and consumers on a variety of outcome and consumer satisfaction topics. Contracted partners and consumers, as well as BHRS staff, are familiar with this technology.

BHRS has participated in numerous large projects with heavy data collection and reporting components such as AB2034, the Mentally Ill Offender Crime Reduction Program, Child/Youth Interagency Enrollee Based Program and the Older Adult Demonstration Project. It is expected that BHRS will be able to quickly and efficiently initiate efforts to collect and report data as specific outcomes are identified.

### **3) Describe any housing or employment services to be provided.**

BHRS recognizes the importance and value of safe and adequate housing and that having a place to call home is a desire of the heart of most, if not all. The BHRS Housing Program will provide a variety of supports, including oversight and coordination of the use of available housing, negotiation and oversight of contracts and agreements with housing vendors, and the development of new housing. This program has been essential in leveraging resources and maintaining efficient use of available housing for all AB2034 programs that otherwise would be in direct competition with one another as well as other Adult System of Care service programs.

The Integrated Forensic Team will work with clients on eliminating barriers to employment using strategies learned from AB2034. Some identified barriers are substance abuse, fear of change, fear of loss of benefits, and the long-held idea that they “can’t work”. Turning Point Community Programs, a contract agency of BHRS,

provides employment services to BHRS. This service will be linked to the Integrated Forensic Team and accessible to FSP consumers.

- 4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.**

The average cost for participants will be \$11,250 per participant.

- 5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.**

BHRS is committed to providing services that support an individual's recovery and that are recovery oriented. We intend to provide services that promote an individual's recovery. The Wellness Recovery Center has been providing leadership within BHRS in making recovery central to its work. Recovery means different things to different people, but generally it involves client empowerment, client self-direction, improved functioning, reduced impairment, increased hope and a sense of ownership of the overall improvement by the consumer.

BHRS held a series of client focus groups in which consumers were asked to describe their recovery process. A consensus process was utilized over the course of several months, which resulted in the Milestones in Recovery from Mental Illness (page 9 of attachment 11). These Milestones are posted in all of the organization's programs. Though not a prescriptive approach to recovery from mental illness, positive feedback has been consistently received from customers about the Milestones applicability in their own recovery process. These Milestones have been benchmarked outside Stanislaus County. The Integrated Forensic Team will use the Recovery Milestones as a basis for beginning to introduce recovery to consumers.

A key component of the Integrated Forensic Team will be utilizing a Peer Recovery Specialist to assist the team in maintaining the Adult System of Care's vision that incorporates providing services that communicate hope and enhance an individual's quality of life. The Integrated Forensic Team's efforts and actions will be in service to the vision that "recovery is possible".

- 6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.**

Not applicable.

**7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.**

This program will incorporate a strong consumer and family-oriented approach. A key component of the Integrated Forensic Team will be to employ a consumer as a Peer Recovery Specialist. The role of the Peer Recovery Specialist is to assist the team in maintaining the Adult System of Care's vision that incorporates providing services that communicate hope and enhance an individual's quality of life and ensuring that the Team's efforts and actions will be in service to the vision that "recovery is possible".

BHRS has a well-established Wellness Recovery Center in the Adult System of Care. This Center is wellness and recovery focused. Support groups, consumer education groups and peer support are available to all BHRS consumers through this program. Participants in this Full Service Partnership Program will be introduced and encouraged to utilize support at Wellness Recovery Center.

BHRS recognizes that an individual's natural support system, including family, is essential to their recovery. It is also recognized that this natural support system may need support and/or education to be able to provide the best care and support to their loved one. The organization has a Family Advocate that will be utilized by the Integrated Forensic Team. Education and support groups will be developed as the need is identified. In addition, the well-established NAMI sponsored "Family to Family" education class will be available. Family-to-Family classes are offered on a regular basis.

**8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.**

BHRS was fortunate to have been part of the California Department of Corrections Mentally Ill Offender Crime Reduction Grant from 1999 to 2004. This program established and was instrumental in crystallizing key collaboration strategies between BHRS and the Criminal Justice System in Stanislaus County. These relationships will be necessary for the success of the Integrated Forensic Team. Having collaborative relationships already in place will enable BHRS to quickly establish the Integrated Forensic Team and begin to provide services without delay. The following community collaborations have been established and will be expanded to include the Integrated Forensic Team:

Criminal Justice Oversight Committee – This is a Committee of the Stanislaus County Mental Health Board. Membership of the Committee includes Mental Health Board members, judicial representation (currently the Presiding Judge), Probation Department representatives, local law enforcement representatives, California Forensic Medical Group (the contractor providing mental health services in the jails), and BHRS staff



including the Patients Rights' Advocate and the Family Advocate. The Committee provides oversight and advice to BHRS programs connected to criminal justice.

Restorative Policing – This committee is a forensic, multi-disciplinary group that meets to guide a community policing effort. This effort is sponsored by the Modesto Police Department. The committee meets monthly (under W & I Code 15750-15755) to discuss treatment or intervention options for individuals who have multiple police contacts and who are have serious mental illness and/or a co-occurring substance abuse diagnosis. Committee members include Modesto Police Department, Public Defender's Office, District Attorney's Office, Probation Department, hospital emergency room representatives, Adult Protective Services, BHRS staff from Adult System of Care service teams, the Patients' Rights Advocate, the Family Advocate, and AB2034 program staff (including staff from the Garden Gate Respite Center).

Crisis Intervention Training (CIT) – The community initiated the first Crisis Intervention Training Academy in September 2005. This exciting partnership between NAMI Stanislaus, local law enforcement and BHRS has provided officers (the first responders) with 40 hours of mental health training including, but not limited to, diagnoses, medications, mental health law, panel discussions by both consumers and family members, and crisis intervention techniques.

Probation Department – During the Mentally Ill Offender Crime Reduction (MIO-CR) Grant Program, a Probation Officer was fully funded and assigned full-time to this BHRS service team. This enabled the Probation Department and BHRS to work closely with consumers and achieve the result of having participants in the program complete probation for the first time in their lives. Since the MIO-CR grant ended in 2004, the Probation Department has continued to assign a portion of one Probation Officer's time to work with the BHRS team in an informal, case by case basis. The collaboration between the two departments has remained positive and beneficial for consumers.

Data Matching – BHRS and the Sheriff's Department currently have the capabilities of matching databases and generating a daily report of BHRS consumers who have been incarcerated locally. The value of this service lies in the collaboration that happens on behalf of consumers who might otherwise go unnoticed in the custodial setting. BHRS staff in adult service programs are able to quickly contact the incarcerated consumer and establish needed supports, such as transportation and housing following release.

Stanislaus County has no reservations, no rancherias, nor any Native American human service organizations based in the County. Neighboring counties have rancherias and Native American organizations whose expertise can be utilized to increase the understanding and cultural competency of BHRS leadership and staff. In this way, BHRS will improve system services and outcomes for Native American individuals. All of these collaborations will assist in the goals of reducing incarceration, institutionalization, hospitalization and criminalization of individuals who have serious mental illness.

- 9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.**

The Integrated Forensic Team will be utilizing a highly individualized, comprehensive approach to assessment and services. This approach will be used to understand each individual's and family's history, strengths, needs and vision of their own recovery, including attention to the issues of culture, spirituality, trauma and other factors. An emphasis will be placed on culturally welcoming décor and informational brochures in appropriate languages. The Integrated Forensic Team will recognize that service plans and outcomes are built upon respect for the unique preference, strengths, and dignity of each person.

BHRS has a Cultural Competency Oversight Committee, which is responsible for the oversight of the organization's Culture Competency Plan. Cultural Competent Clinical and Administrative standards have been developed. The Cultural Competency Oversight Committee has reviewed this plan and given input.

All staff of the Integrated Forensic Team will adhere to BHRS training guidelines on cultural competence. All BHRS staff attend mandatory cultural competence training. Last fiscal year, BHRS provided training in the following areas of cultural competence: Lesbian, Gay Bisexual and Transgender (LGBT) Services; Providing Customer Service with LGBT Individuals; Spirituality and Wisdom in Behavioral Health; Use of Interpreters; Crossing Cultural Bridges; Cultural Dialogues; Interpreter Training; Client Culture and Building Collaborative Relationships with Families.

Methods to be employed will include staff and peers who are bilingual and bicultural. Groups and other services will be conducted in the preferred language of the consumers and families. In all aspects of services, particular attention will be paid to the specific cultural concerns of the individual and family as it relates to the use of relevant community supports, traditional values and beliefs and family histories. Significant effort will be made to enroll consumers whose race or ethnicity is Latino, African American and Southeast Asian American (Asian/Pacific Islander) in the Integrated Forensic Team Full Service Partnership Program with the goal of successfully moving them out of the Criminal Justice System completely and permanently.

The Integrated Forensic Team will have 40 participants. Of those 40 participants at least 50% will be targeted for services to people of color.

- 10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.**

BHRS staff is trained on gender differences as well as lesbian, gay, bisexual, and transgender (LGBT) issues. Existing staff is diverse with regard to sexual orientation.

These staff will be able to lend their expertise to the new program. In being client centered and strength based, treatment plans will be tailored to the needs of the individual and family.

The Integrated Forensic Team will recognize that service delivery, service plans, and outcomes are built upon respect for the unique preference, strengths and dignity of each person. The Integrated Forensic Team staff will attend the Lesbian, Gay, Bi-sexual and Transgender training offered by BHRS. The Team will also utilize existing community supports including PFLAG, Referrals to Friends Coming of Age 12 Step Meetings, and referral of gay/lesbian clients to Wellness Recovery Center's Peer run Gay/Lesbian Support group for individual and group supports.

Attention to gender sensitivity and the differing psychologies and needs of women and men, boys and girls are considered in providing services. Issues related to who is the primary care giver (traditionally women) in the family (of children and older adult parents), the need for respite care and transportation to benefit from services, women's health issues and domestic violence will be addressed. These issues are especially of concern in the area of treatment of trauma in adults and transition age youth who experience sexual harassment and intimate partner abuse.

**11) Describe how services will be used to meet the service needs for individuals residing out-of-county.**

Full Service Program staff will travel out-of -county to where the consumer is residing to provide services. Stanislaus County BHRS has contracts with a number of providers outside of the County and the level of service provided is maintained, as it would be if they were in county.

**12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.**

Not applicable.

**13) Please provide a timeline for this work plan, including all critical implementation dates.**

Board of Supervisor approval – October 2005  
DMH approval – January 06  
Services begin immediately – January

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): <u>Stanislaus</u>	Fiscal Year: <u>2005-06</u>
Program Workplan # <u>FSP-05</u>	Date: <u>9/1/05</u>
Program Workplan Name <u>Integrated Forensic Team</u>	Page <u>1</u> of <u>1</u>
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation <u>6</u>
Proposed Total Client Capacity of Program/Service: <u>20</u>	New Program/Service or Expansion <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Laurie Lusk</u>
Client Capacity of Program/Service Expanded through MHSA: <u>20</u>	Telephone Number: <u>(209)525-6096</u>

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene	\$500			\$500
b. Travel and Transportation	\$5,000			\$5,000
c. Housing	\$25,000			\$25,000
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports	\$2,000			\$2,000
e. Other Support Expenditures (provide description in budget narrative)	\$35,600			\$35,600
f. Total Support Expenditures	\$68,100	\$0	\$0	\$68,100
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$134,542			\$134,542
c. Employee Benefits	\$47,090			\$47,090
d. Total Personnel Expenditures	\$181,632	\$0	\$0	\$181,632
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$3,000			\$3,000
d. General Office Expenditures	\$1,500			\$1,500
e. Rent, Utilities and Equipment	\$4,000			\$4,000
f. Medication and Medical Supports	\$15,000			\$15,000
g. Other Operating Expenses (provide description in budget narrative)	\$3,000			\$3,000
h. Total Operating Expenditures	\$26,500	\$0	\$0	\$26,500
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management	\$0			\$0
c. Total Program Management	\$0	\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	<b>\$276,232</b>	<b>\$0</b>	<b>\$0</b>	<b>\$276,232</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$53,132			\$53,132
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$53,132	\$0	\$0	\$53,132
<b>3. Total Revenues</b>	<b>\$53,132</b>	<b>\$0</b>	<b>\$0</b>	<b>\$53,132</b>
<b>C. One-Time CSS Funding Expenditures</b>	<b>\$64,742</b>			<b>\$64,742</b>
<b>D. Total Funding Requirements</b>	<b>\$287,842</b>	<b>\$0</b>	<b>\$0</b>	<b>\$287,842</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative  
Integrated Forensic Team Workplan # FSP-05**

County(ies): Stanislaus

Fiscal Year: 2005-06

Date: 9/1/05

**A. Expenditures**

**1. Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene	\$	500
b. Travel and Transportation	\$	5,000
c. Housing	\$	25,000
d. Employment and Education Supports	\$	2,000
e. Other Support Expenditures	\$	35,600
Other treatment services	\$	23,100
Support Service Funds-Wraparound	\$	12,500
<b>f. Total Support Expenditures</b>	<b>\$</b>	<b>68,100</b>

**2. Personnel Expenditures**

**a. Current Existing Positions**

b. Total Current Existing FTEs/Salaries	\$	-
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**b. New Additional Positions**

**a. Support Staff**

Admin Clerk III - 16.97 x 2080 x .5FTE x 1/2 year plus 5% Bilingual Differential	\$	9,266
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**b. Program Staff**

BHS II - 23.54 x 2080 plus \$5000 for 24/7coverage x .5 FTE x 1/2 year	\$	13,491
BHS II - 23.54 x 2080 plus \$10000 for 24/7coverage x 1 FTE x 1/2 year	\$	29,482
MH Clinician II (coordinator) - 27.97 x 2080 plus 8% Differential x 1 FTE x 1/2 year	\$	31,416
CST II - 17.37 x 2080 x 1 FTE x 1/2 year	\$	18,065
Deputy Probation Officer II - 22.49 x 2080 x 1 FTE x 1/2 year	\$	23,390
Psychiatrist - PSC - 90.70 x 2080 x .1 FTE x 1/2 year	\$	9,433

<b>c. Total New Additional FTE/Salaries</b>	<b>\$</b>	<b>134,542</b>
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<b>C. Benefits</b>	<b>\$</b>	<b>47,090</b>
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<b>f. Total Personnel Expenditures</b>	<b>\$</b>	<b>181,632</b>
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**3. Operating Expenditures**

a. Professional Services	\$	-
b. Translation and Interpreter Services	\$	-
c. Travel and Transportation	\$	3,000
d. General Office Expenditures	\$	1,500
e. Rent, Utilities and Equipment	\$	4,000
f. Medication and Medical Supports	\$	15,000
g. Other Operating Expenses (provide description in budget narrative)	\$	3,000
i. Education & Training	\$	3,000
<b>h. Total Operating Expenditures</b>	<b>\$</b>	<b>26,500</b>

**4. Program Management**

a. Existing Program Management		
b. New Program Management		
<b>c. Total Program Management</b>	<b>\$</b>	<b>-</b>

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Integrated Forensic Team Workplan # FSP-05**

County(ies): Stanislaus

Fiscal Year: 2005-06

Date: 9/1/05

<b>5. Estimated Total Expenditures when service provider is not known</b>	\$	-
<b>6. Total Proposed Program Budget</b>	\$	276,232
<b>B. Revenues</b>		
<b>1. Existing Revenues</b>		
a. Medi-Cal (FFP only)	\$	-
b. Medicare/Patient Fees/Patient Insurance	\$	-
c. Realignment	\$	-
d. State General Funds (AB2034 Funds)	\$	-
e. County Funds	\$	-
f. Grants	\$	-
g. Other Revenue	\$	-
<b>h. Total Existing Revenues</b>	\$	-
<b>2. New Revenues</b>		
a. Medi-Cal (FFP only)	\$	53,132
b. Medicare/Patient Fees/Patient Insurance	\$	-
c. State General Funds	\$	-
d. Other Revenue	\$	-
e. Total New Revenue	\$	53,132
<b>3. Total Revenues</b>	\$	53,132
<b>C. One-Time CSS Funding Expenditures - anticipated to be spent by 6/30/06</b>	\$	64,742
Space - estimated at \$5000/month	\$	30,000
Dual Disorder services	\$	14,742
Car	\$	20,000
Total one-time expenditures	\$	64,742
<b>D. Total County Administration Funding Requirements</b>	\$	287,842

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): <u>Stanislaus</u>	Fiscal Year: <u>2005-06</u>	
Program Workplan #: <u>FSP-05</u>	Date: <u>9/1/05</u>	
Program Workplan Name: <u>Integrated Forensic Team</u>	Page <u>1</u> of <u>1</u>	
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation: <u>6</u>	
Proposed Total Client Capacity of Program/Service: <u>20</u>	New Program/Service or Expansion: <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Laurie Lusk</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>20</u>	Telephone Number: <u>(209)525-6096</u>	

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
<b>Total Current Existing Positions</b>		0.00	0.00		\$0
<b>B. New Additional Positions</b>	Admin Clerk III-Bilingual	Part-time	0.5	\$18,531	\$9,266
	BHS II	Part-time	0.5	\$26,982	\$13,491
	BHS II	Full-time	1	\$29,482	\$29,482
	MHC II (coordinator)	Full-time	1	\$31,416	\$31,416
	CST II	Full-time	1	\$18,065	\$18,065
	Deputy Probation Officer II	Full-time	1	\$23,390	\$23,390
	Psychiatrist	Part-time	0.1	\$94,328	\$9,433
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
<b>Total New Additional Positions</b>		0.00	5.10		\$134,542
<b>C. Total Program Positions</b>		0.00	5.10		\$134,542

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2006-07  
 Program Workplan # FSP-05 Date: 9/1/05  
 Program Workplan Name Integrated Forensic Team Page 1 of 1  
 Type of Funding 1. Full Service Partnership Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 40 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Laurie Lusk  
 Client Capacity of Program/Service Expanded through MHSA: 40 Telephone Number: (209)525-6096

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene	\$1,030			\$1,030
b. Travel and Transportation	\$10,300			\$10,300
c. Housing	\$51,500			\$51,500
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports	\$4,120			\$4,120
e. Other Support Expenditures (provide description in budget narrative)	\$72,874			\$72,874
f. Total Support Expenditures	\$139,824	\$0	\$0	\$139,824
<b>2. Personnel Expenditures</b>				\$0
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$277,157			\$277,157
c. Employee Benefits	\$97,005			\$97,005
d. Total Personnel Expenditures	\$374,161	\$0	\$0	\$374,161
<b>3. Operating Expenditures</b>				\$0
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$6,180			\$6,180
d. General Office Expenditures	\$3,090			\$3,090
e. Rent, Utilities and Equipment	\$8,240			\$8,240
f. Medication and Medical Supports	\$30,900			\$30,900
g. Other Operating Expenses (provide description in budget narrative)	\$6,180			\$6,180
h. Total Operating Expenditures	\$54,590	\$0	\$0	\$54,590
<b>4. Program Management</b>				\$0
a. Existing Program Management				\$0
b. New Program Management	\$0			\$0
c. Total Program Management	\$0	\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	<b>\$568,575</b>	<b>\$0</b>	<b>\$0</b>	<b>\$568,575</b>
<b>B. Revenues</b>				<b>0</b>
<b>1. Existing Revenues</b>				0
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				\$0
a. Medi-Cal (FFP only)	\$113,451			\$113,451
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$113,451	\$0	\$0	\$113,451
<b>3. Total Revenues</b>	<b>\$113,451</b>	<b>\$0</b>	<b>\$0</b>	<b>\$113,451</b>
<b>C. One-Time CSS Funding Expenditures</b>				<b>\$0</b>
<b>D. Total Funding Requirements</b>	<b>\$455,124</b>	<b>\$0</b>	<b>\$0</b>	<b>\$455,124</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				



**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Integrated Forensic Team Workplan # FSP-05**

County(ies): Stanislaus

Fiscal Year: 2006-07

Date: 9/1/05

**A. Expenditures**

**1. Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene	\$	1,030
b. Travel and Transportation	\$	10,300
c. Housing	\$	51,500
d. Employment and Education Supports	\$	4,120
e. Other Support Expenditures	\$	72,874
Dual Disorder services provided at SRC	\$	47,124
Support Service Funds-Wraparound	\$	25,750
<b>f. Total Support Expenditures</b>	<b>\$</b>	<b>139,824</b>

**2. Personnel Expenditures**

**a. Current Existing Positions**

b. Total Current Existing FTEs/Salaries	\$	-
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**b. New Additional Positions**

**a. Support Staff**

Admin Clerk III - 17.48 x 2080 x .5FTE plus 5% Bilingual Differential	\$	19,088
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**b. Program Staff**

BHS II - 24.25 x 2080 plus \$5,146 for 24/7coverage x .5 FTE	\$	27,791
BHS II - 24.25 x 2080 plus \$10,292 for 24/7coverage x 1 FTE	\$	60,732
MH Clinician II (coordinator) - 28.81 x 2080 plus 8% Differential x 1 FTE	\$	64,717
CST II - 17.89 x 2080 x 1 FTE	\$	37,214
Deputy Probation Officer II - 23.16 x 2080 x 1 FTE	\$	48,183
Psychiatrist - PSC - 93.42 x 2080 x .1 FTE	\$	19,432

<b>c. Total New Additional FTE/Salaries</b>	<b>\$</b>	<b>277,157</b>
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**C. Benefits**

\$ 97,005

<b>f. Total Personnel Expenditures</b>	<b>\$</b>	<b>374,161</b>
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**3. Operating Expenditures**

a. Professional Services	\$	-
b. Translation and Interpreter Services	\$	-
c. Travel and Transportation	\$	6,180
d. General Office Expenditures	\$	3,090
e. Rent, Utilities and Equipment	\$	8,240
f. Medication and Medical Supports	\$	30,900
g. Other Operating Expenses (provide description in budget narrative)	\$	6,180
i. Education & Training	\$	6,180
<b>h. Total Operating Expenditures</b>	<b>\$</b>	<b>54,590</b>

**4. Program Management**

a. Existing Program Management		
b. New Program Management		
<b>c. Total Program Management</b>	<b>\$</b>	<b>-</b>

**5. Estimated Total Expenditures when service provider is not known**

\$ -

**6. Total Proposed Program Budget**

\$ 568,575

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Integrated Forensic Team Workplan # FSP-05**

County(ies): Stanislaus

Fiscal Year: 2006-07

Date: 9/1/05

**B. Revenues**

**1. Existing Revenues**

a. Medi-Cal (FFP only)	\$	-
b. Medicare/Patient Fees/Patient Insurance	\$	-
c. Realignment	\$	-
d. State General Funds (AB2034 Funds)	\$	-
e. County Funds	\$	-
f. Grants	\$	-
g. Other Revenue	\$	-
<b>h. Total Existing Revenues</b>	\$	-

**2. New Revenues**

a. Medi-Cal (FFP only)	\$	113,451
b. Medicare/Patient Fees/Patient Insurance	\$	-
c. State General Funds	\$	-
d. Other Revenue	\$	-
e. Total New Revenue	\$	113,451

**3. Total Revenues**

\$ 113,451

**C. One-Time CSS Funding Expenditures**

\$ -

**D. Total County Administration Funding Requirements**

\$ 455,124

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): <u>Stanislaus</u>	Fiscal Year: <u>2006-07</u>	
Program Workplan #: <u>FSP-05</u>	Date: <u>9/1/05</u>	
Program Workplan Name: <u>Integrated Forensic Team</u>	Page <u>1</u> of <u>1</u>	
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation: <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>40</u>	New Program/Service or Expansion: <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Laurie Lusk</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>40</u>	Telephone Number: <u>(209)525-6096</u>	

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
<b>Total Current Existing Positions</b>		0.00	0.00		\$0
<b>B. New Additional Positions</b>	Admin Clerk III-Bilingual	Part-time	0.5	\$38,176	\$19,088
	BHS II	Part-time	0.5	\$55,582	\$27,791
	BHS II	Full-time	1	\$60,732	\$60,732
	MHC II (coordinator)	Full-time	1	\$64,717	\$64,717
	CST II	Full-time	1	\$37,214	\$37,214
	Deputy Probation Officer II	Full-time	1	\$48,183	\$48,183
	Psychiatrist	Part-time	0.1	\$194,320	\$19,432
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
<b>Total New Additional Positions</b>		0.00	5.10		\$277,157
<b>C. Total Program Positions</b>		0.00	5.10		\$277,157

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): <u>Stanislaus</u>	Fiscal Year: <u>2007-08</u>
Program Workplan # <u>FSP-05</u>	Date: <u>9/1/05</u>
Program Workplan Name <u>Integrated Forensic Team</u>	Page <u>1</u> of <u>1</u>
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation <u>12</u>
Proposed Total Client Capacity of Program/Service: <u>40</u>	New Program/Service or Expansion <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Laurie Lusk</u>
Client Capacity of Program/Service Expanded through MHSA: <u>40</u>	Telephone Number: <u>(209)525-6096</u>

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene	\$1,061			\$1,061
b. Travel and Transportation	\$10,609			\$10,609
c. Housing	\$61,231			\$61,231
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports	\$4,244			\$4,244
e. Other Support Expenditures (provide description in budget narrative)	\$76,003			\$76,003
f. Total Support Expenditures	\$153,147	\$0	\$0	\$153,147
<b>2. Personnel Expenditures</b>				\$0
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$285,452			\$285,452
c. Employee Benefits	<u>\$99,908</u>			<u>\$99,908</u>
d. Total Personnel Expenditures	\$385,360	\$0	\$0	\$385,360
<b>3. Operating Expenditures</b>				\$0
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$6,365			\$6,365
d. General Office Expenditures	\$3,183			\$3,183
e. Rent, Utilities and Equipment	\$8,487			\$8,487
f. Medication and Medical Supports	\$31,827			\$31,827
g. Other Operating Expenses (provide description in budget narrative)	\$6,365			\$6,365
h. Total Operating Expenditures	\$56,228	\$0	\$0	\$56,228
<b>4. Program Management</b>				\$0
a. Existing Program Management				\$0
b. New Program Management	\$0			\$0
c. Total Program Management	\$0	\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	<b>\$594,735</b>	<b>\$0</b>	<b>\$0</b>	<b>\$594,735</b>
<b>B. Revenues</b>				<b>0</b>
<b>1. Existing Revenues</b>				0
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				\$0
a. Medi-Cal (FFP only)	\$116,855			\$116,855
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$116,855	\$0	\$0	\$116,855
<b>3. Total Revenues</b>	\$116,855	\$0	\$0	\$116,855
<b>C. One-Time CSS Funding Expenditures</b>				<b>\$0</b>
<b>D. Total Funding Requirements</b>	<b>\$477,880</b>	<b>\$0</b>	<b>\$0</b>	<b>\$477,880</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Integrated Forensic Team Workplan # FSP-05**

County(ies): Stanislaus

Fiscal Year: 2007-08

Date: 9/1/05

**A. Expenditures****1. Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene	\$	1,061
b. Travel and Transportation	\$	10,609
c. Housing	\$	61,231
d. Employment and Education Supports	\$	4,244
e. Other Support Expenditures	\$	76,003
Dual Disorder services provided at SRC	\$	49,480
Support Service Funds-Wraparound	\$	26,523
f. Total Support Expenditures	\$	153,147

**2. Personnel Expenditures****a. Current Existing Positions**

b. Total Current Existing FTEs/Salaries	\$	-
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**b. New Additional Positions****a. Support Staff**

Admin Clerk III - 18.00 x 2080 x .5FTE plus 5% Bilingual Differential	\$	19,660
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**b. Program Staff**

BHS II - 24.98 x 2080 plus \$5,300 for 24/7 coverage x .5 FTE	\$	28,629
BHS II - 24.98 x 2080 plus \$10,601 for 24/7 coverage x 1 FTE	\$	62,559
MH Clinician II (coordinator) - 29.67 x 2080 plus 8% Differential x 1 FTE	\$	66,651
CST II - 18.43 x 2080 x 1 FTE	\$	38,330
Deputy Probation Officer II - 23.85 x 2080 x 1 FTE	\$	49,608
Psychiatrist - PSC - 96.22 x 2080 x .1 FTE	\$	20,015

c. Total New Additional FTE/Salaries	\$	285,452
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**C. Benefits**

\$	99,908
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f. Total Personnel Expenditures	\$	385,360
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**3. Operating Expenditures**

a. Professional Services	\$	-
b. Translation and Interpreter Services	\$	-
c. Travel and Transportation	\$	6,365
d. General Office Expenditures	\$	3,183
e. Rent, Utilities and Equipment	\$	8,487
f. Medication and Medical Supports	\$	31,827
g. Other Operating Expenses (provide description in budget narrative)	\$	6,365
i. Education & Training	\$	6,365
h. Total Operating Expenditures	\$	56,228

**4. Program Management**

a. Existing Program Management		
b. New Program Management		
c. Total Program Management	\$	-

5. Estimated Total Expenditures when service provider is not known	\$	-
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6. Total Proposed Program Budget	\$	594,735
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**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Integrated Forensic Team Workplan # FSP-05**

County(ies): Stanislaus

Fiscal Year: 2007-08Date: 9/1/05**B. Revenues****1. Existing Revenues**

a. Medi-Cal (FFP only)	\$	-
b. Medicare/Patient Fees/Patient Insurance	\$	-
c. Realignment	\$	-
d. State General Funds (AB2034 Funds)	\$	-
e. County Funds	\$	-
f. Grants	\$	-
g. Other Revenue	\$	-
<b>h. Total Existing Revenues</b>	<b>\$</b>	<b>-</b>

**2. New Revenues**

a. Medi-Cal (FFP only)	\$	116,855
b. Medicare/Patient Fees/Patient Insurance	\$	-
c. State General Funds	\$	-
d. Other Revenue	\$	-
e. Total New Revenue	\$	116,855

**3. Total Revenues****\$ 116,855****C. One-Time CSS Funding Expenditures****\$ -****D. Total County Administration Funding Requirements****\$ 477,880**

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): <u>Stanislaus</u>	Fiscal Year: <u>2007-08</u>	
Program Workplan #: <u>FSP-05</u>	Date: <u>9/1/05</u>	
Program Workplan Name: <u>Integrated Forensic Team</u>	Page <u>1</u> of <u>1</u>	
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation: <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>40</u>	New Program/Service or Expansion: <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Laurie Lusk</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>40</u>	Telephone Number: <u>(209)525-6096</u>	

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
<b>Total Current Existing Positions</b>		0.00	0.00		\$0
<b>B. New Additional Positions</b>	Admin Clerk III-Bilingual	Part-time	0.5	\$39,320	\$19,660
	BHS II	Part-time	0.5	\$57,258	\$28,629
	BHS II	Full-time	1	\$62,559	\$62,559
	MHC II (coordinator)	Full-time	1	\$66,651	\$66,651
	CST II	Full-time	1	\$38,330	\$38,330
	Deputy Probation Officer II	Full-time	1	\$49,608	\$49,608
	Psychiatrist	Part-time	0.1	\$200,146	\$20,015
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
<b>Total New Additional Positions</b>		0.00	5.10		\$285,452
<b>C. Total Program Positions</b>		0.00	5.10		\$285,452

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

# **EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY**

County: Stanislaus	Fiscal Year: 2005-2006	Program Work Plan Name: Transition Age Young Adult Drop-In Center
Program Work Plan #: GSD-01	Estimated Start Date: January 2006	
<p>Description of Program:</p> <p><i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>A Drop-In Center for Transition Age Young Adults (TAYA) will serve as an expansion of Behavioral Health and Recovery Services (BHRS) existing AB2034 Transition Age Young Adults program to improve services and infrastructure for this full service program and to make other supports and services available to underserved consumers. The Drop-In Center will provide an array of community and agency resources (both on site and in the community) geared to support the young adult in the four different transition domains of employment, educational opportunities, living situation (housing), and community life. Thirdly, the center will have a membership driven "clubhouse" type model, which will include a Young Adult Advisory Council to take an active role in guiding and having an ownership of the drop-in center.</p> <p>Goals of the program are to serve 175 youth over three years and to provide a diverse cultural environment where transition age young adults can seek peer support and recovery-minded input from peers in recovery as well as staff at the drop-in center; to reduce isolation; increase the ability to manage independence; and increase linkages to services related to treatment of serious mental illness and co-occurring substance abuse problems, housing and employment opportunities.</p>	
<p>Priority Population:</p> <p><i>Describe the situational characteristics of the priority population</i></p>	<p>The TAYA age group served by this program will be between the ages of 16 to 25. The on-site existing TAYA service team will continue to outreach to young adults of color through existing community agencies and organizations as partners to coordinate services. The characteristics of the population to be served are those transition age young adults with serious mental illness, including those young adults with a co-occurring substance abuse disorder who live in an impoverished, underserved, racially and ethnically diverse community. Some individuals who receive supports, services and referrals, may or may not be receiving mental health services from an existing program and are in need of social activities and referrals for housing, employment, alcohol and drug services and other supports. The drop-in center will also include 16 and 17 year olds who are currently receiving services within the Children's System of Care. Service efforts will account for them being minors and will include consultation with the Children's System of Care staff, as these young people begin the "transition" to young adulthood.</p>	



	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)							
Development of self-help, peer support and youth run programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seamless linkages with both Children's and Adult Systems of Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth run services including peer support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth involvement in planning and service development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classes regarding what youth need to know for successful independent living	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation and social activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.**

This General System Development program is a new service that will support a Transition Age Young Adult Drop-In Center. This program will be co-located with Behavioral Health and Recovery Services (BHRS) existing AB2034 Transition Age Young Adult Program. The Drop-In Center will be placed in a racially and ethnically diverse community and will expand services and supports for existing clients, as well as for those young adults who reside in the community where the Center is located. This will be accomplished by offering unserved and underserved young adults access to referral services and general supports. The Center will act as a "front door" engagement effort for unserved and underserved young adults with a serious mental illness and will serve as a critical entry point, particularly for those individuals from racially and ethnically diverse communities who usually do not access the mental health system in the more traditional way.

Services and supports include peer support (conducted by both peer staff and volunteers) and information and referrals for employment, housing, and education supports. These services enhance recovery and resilience as a result of the emphasis on improving a young adult's quality of life. Although the current AB 2034 TAYA program is at capacity, openings do occur due to discharges and graduations. The program supports young adults to "move on" in their lives and celebrates graduations from the program. A young adult who accesses the Drop-In Center and needs a clinical service (including counseling, case coordination, medication, etc.) will be strongly considered when an opening occurs. One hundred and seventy-five youth with serious mental illness or serious emotional disturbance are expected to be served over the first three years of the program.

The Drop-In Center will serve as a "hub" for two other Transition Age Young Adult Programs for young adults with serious mental illness or a serious emotional disturbance in Stanislaus County, Visions and Pathways. Clients from these two programs will be welcomed and allowed to fully participate in activities at the Center. The Drop-In Center will also offer activities and supports to youth ages 16 and 17 and their families who currently receive services from BHRS Children's System of Care programs. This community collaboration will bring together opportunities for young adults for peer support and will provide access to resource information relevant to transitioning into the community. On-site family psycho educational groups and other family activities will be offered.

A client-driven Young Adult Advisory Council will be established that will give young adults a voice in the decision-making and operations of the Center. It will be comprised of members of the Center and will guide social activities and make other recommendations, e.g. type of groups needed for peer support and staff led meetings, type of rules the center should adopt, hours of operation and whether it should include weekends.

For individuals with co-occurring disorders of substance abuse and mental health, referrals for residential care and clean and sober living will be made as appropriate. This clearly adds to the ability to support recovery from alcohol, drugs and mental illness.

BHRS has considerable capability and experience in capturing and reporting outcome data. In addition to the BHRS Data Management Services, BHRS has a dedicated Performance Measurement Program devoted to collecting and reporting outcome data. Data Management Services staff maintain an extensive data warehouse that can be utilized by Performance Measurement staff to analyze and report consumer demographic and service data. In addition, BHRS systematically uses Teleform technology to collect data from staff and consumers on a variety of outcome and consumer satisfaction topics. BHRS contract agencies and consumers, as well as BHRS staff are familiar with this technology. BHRS has participated in numerous large projects with heavy data collection and reporting components such as AB2034, Mentally Ill Offender Crime Reduction Grant, Child/Youth Interagency Enrollee-Based Program (IEBP), and the Older Adult Demonstration Project. It is expected that BHRS will be able quickly and efficiently to initiate efforts to collect and report data as specific outcomes are identified.

**3) Describe any housing or employment services to be provided.**

The Drop-In Center will not provide housing or employment services directly. Existing resources for employment and housing for enrolled AB2034 TAYA clients will continue. Transition age young adults with serious mental illness who come to the Drop-in Center who are homeless will have access to “safe haven” housing for up to seven days. Transition age young adults who are currently residing in board and care homes will have access to the drop-in center. The Center will have a wide and complete array of housing information from which referrals can be made to housing resources for which they qualify. Similarly, employment service information and referrals (including supported employment and job training opportunities) will be made from the Center.

Among the resources available, but not limited to, are housing and employment from Turning Point employment, BHRS housing programs, STANCO (housing), Arbor Job Training program and Modesto Junior College.

**4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.**

Not applicable.

**5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.**

BHRS is committed to providing services that support recovery and resilience for young adults with a serious mental illness. Recovery and resiliency will be embedded in the program and will focus on the strengths and work toward the goal of enhancing those strengths and self-sufficiency.

Consumers will be introduced to recovery concepts through the Milestones in Recovery from Mental Illness (page 9 of attachment 11). The Milestones in Recovery were developed as the result of a series of consumer focus groups in which they were asked to describe their recovery process, followed by a consensus process utilized to develop the Milestones. Important to the recovery process will be the recognition that one of the recovery "life domains" that may be critical to recovery is physical health and physical well being. Though not a prescriptive approach to recovery from mental illness, positive feedback has been consistently received from customers about the Milestones applicability in their own recovery process. These Milestones have been benchmarked outside Stanislaus County.

The Drop-In Center will employ young adults full-time and part-time and utilize volunteers to assist their peers in a variety of contexts. Peers provide hope to one another, and a sense that one is not alone. Peer support is a complement of professional care a young adult may receive. It gives individuals places to share with others, outside of the services they receive. Additionally, recovery and resilience expand a person's view of themselves and what's possible for them. It promotes hope for the future and a sense that one has choices and can shape what happens in life.

The Young Adult Advisory Council will play a large role in the operation of the Center and will be a partner in the decision-making process. Decision-making and sharing power with staff will elevate the young adults' view of who they are and their own sense of accomplishment and value.

Our commitment is to provide services and recovery supports in a culturally competent manner. This reflects our belief that the meaning of "wellness" or "recovery" from mental illness varies depending on the cultural mores of the people we serve. Our effort here will be to learn and develop recovery and resilience services that are meaningful to young adults from racially and ethnically diverse backgrounds.

One of the biggest barriers to achieving recovery or resilience is overcoming stigma due to having a mental illness. Peer support and open sharing, along with education and resources communicate to young adults that recovery is possible and that having a mental illness is something from which they can recover. Recovery and resilience also involves moving on from the mental health system of services when possible.

Completions of groups and educational kinds of curricula for the young adults are celebrated and acknowledged.

**6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.**

The AB2034 TAYA Program currently provides comprehensive mental health services to 30 young adults. The program offers service coordination, counseling, medication and peer support services in addition to housing, employment and education supports. In AB2034 terms it is a full service program. The program offers both peer and staff facilitated education groups. When the program is moved to a racially and ethnically diverse community and co-located at the Drop-in Center, it will open up the possibilities to expand peer support to many more young adults. The team will have frequent involvement and interaction with young adults it currently does not serve.

The Drop-In Center will expand to include 16 and 17 year olds into a TAYA service site for the first time. The Center will partner with the Children's System of Care programs that serve children and youth. The Center will have a Young Adult Advisory Council, which will partner with the current TAYA program in a way that has not been done before. This shift in power sharing will necessitate a significant change in how staff conduct themselves and make decisions. It will be open, inclusive and in partnership with the TAYA consumers.

**7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.**

TAYA consumers in recovery will be hired to work at the Center. We will expand the volunteer program of young adults to assist staff, and as mentioned, the Young Adult Advisory Council will advise staff on day-to-day decisions and recommendations. Staff hired will assist in providing services running the Center. The Council and volunteers will have advisory and support roles.

**8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.**

The TAYA program currently has strong collaborative relationships with numerous stakeholders and community organizations. The stakeholders include Turning Point employment, BHRS housing programs, STANCO (housing), Arbor Job Training program and Modesto Junior College. The program also has relationships with all BHRS Children's System of Care programs, many of their contractors and the other two TAYA programs in our community.

Since the TAYA program began, strides have been made in developing stronger relationships with Children's System of Care programs as referring sources to TAYA. Consumers in common have been shared as they transitioned to the TAYA program. There is a weekly case presentation meeting with Children's System of Care, Adult System of Care and all TAYA programs to facilitate transition between systems of care and to ensure that the consumer and his/her family receive the services they need.

Young adults commonly "straddle" youth and adult organizations and agencies as they transition. It will be a challenge to meaningfully include 16 and 17 year olds into the Drop-In Center. This will require increased internal collaboration between CSOC structures and programs and the drop-in center. Collaborative relationships will support the program greatly in doing so. The inclusion of 16 and 17 year olds will further efforts to improve services and outcomes for TAYA young adults because staff will learn more about how to design and implement services. Developmental issues and safety concerns for these adolescents being included with young adults will be systematically addressed and monitored. Specific drop-in days and times will be established for these minors. BHRS also will invite the other two TAYA programs in the community to send their young adult clients to the Drop-In Center. This will serve as a "hub" for all TAYA clients in the County and bring them together for networking, supports and sharing of resources for the first time.

Stanislaus County has no reservations, no rancherias, nor any Native American human service organizations based in the County. Neighboring counties have rancherias and Native American organizations whose expertise can be utilized to increase the understanding and cultural competency of BHRS leadership and staff. In this way, BHRS will improve system services and outcomes for individuals

**9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.**

BHRS has a Cultural Competence Oversight Committee, which is responsible for the oversight of the BHRS Cultural Competency Plan. Clinical and Administrative Standards for Cultural Competence have been developed. The Cultural Competence Oversight Committee has reviewed this plan and given feedback.

All Staff of the Drop-in Center will adhere to BHRS training guidelines, which include mandatory training in cultural competence. In the past year, BHRS provided training in the following subjects related to cultural competence: Lesbian, Gay, Bisexual and Transgender (LGBT) Services; Providing Customer Service with LGBT Individuals; Spirituality and Wisdom in Behavioral Health; Use of Interpreters; Crossing Cultural Bridges; Cultural Dialogues; Interpreter Training; Client Culture; and Building Collaborative Relationships with Families.

BHRS monitors ethnicity, cultural group, and preferred language in all service provision. The Center will be located in a racially and ethnically diverse community with the goal of engaging individuals in racially and ethnically diverse communities who have been reluctant to seek services in other more traditional mental health settings. An emphasis will be placed on culturally welcoming décor and informational brochures in appropriate languages.

The Center will employ young adults that reflect the ethnic diversity of the community where the center is located. We recognize that seriously mentally ill TAYA individuals who live where we intend to locate the Center are unserved and underserved. The Center will be a “front door” for young adults of color and family members who are unserved. Staff will engage and support them with referrals to agencies that can address their needs, in addition to assessing them for BHRS services when needed

**10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.**

Sensitivity to gender differences is a basic cultural competence principle; this is taught in BHRS cultural competency training. For many years, gender-specific support and treatment groups have been offered in BHRS programs; this will be included in strategies for this program as well.

A recent workgroup focused on improving service provision to LGBT populations has begun and will be used as consultants for all programming. Attention to the differing psychologies and needs of women and men, boys and girls are considered in providing services. Issues related to who is the primary care giver (traditionally women) in the family (of children and older adult parents), the need for respite care and transportation to benefit from services, women’s health issues and domestic violence will be addressed. These issues are especially of concern in the area of outreach to and treatment of trauma in adults and transition age youth who experience sexual harassment and intimate partner abuse.

Drop-In Center staff will utilize existing community supports including PFLAG, Referrals to Friends Coming of Age 12 step meeting, and referral of gay/lesbian clients to Wellness Recovery Center’s Peer run Gay/Lesbian Support group for individual and group supports. It is particularly crucial that sexual orientation and “coming of age” issues relevant to sexuality be validated and accepted for young people as an important part of their life.

**11) Describe how services will be used to meet the service needs for individuals residing out-of-county.**

The Young Adult Advisory Council will be asked to develop a fact sheet flyer to be sent or given to young people in out-of-county placements. This will be an invitation and description of the Drop-In Center and its services. We intend that young people returning to Stanislaus County would come to the center and participate there.

- 12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.**

Not applicable.

- 13) Please provide a timeline for this work plan, including all critical implementation dates.**

Board of Supervisors approval – October 05

DMH approval – January 2006

Recruit, hire, train staff – January – February 06

Program services begin March 06



**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2005-06  
 Program Workplan # GSD-01 Date: 9/1/05  
 Program Workplan Name Transitional Age Young Adult Drop-in Centers Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 6  
 Proposed Total Client Capacity of Program/Service: 35 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Laurie Lusk  
 Client Capacity of Program/Service Expanded through MHSA: 35 Telephone Number: (209)525-6096

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene	\$500			\$500
b. Travel and Transportation	\$500			\$500
c. Housing				\$0
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports	\$500			\$500
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$1,500	\$0	\$0	\$1,500
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$69,837			\$69,837
c. Employee Benefits	\$24,443			\$24,443
d. Total Personnel Expenditures	\$94,280	\$0	\$0	\$94,280
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures	\$370			\$370
e. Rent, Utilities and Equipment	\$3,850			\$3,850
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$4,220	\$0	\$0	\$4,220
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management	\$0			\$0
c. Total Program Management	\$0	\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	<b>\$100,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$100,000</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	\$0			\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. One-Time CSS Funding Expenditures</b>	<b>\$137,500</b>			<b>\$137,500</b>
<b>D. Total Funding Requirements</b>	<b>\$237,500</b>	<b>\$0</b>	<b>\$0</b>	<b>\$237,500</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Transitional Age Young Adult Drop-in Center Workplan #GSD-01**

County(ies): Stanislaus

Fiscal Year: 2005-06

Date: 9/1/05

**A. Expenditures****1. Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene	\$	500
b. Travel and Transportation	\$	500
c. Housing	\$	-
d. Employment and Education Supports	\$	500
e. Other Support Expenditures	\$	-
Dual Disorder services provided at SRC	\$	-
<b>f. Total Support Expenditures</b>	<b>\$</b>	<b>1,500</b>

**2. Personnel Expenditures****a. Current Existing Positions**

d. Total Current Existing FTEs/Salaries	\$	-
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**b. New Additional Positions****a. Support Staff**

Admin Clerk III - 14.30 x 2080 x 1FTE x 1/2 year	\$	14,873
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**b. Program Staff**

BHS II - 21.35 x 2080 x 1FTE x 1/2 year	\$	22,204
CST II - 15.75 x 2080 x 1FTE x 1/2 year	\$	16,380
CST II Extra Help - 15.75 x 2080 x 1FTE x 1/2 year	\$	16,380

<b>e. Total New Additional FTE/Salaries</b>	<b>\$</b>	<b>69,837</b>
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**C. Benefits**

	\$	24,443
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<b>f. Total Personnel Expenditures</b>	<b>\$</b>	<b>94,280</b>
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**3. Operating Expenditures**

a. Professional Services	\$	-
b. Translation and Interpreter Services	\$	-
c. Travel and Transportation	\$	-
d. General Office Expenditures	\$	370
e. Rent, Utilities and Equipment	\$	3,850
f. Medication and Medical Supports	\$	-
g. Other Operating Expenses (provide description in budget narrative)	\$	-
<b>h. Total Operating Expenditures</b>	<b>\$</b>	<b>4,220</b>

**4. Program Management**

a. Existing Program Management		
b. New Program Management		
c. Total Program Management	\$	-

**5. Estimated Total Expenditures when service provider is not known**

	\$	-
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**6. Total Proposed Program Budget**

	\$	100,000
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**B. Revenues****1. Existing Revenues**

a. Medi-Cal (FFP only)	\$	-
b. Medicare/Patient Fees/Patient Insurance	\$	-
c. Realignment	\$	-
d. State General Funds (AB2034 Funds)	\$	-
e. County Funds	\$	-
f. Grants	\$	-
g. Other Revenue	\$	-
<b>h. Total Existing Revenues</b>	<b>\$</b>	<b>-</b>

**2. New Revenues**

a. Medi-Cal (FFP only)	\$	-
b. Medicare/Patient Fees/Patient Insurance	\$	-
c. State General Funds	\$	-
d. Other Revenue	\$	0
e. Total New Revenue	\$	0

**3. Total Revenues**

	\$	0
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**C. One-Time CSS Funding Expenditures - anticipated to be spent by 6/30/06**

Space - estimated at \$5000/month	\$	30,000
Van	\$	25,000
computers for lab	\$	25,000
pool table	\$	5,000
2 TVs, DVD player	\$	2,500
Miscellaneous site equipment to support drop-in services	\$	50,000
<b>Total one-time expenditures</b>	<b>\$</b>	<b>137,500</b>

**D. Total County Administration Funding Requirements**

	\$	237,500
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**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): Stanislaus Fiscal Year: 2005-06  
 Program Workplan #: GSD-01 Date: 9/1/05  
 Program Workplan Name: Transitional Age Young Adult Drop-in Centers Page 1 of 1  
 Type of Funding: 2. System Development Months of Operation: 6  
 Proposed Total Client Capacity of Program/Service: 35 New Program/Service or Expansion: New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Laurie Lusk  
 Client Capacity of Program/Service Expanded through MHSA: 35 Telephone Number: (209)525-6096

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					\$0
	Admin Clerk II-Bilingual	Full-time	1.00	\$14,873	\$14,873
	BHS II	Full-time	1.00	\$22,204	\$22,204
	CST II	Full-time	1.00	\$16,380	\$16,380
	CST II-Extra Help	Full-time	1.00	\$16,380	\$16,380
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total New Additional Positions</b>	0.00	4.00		\$69,837
<b>C. Total Program Positions</b>		0.00	4.00		\$69,837

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2006-07  
 Program Workplan # GSD-01 Date: 9/1/05  
 Program Workplan Name Transitional Age Young Adult Drop-in Centers Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 70 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Laurie Lusk  
 Client Capacity of Program/Service Expanded through MHSA: 70 Telephone Number: (209) 525-6096

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene	\$570			\$570
b. Travel and Transportation	\$515			\$515
c. Housing				\$0
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports	\$515			\$515
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$1,600	\$0	\$0	\$1,600
<b>2. Personnel Expenditures</b>				\$0
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$0			\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$143,854			\$143,854
c. Employee Benefits	\$50,349			\$50,349
d. Total Personnel Expenditures	\$194,203	\$0	\$0	\$194,203
<b>3. Operating Expenditures</b>				\$0
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures	\$381			\$381
e. Rent, Utilities and Equipment	\$9,816			\$9,816
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$10,197	\$0	\$0	\$10,197
<b>4. Program Management</b>				\$0
a. Existing Program Management				\$0
b. New Program Management	\$0			\$0
c. Total Program Management	\$0	\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	<b>\$206,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$206,000</b>
<b>B. Revenues</b>				\$0
<b>1. Existing Revenues</b>				\$0
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				\$0
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				\$0
<b>D. Total Funding Requirements</b>	<b>\$206,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$206,000</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				\$0

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Transitional Age Young Adult Drop-in Center Workplan #GSD-01**

County(ies): Stanislaus

Fiscal Year: 2006-07

Date: 9/1/05

**A. Expenditures****1. Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene	\$	570
b. Travel and Transportation	\$	515
c. Housing	\$	-
d. Employment and Education Supports	\$	515
e. Other Support Expenditures	\$	-
Dual Diagnosis services provided at SRC	\$	-
<b>f. Total Support Expenditures</b>	<b>\$</b>	<b>1,600</b>

**2. Personnel Expenditures****a. Current Existing Positions**

d. Total Current Existing FTEs/Salaries	\$	-
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**b. New Additional Positions****a. Support Staff**

Admin Clerk III - 14.30 x 2080 x 1FTE	\$	30,638
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**b. Program Staff**

BHS II - 21.99 x 2080 x 1FTE	\$	45,740
CST II - 16.22 x 2080 x 1FTE	\$	33,738
CST II Extra Help - 16.22 x 2080 x 1FTE	\$	33,738

<b>e. Total New Additional FTE/Salaries</b>	<b>\$</b>	<b>143,854</b>
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**C. Benefits**

\$ 50,349

<b>f. Total Personnel Expenditures</b>	<b>\$</b>	<b>194,203</b>
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**3. Operating Expenditures**

a. Professional Services	\$	-
b. Translation and Interpreter Services	\$	-
c. Travel and Transportation	\$	-
d. General Office Expenditures	\$	381
e. Rent, Utilities and Equipment	\$	9,816
f. Medication and Medical Supports	\$	-
g. Other Operating Expenses (provide description in budget narrative)	\$	-
<b>h. Total Operating Expenditures</b>	<b>\$</b>	<b>10,197</b>

**4. Program Management**

a. Existing Program Management		
b. New Program Management		
<b>c. Total Program Management</b>	<b>\$</b>	<b>-</b>

**5. Estimated Total Expenditures when service provider is not known**

\$ -

**6. Total Proposed Program Budget**

\$ 206,000

**B. Revenues****1. Existing Revenues**

a. Medi-Cal (FFP only)	\$	-
b. Medicare/Patient Fees/Patient Insurance	\$	-
c. Realignment	\$	-
d. State General Funds (AB2034 Funds)	\$	-
e. County Funds	\$	-
f. Grants	\$	-
g. Other Revenue	\$	-
<b>h. Total Existing Revenues</b>	<b>\$</b>	<b>-</b>

**2. New Revenues**

a. Medi-Cal (FFP only)	\$	-
b. Medicare/Patient Fees/Patient Insurance	\$	-
c. State General Funds	\$	-
d. Other Revenue	\$	-
<b>e. Total New Revenue</b>	<b>\$</b>	<b>-</b>

**3. Total Revenues**

\$ -

**C. One-Time CSS Funding Expenditures**

\$ -

**D. Total County Administration Funding Requirements**

\$ 206,000

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): Stanislaus Fiscal Year: 2006-07  
 Program Workplan #: GSD-01 Date: 9/1/05  
 Program Workplan Name: Transitional Age Young Adult Drop-in Centers Page 1 of 1  
 Type of Funding: 2. System Development Months of Operation: 12  
 Proposed Total Client Capacity of Program/Service: 70 New Program/Service or Expansion: New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Laurie Lusk  
 Client Capacity of Program/Service Expanded through MHSA: 70 Telephone Number: (209) 525-6096

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					\$0
	Admin Clerk II-Bilingual	Full-time	1.00	\$30,638	\$30,638
	BHS II	Full-time	1.00	\$45,740	\$45,740
	CST II	Full-time	1.00	\$33,738	\$33,738
	CST II-Extra Help	Full-time	1.00	\$33,738	\$33,738
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total New Additional Positions</b>	0.00	4.00		\$143,854
<b>C. Total Program Positions</b>		0.00	4.00		\$143,854

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2007-08  
 Program Workplan #: GSD-01 Date: 9/1/05  
 Program Workplan Name: Transitional Age Young Adult Drop-in Centers Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 70 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Laurie Lusk  
 Client Capacity of Program/Service Expanded through MHSA: 70 Telephone Number: (209) 525-6096

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene	\$1,030			\$1,030
b. Travel and Transportation	\$530			\$530
c. Housing				\$0
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports	\$1,000			\$1,000
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$2,560	\$0	\$0	\$2,560
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$0			\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$148,184			\$148,184
c. Employee Benefits	\$51,864			\$51,864
d. Total Personnel Expenditures	\$200,048	\$0	\$0	\$200,048
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures	\$2,060			\$2,060
e. Rent, Utilities and Equipment	\$11,631			\$11,631
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$13,691	\$0	\$0	\$13,691
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management	\$0			\$0
c. Total Program Management	\$0	\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	<b>\$216,300</b>	<b>\$0</b>	<b>\$0</b>	<b>\$216,300</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	\$0			\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				\$0
<b>D. Total Funding Requirements</b>	<b>\$216,300</b>	<b>\$0</b>	<b>\$0</b>	<b>\$216,300</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Transitional Age Young Adult Drop-in Center Workplan #GSD-01**

County(ies): Stanislaus

Fiscal Year: 2007-08

Date: 9/1/05

**A. Expenditures**

**1. Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene	\$	1,030
b. Travel and Transportation	\$	530
c. Housing	\$	-
d. Employment and Education Supports	\$	1,000
e. Other Support Expenditures	\$	-
<b>f. Total Support Expenditures</b>	<b>\$</b>	<b>2,560</b>

**2. Personnel Expenditures**

**a. Current Existing Positions**

d. Total Current Existing FTEs/Salaries	\$	-
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**b. New Additional Positions**

**a. Support Staff**

Admin Clerk III - 14.30 x 2080 x 1FTE	\$	31,558
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**b. Program Staff**

BHS II - 22.65 x 2080 x 1FTE	\$	47,112
CST II - 16.71 x 2080 x 1FTE	\$	34,757
CST II Extra Help - 16.71 x 2080 x 1FTE	\$	34,757

<b>e. Total New Additional FTE/Salaries</b>	<b>\$</b>	<b>148,184</b>
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<b>C. Benefits</b>	<b>\$</b>	<b>51,864</b>
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<b>f. Total Personnel Expenditures</b>	<b>\$</b>	<b>200,048</b>
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**3. Operating Expenditures**

a. Professional Services	\$	-
b. Translation and Interpreter Services	\$	-
c. Travel and Transportation	\$	-
d. General Office Expenditures	\$	2,060
e. Rent, Utilities and Equipment	\$	11,631
f. Medication and Medical Supports	\$	-
g. Other Operating Expenses (provide description in budget narrative)	\$	-
<b>h. Total Operating Expenditures</b>	<b>\$</b>	<b>13,691</b>

**4. Program Management**

a. Existing Program Management		
b. New Program Management		
<b>c. Total Program Management</b>	<b>\$</b>	<b>-</b>

<b>5. Estimated Total Expenditures when service provider is not known</b>	<b>\$</b>	<b>-</b>
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<b>6. Total Proposed Program Budget</b>	<b>\$</b>	<b>216,300</b>
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**B. Revenues**

**1. Existing Revenues**

a. Medi-Cal (FFP only)	\$	-
b. Medicare/Patient Fees/Patient Insurance	\$	-
c. Realignment	\$	-
d. State General Funds (AB2034 Funds)	\$	-
e. County Funds	\$	-
f. Grants	\$	-
g. Other Revenue	\$	-
<b>h. Total Existing Revenues</b>	<b>\$</b>	<b>-</b>

**2. New Revenues**

a. Medi-Cal (FFP only)	\$	-
b. Medicare/Patient Fees/Patient Insurance	\$	-
c. State General Funds	\$	-
d. Other Revenue	\$	0
e. Total New Revenue	\$	0

<b>3. Total Revenues</b>	<b>\$</b>	<b>0</b>
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<b>C. One-Time CSS Funding Expenditures</b>	<b>\$</b>	<b>-</b>
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<b>D. Total County Administration Funding Requirements</b>	<b>\$</b>	<b>216,300</b>
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**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): Stanislaus Fiscal Year: 2007-08  
 Program Workplan #: GSD-01 Date: 9/1/05  
 Program Workplan Name: Transitional Age Young Adult Drop-in Centers Page 1 of 1  
 Type of Funding: 2. System Development Months of Operation: 12  
 Proposed Total Client Capacity of Program/Service: 70 New Program/Service or Expansion: New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Laurie Lusk  
 Client Capacity of Program/Service Expanded through MHSA: 70 Telephone Number: (209) 525-6096

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					\$0
	Admin Clerk II-Bilingual	Full-time	1.00	\$31,558	\$31,558
	BHS II	Full-time	1.00	\$47,112	\$47,112
	CST II	Full-time	1.00	\$34,757	\$34,757
	CST II-Extra Help	Full-time	1.00	\$34,757	\$34,757
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total New Additional Positions</b>	0.00	4.00		\$148,184
<b>C. Total Program Positions</b>		0.00	4.00		\$148,184

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

#### EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Stanislaus	Fiscal Year: 2005-2006	Program Work Plan Name: Community Response Team
Program Work Plan #: GSD-02	Estimated Start Date: January 2006	
<p>Description of Program:</p> <p><i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>This General System Development program is proposed in response to very strong stakeholder input requesting mobile crisis response in the community along with being able to see a mental health provider in a location outside of a traditional mental health office when services are needed. To that end, the Community Response Team will be developed between January and June 2006. This will be a broad system redesign effort, leveraging and enhancing resources in the existing Behavioral Health and Recovery Services (BHRS) Emergency Services program. A core emphasis will be on peer support, recovery and resiliency. The use of consumer and/or family volunteers and employees as well as peer self-help will be paired with the professional interventions needed in crisis situations. It is expected that this outreach program will serve at least 6,000 people over two years. This is a second year implementation program.</p> <p>A consumer "Warm Line" (warm line is supportive phone contact before "Hot Line" crisis levels are reached) resources and alternative temporary housing will be used when appropriate as alternatives to hospitalization.</p> <p>Goals of the program are to reduce hospitalization, reduce involuntary care, reduce incarceration, reduce institutionalization, decrease isolation, increase ability to manage independence, reduce frequent emergency medical care, reduce out-of-home placement increase social supports and community functioning.</p> <p>The primary focus of this new community response effort will be on acute and sub-acute situations for individuals with serious mental illness (SMI) and children and youth with serious emotional disturbances (SED) who are not currently enrolled in Full Service Partnership type teams. Emphasis and value will be placed on the provision of outreach, engagement in the recovery process, and crisis intervention. Outreach activities will focus on engaging the homeless population. Special emphasis will be directed toward reaching traditionally underserved populations such as Latino, African American, and Southeast Asian (Asian Pacific Islander) individuals and families as well as families who are dealing with an adult son/daughter with mental illness in their homes and in board and care homes.</p>	
<p>Priority Population:</p> <p><i>Describe the situational characteristics of the priority population</i></p>		

	Fund Type			Age Group		
	FSP	Sys Dev	OE	CY	TAY	OA
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cultural and gender-sensitive outreach at schools, primary care clinics, and communities and board and care facilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Crisis intervention, 24 hours a day, 7 days a week, mobile, residential alternatives, peer support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Service located in racially ethnically diverse communities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Integrated substance abuse and mental health assessments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Integrated services with law enforcement, Probation and Courts for crisis response	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Self-help and client run services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
On-site collaborative service with primary health care services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Culturally appropriate service and outreach	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.**

At all levels of the community process, Behavioral Health and Recovery Services (BHRS) stakeholders informed the organization that they wanted emergency services redesigned, including but not limited to, a mobile crisis response in the community. This level of response and access was a priority across stakeholder groups. Constituents want to be able to see a mental health provider in a location outside of a traditional mental health office, when the services are needed. To that end, the Community Response Team will be developed between January and June 2006. This will be a broad system redesign effort, leveraging and enhancing resources in the existing BHRS Emergency Services program.

Hospital emergency rooms, law enforcement and families are often the first agencies or individuals to respond to individuals with serious mental illness, especially those with co-occurring disorders. With the exception of 24 hour a day, 7 day a week full service partnership type programs providing service to existing clients and BHRS Emergency Services program, BHRS is **not** a first responder.

Hospital emergency rooms, law enforcement and families often encounter many system barriers to accessing and partnering with all forms of behavioral health services, especially in sub-acute situations where the opportunity to have an impact upon the consumer is the greatest. The majority of situations involving these responders are of the sub-acute variety and in many of these circumstances; BHRS does not become involved until the situation has become acute. Sometimes BHRS does not become involved at all, for instance if the individual is arrested. Community mental health systems, in general, have done little to partner proactively with first responders; these are missed opportunities of great importance in the areas of high cost services (resultant hospitalizations or incarcerations).

The Community Response Team will highlight community collaboration in responding to individuals with serious mental illness and youth with serious emotional disturbances, as well as their families. Culturally competent services are the standard, and BHRS is seeking to significantly increase consumer and family member involvement and infuse a recovery and resiliency focus in emergency and urgent service delivery with this proposal.

This program will be the result of redesigning and expanding existing Emergency Services. It will enhance relationships with law enforcement and hospital emergency rooms (ER's); will enhance the ability of BHRS to provide crisis intervention ("urgent") services; will allow our community to access mental health services in the community when services are needed; will increase engagement in services, maintenance of recovery, support of families and care-providers; will build community partnerships; and will enhance cultural competency. In addition, it is anticipated that hospitalization and involuntary care will be reduced.

The primary focus of this new community response effort will be on acute and sub-acute situations for individuals with serious mental illness (SMI) and youth with serious emotional disturbances (SED). Emphasis and value will be placed on the provision of outreach, engagement in the recovery process and crisis intervention. This will not replace the current outreach activities focused on engaging the homeless population.

These services and the Mental Health staff (team) who provide them will be “outward bound.” That is, staff will provide services *where they are needed and when they are needed*. This could take place in a variety of ways, including but not limited to private homes, ERs, police stations, or a BHRS Emergency Services Unit.

For services not provided at the Emergency Services Unit, confidential, secure office space (a room, a desk and a few chairs) will be designated for staff providing this service 24 hours a day, 7 days a week in all police departments and hospitals county-wide as in-kind program support. Working out of hospitals and in the field with law enforcement is a useful strategy for reaching traditionally underserved populations such as individuals from Latino, African American, and Southeast Asian (Asian/Pacific Islander) communities as well as families, some of whom are dealing with an adult son/daughter with mental illness in their homes and in board and care homes.

Staff will respond in the field 24 hours a day, 7 days a week at law enforcement request under the following circumstances:

- When the situation has been determined by law enforcement to require a field consultation or intervention from a licensed mental health provider. This will include those situations that fall outside of Crisis Intervention Training (CIT) actions on the part of law enforcement (Stanislaus County began its first CIT Training Academy in September 2005.)
- When the location has been secured and law enforcement will stand by.
- When the individual’s confidentiality can be assured.

BHRS staff will respond to hospital emergency rooms (ER’s) when ER staff have determined that a consultation/intervention from a licensed mental health provider is required for individuals who may be seriously mentally ill (adults and older adults) or have a serious emotional disturbance (children and youth). Clear criteria will be established for both law enforcement and ER staff to utilize for referrals.

Extended crisis intervention may be provided at the Emergency Services Unit by a contractor or in offices at police departments or hospitals (in the designated Mental Health offices) for security purposes, releasing patrol or ER staff to regular duties.

BHRS staff will be responsive to families and individuals in acute and sub-acute situations upon self-referral, as well as various others who might make referrals

(including board and care home providers), in providing outreach, engagement, and crisis intervention as long as the location is considered safe for staff.

BHRS staff will be responsive to follow-up requests from CIT-trained law enforcement officers and the Restorative Policing Program for non-BHRS-connected individuals and will work in tandem with CIT-trained officers and Restorative Policing officers. This is a “best practice”.

All staff in this effort will be encouraged to provide follow-up appointments for certain individuals as part of the outreach and engagement process. These meetings could take place in any safe community location, including the Emergency Services Unit, or at the designated office space at police departments and hospitals, and will dovetail into the development of an urgent services component for consumers new to BHRS.

Staffing this type of effort needs to be highly specialized. There will be an appropriate bilingual and bicultural mix. Staff will need to be trained in outreach, engagement and crisis intervention strategies. They will also need an intensive orientation to law enforcement culture and practice. Above all, all staff must be committed to the principles of recovery, resiliency, and family and consumer involvement.

**3) Describe any housing or employment services to be provided.**

As an extension of the Community Response Team, Behavioral Health and Recovery Services’ existing Crisis Intervention Program (CIP), a crisis intervention program, will be transformed, most likely into a contracted, partially consumer-staffed service offering extended crisis intervention services for adults and older adults with serious mental illness using peer support and a recovery orientation. These services will include a consumer-run ‘Warm Line,” drawing consumer staff or volunteers from BHRS Wellness Recovery Programs and Consumer Empowerment Center (GSD-05). Both of these services will require licensed mental health professionals to be available for consultation or hand-off. These services are felt to be excellent engagement and recovery maintenance strategies as well as a deterrent to acute hospitalization. It is thought that these services would most often be used on weekends and evenings.

**4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.**

Not applicable.

**5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.**

The shift from a solely facility-based Emergency Services program to a broader community-based model with a mobile response capacity that is oriented toward

bringing mental health services to individuals and families has a central focus on the idea that individuals should always be interacted with in terms of the context of their lives. With both the facility-based option as well as a mobile response option, individuals can be treated most effectively and in the manner most desirable to them. This is to acknowledge an individual's strengths and challenges, their relationships, abilities, and hopes for the future, all concepts that support recovery and resilience.

All staff and volunteers of the Community Response Team will be trained in recovery and resilience principles. Staff in this team will become very familiar with the Milestones in Recovery from Mental Illness (page 9 of attachment 11). The BHRS Milestones in Recovery from Mental Illness were developed as the result of a series of client focus groups in which consumers were asked to describe their recovery process, followed by a consensus process utilized to develop the Milestones. It is anticipated that the Milestones in Recovery materials will be used as the core of this training. Although not a prescriptive approach to recovery from mental illness, positive feedback has been consistently received from customers about the Milestones applicability in their own recovery process. These Milestones have been benchmarked outside Stanislaus County.

In addition, it is anticipated that many of the law enforcement personnel with whom the team partners will have been exposed to Crisis Intervention Training (CIT), which includes training related to recovery concepts.

**6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.**

The current Emergency Services (ES) program and Crisis Intervention Program (CIP) are both located in offices just outside the gates of Stanislaus County's 67-bed acute psychiatric hospital. There are currently no consumer staff in either program. The ES staff provide primarily 5150 evaluations, assessments, and dispositions. They also broker any Medi-Cal managed care or uninsured admissions for Stanislaus County residents, whether to the BHRS hospital or other facilities. All ES staff are facility-based. Although they are able to provide assessments in hospital emergency rooms, as a rule, they do not go to police departments or private homes. The CIP is located next to ES and is staffed by three individuals. There is currently no "Warm Line". Under this proposal, ES will be expanded and transformed in consultation with consumers, family members and current staff and with attention to safety and confidentiality issues. CIP will no longer continue to provide services as it is now structured and its staff will be redirected to other programs.

The Community Response Team will, after an initial planning period, incorporate services provided in community-based locations, in service of law enforcement and hospitals. As a transformed alternative to the CIP and through use of a contractor, consumer staff will be sought to provide extended crisis intervention services to individuals with serious mental illness using peer support and a recovery orientation. A "Warm Line" would be offered to consumers by consumer staff and volunteers from the BHRS Wellness Recovery programs and Consumer Empowerment Center (GSD-05). Consumer staff and volunteers will provide outreach and engagement functions

as well as other functions that will be developed in partnership with consumer staff and volunteers.

**7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.**

Consumers and/or family members will provide the following, as part of the Community Response Team and, when appropriate, in conjunction with licensed staff:

- Outreach and engagement
- “Warm Line”
- Extended crisis intervention services

**8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.**

BHRS has spent considerable effort in recent years developing collaborative relationships with law enforcement agencies, consumer and family organizations, and hospital emergency rooms.

#### Law Enforcement Agencies

Stanislaus County has had a Restorative Policing program for the past three years. This has succeeded in cross-training BHRS staff and local law enforcement agencies in what our respective missions are, what we do well, and what we need to do collaboratively to provide services to shared clients. BHRS has relationships with law enforcement officers that allow staff to jointly develop client-focused plans for interventions with adult individuals with serious mental illness. This has resulted in decreased incarcerations and acute psychiatric hospitalizations, as well as improved engagement in treatment, for several high risk and high visibility individuals. When the CIT program has been fully implemented, it is expected that this will produce even more improved outcomes for consumers and families and will deepen the collaborative relationship with law enforcement agencies.

#### Consumer and Family Organizations

BHRS has strong relationships with NAMI Stanislaus and the Stanislaus Chapter of Mental Health Consumers (SCMHC). We take seriously their input into how we deliver services and how we support consumers in their recovery. One example of collaboration is the current utilization of the BHRS Drop-In Center “Common Ground” by SCMHC and NAMI for meetings and trainings. Supporting “Common Ground” as a neutral space, available for use by a variety of consumers and family members has resulted in consumers, family members and caregivers receiving support in a wellness-



focused environment. It is anticipated that one of the resources that will be frequently used by the Community Response Team is the NAMI Family-to-Family courses that are offered on a regular basis.

### Hospital Emergency Rooms

There are four hospital emergency departments in Stanislaus County. Because of the pressure emergency rooms face to find disposition for their patients, many of whom have a mental illness or co-occurring disorders, they are often frustrated with not being able to send these patients to BHRS for admission. It is our hope that the Community Response Team, because of their expanded ability to provide more services than they currently do on site in hospital emergency rooms, will be seen as a valued collaborator by the hospitals and a valuable resource by the patients.

### Tribal Organizations

Stanislaus County has no reservations, no rancherias, nor any Native American human service organizations based in the County. Neighboring counties have rancherias and Native American organizations whose expertise will be utilized to increase the understanding and cultural competency of BHRS leadership and staff. In this way, BHRS will improve system services and outcomes for individuals.

- 9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.**

The ethnic disparities identified in Part II Section II include low penetration rates for Asian/Pacific Islanders, older adults of all ethnicities, and Latinos.

For many years, BHRS has emphasized culturally competent service provision through a combination of a commitment to hiring bilingual and bicultural staff, comprehensive staff training in cultural competency, training staff in the use of interpreters, targeting services to underserved populations and communities, and including cultural competency indicators in program evaluation and quality monitoring. We will ensure that the Community Response Team's services are culturally competent by continuing these same actions and further targeting the recruitment of bilingual and bicultural staff, especially those with Latino or Asian/Pacific Islander (Southeast Asian) backgrounds. During the planning process, it was made clear that unserved and ethnic populations want services available in their communities. By working with first responders in the community, we believe we will reach increased numbers of racially and ethnically diverse consumers and families, and will have the opportunity to improve access to mental health services by providing services outside of a traditional clinic site. It will be important that Community Response Team staff are trained to provide services to individuals across the life span.

BHRS has a Cultural Competence Oversight Committee, which is responsible for the oversight of the BHRS Cultural Competency Plan. Clinical and Administrative Standards for Cultural Competence have been developed. The Cultural Competence Oversight Committee has reviewed this plan and given feedback.

**10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.**

BHRS includes sexual orientation issues in all cultural competency training and activities; this will support ensuring that services will be provided in a manner sensitive to sexual orientation. BHRS clinical staff are trained to be aware of gender differences in providing service. Lesbian, Gay, Bi-sexual and Transgender training are regularly offered by BHRS. The team, will also utilize existing community supports including PFLAG, Referrals to Friends Coming of Age 12 Step Meeting, and referral of gay, lesbian, bisexual or transgender consumers to Wellness Recovery Center's Peer run Gay/Lesbian Support group for individual and group supports.

Attention to gender sensitivity and the differing psychologies and needs of women and men, boys and girls are considered in providing services. Issues related to who is the primary care giver (traditionally women) in the family (of children and older adult parents), the need for respite care and transportation to benefit from services, women's health issues and domestic violence will be addressed. These issues are especially of concern in the area of treatment of trauma in adults and transition age youth who experience sexual harassment and intimate partner abuse. We anticipate including these topics to consumer and family volunteer and staff training programs.

**11) Describe how services will be used to meet the service needs for individuals residing out-of-county.**

Not applicable to Stanislaus County residents residing out-of-county. The Community Response Team will not provide services outside of the County but may respond to individuals from out-of-county who have an emergency or crisis while in Stanislaus County. In such situations the Community Response Team will link individuals with resources in their home county as needed. In addition, ES currently assists other counties when Stanislaus County residents are in need of services out of the area. This function will be addressed in the redesign process.

**12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.**

Not applicable.

**13) Please provide a timeline for this work plan, including all critical implementation dates.**

This program proposal will involve an extensive redesign effort of the existing BHRS Emergency Services (ES) program and Crisis Intervention Program (CIP). To this end, we are proposing to engage a consultant with extensive program redesign experience to assist BHRS in facilitating the change process. Critical input and leadership will come from current ES staff, consumers and family members in assuring a redesign that goes forward effectively. The retooling of the CIP will take place quickly, utilizing a Request for Applications process with interested contractors. The Community Response Team proposal will require teasing apart existing ES functions and services that will be retained, and not funded with MHSA dollars, from those that will be redirected into the transformed program. This will be accomplished over the first six months of the project.

One of Stanislaus County's local Police Departments has made a proposal to develop a collaborative "Mobile Emergency Response Team" utilizing BHRS staff, police, firemen, emergency medical technicians, chaplains and community service representatives. The proposal includes 24 hour a day, 7 day a week availability and the ability to evaluate, triage and briefly treat people in their homes or on the street. During the initial phase of implementation, consideration will be given to piloting a variation of this program that includes the elements listed in the narrative above; this would provide a quick start-up with an interested community in Stanislaus County while program issues can be worked through for broader implementation throughout the County.

#### Timeline:

January 2006 – Develop and release RFA for consumer-staffed extended crisis intervention services and Warm Line

January 2006 – Engage consultant to assist in redesign work

February 2006 – Begin redesign process

March 30, 2006 – Complete RFA process and identify contractor for extended crisis intervention services and Warm Line

April 15, 2006 – Conclude redesign process: work product will include specific implementation plan for Community Response Team

May 1, 2006 – Begin implementation of Community Response Team; this will include redirecting existing staff, hiring others, developing MOU's with law enforcement and hospitals, developing policies and procedures for new service, and community information campaign about change in access.

May 1, 2006 – Establish consumer-staffed extended crisis program

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus	Fiscal Year: 2005-06	Date: 9/1/05
Program Workplan # GSD-02		
Program Workplan Name Community Response Team		Page 1 of 1
Type of Funding 2. System Development	Months of Operation 6	
Proposed Total Client Capacity of Program/Service: 2,000	New Program/Service or Expansion Expansion	
Existing Client Capacity of Program/Service: 2,000	Prepared by: Bob Backlund	
Client Capacity of Program/Service Expanded through MHSA: 0	Telephone Number: 209-525-7496	

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation	\$23,250			\$23,250
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$23,250	\$0	\$0	\$23,250
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$571,496			\$571,496
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits	\$185,616			\$185,616
d. Total Personnel Expenditures	\$757,112	\$0	\$0	\$757,112
<b>3. Operating Expenditures</b>				
a. Professional Services	\$25,050		\$100,000	\$125,050
b. Translation and Interpreter Services	\$200			\$200
c. Travel and Transportation	\$2,350			\$2,350
d. General Office Expenditures	\$21,533			\$21,533
e. Rent, Utilities and Equipment	\$30,150			\$30,150
f. Medication and Medical Supports	\$4,000			\$4,000
g. Other Operating Expenses (provide description in budget narrative)	\$109,565			\$109,565
h. Total Operating Expenditures	\$192,848	\$0	\$100,000	\$292,848
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management	\$0			\$0
c. Total Program Management	\$0	\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	<b>\$973,210</b>	<b>\$0</b>	<b>\$100,000</b>	<b>\$1,073,210</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)	\$254,180			\$254,180
b. Medicare/Patient Fees/Patient Insurance	\$66,000			\$66,000
c. Realignment	\$199,532			\$199,532
d. State General Funds	\$408,498			\$408,498
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$928,210	\$0	\$0	\$928,210
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	<b>\$928,210</b>	<b>\$0</b>	<b>\$0</b>	<b>\$928,210</b>
<b>C. One-Time CSS Funding Expenditures</b>	<b>\$136,000</b>			<b>\$136,000</b>
<b>D. Total Funding Requirements</b>	<b>\$181,000</b>	<b>\$0</b>	<b>\$100,000</b>	<b>\$281,000</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Community Response Team -Workplan # GSD-02**

County(ies): Stanislaus

Fiscal Year: 2005-06

Date: 9/1/05

**1. Client, Family Member and Caregiver Support Expenditures****a. Clothing, Food and Hygiene****b. Travel and Transportation**

\$ 23,250

i. Existing - Contracts Ambulance expense FY06 budget x .5 year \$ 23,250

**c. Housing****d. Employment and Education Supports****e. Other Support Expenditures****f. Total Support Expenditures**

\$ 23,250

**2. Personnel Expenditures****a. Current Existing Positions****a. Community Response Team Manager**

\$ 38,302

Manager III (36.83 x 1 FTE x .5 year) \$ 38,302

**b. MHSA Support Staff**

\$ 19,639

Admin Clerk III (18.88 x 1FTE x .5 year) \$ 19,639

**c. Other Personnel (list below)****i. Program Staff - Full Time**

\$ 497,126

MH Clinician I (27.67 x 2 FTE's x .5 year) \$ 57,555

MH Clinician II (33.38 x 6 FTE's x .5 year) \$ 208,305

Psychiatric Nurse (34.06 x 4 FTE's x .5 year) \$ 141,676

Psychiatrist (86.14 X 1 FTE x .5 year) \$ 89,590

**ii. Program Staff - Extra Help**

\$ 16,429

Clinical Psychologist (31.29 x .5 FTE x .5 year) \$ 16,429

**d. Total Current Existing FTEs/Salaries**

\$ 571,496

**b. New Additional Positions****a. Program Staff**

\$ -

new positions - 2 FTE's \$ -

**e. Total New Additional FTE/Salaries**

\$ -

**c. Employee Benefits**

Total salaries for Program Staff Full Time @ 33% \$ 183,349

Total salaries for Program Staff Extra Help @ 13.8% \$ 2,267

Total salaries for New Positions @ 38% \$ -

**f. Total Personnel Expenditures**

\$ 757,112

**3. Operating Expenditures****a. Professional Services**

\$ 125,050

i. Existing - Contracts Lab services FY06 budget x .5 year \$ 50

i. New - MHSA Consultant \$ 25,000

i. New - MHSA Contractor for Warm Line \$ 100,000

**b. Translation and Interpreter Services**

\$ 200

i. Existing - Contracts Translators FY06 budget x .5 year \$ 200

**c. Travel and Transportation**

\$ 2,350

i. Existing - Other Travel expenses FY06 budget x .5 year \$ 850

i.

Existing - Patient Related Travel expenses FY06 budget x .5 year \$ 1,500

**d. General Office Expenditures**

\$ 21,533

i. Existing - Communications expense FY06 budget x .5 year \$ 133

i. Existing - Office Supplies FY06 budget x .5 year \$ 1,400

i. New - Additional Services &amp; Supplies \$ 20,000

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Community Response Team -Workplan # GSD-02**

County(ies): Stanislaus

Fiscal Year: 2005-06

Date: 9/1/05

e. Rent, Utilities and Equipment		\$	30,150
i. Existing - Maintenance Equipment FY06 budget x .5 year	\$	250	
i. Existing - Rents & Leases Equipment FY06 budget x .5 year	\$	900	
i. Existing - Alarm & Answering Services FY06 budget x .5 year	\$	1,500	
i. Existing - Rents & Leases Structure/Grounds FY06 budget x .5 year	\$	27,500	
f. Medication and Medical Supports	\$	4,000	
i. Existing - Contracts Pharmacy FY06 budget x .5 year	\$	4,000	
g. Other Operating Expenses (provide description in budget narrative)	\$	109,565	
i. Existing - Contracts Security FY06 budget x .5 year	\$	109,250	
i. Existing - Bottled Water Services FY06 budget x .5 year	\$	315	
h. Total Operating Expenditures	\$	292,848	

**4. Program Management**

a. Existing Program Management	\$	-
b. New Program Management	\$	-
c. Total Program Management	\$	-

**5. Estimated Total Expenditures when service provider is not known**

	\$	-
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**6. Total Proposed Program Budget**

	\$	1,073,210
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**B. Revenues**

<b>1. Existing Revenues</b>	\$	928,210
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a. Medi-Cal (FFPonly)	\$	254,180
b. Medcare/Patient Fees/Patient Insurance	\$	66,000
c. Realignment	\$	199,532
d. State General Funds	\$	408,498
e. County Funds		
f. Grants		
g. Other Revenue		
h. Total Existing Revenues	\$	928,210

**2. New Revenues**

	\$	-
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a. Medi-Cal (FFPonly)		
b. Medicare/Patient Fees/Patient Insurance		
c. Realignment		
d. Other Revenue		
e. Total New Revenue	\$	-

**3. Total Revenues**

	\$	928,210
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**C. One-Time CSS Funding Expenditures - anticipated to be spent by 6/30/06**

Space - estimated at \$5000/month	\$	30,000
Furnishings	\$	16,000
Implementation/Consultation	\$	50,000
2 Cars @\$20,000 each	\$	40,000
Total one-time expenditures	\$	136,000

**D. Total County Administration Funding Requirements**

	\$	281,000
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Telephone Number: 209-525-7496

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): <u>Stanislaus</u>	Fiscal Year: <u>2006-07</u>	
Program Workplan #: <u>GSD-02</u>	Date: <u>9/1/05</u>	
Program Workplan Name: <u>Community Response Team</u>	Page <u>1</u> of <u>1</u>	
Type of Funding <u>2. System Development</u>	Months of Operation <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>5,000</u>	New Program/Service or Expansion <u>Expansion</u>	
Existing Client Capacity of Program/Service: <u>2,000</u>	Prepared by: <u>Bob Backlund</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>3,000</u>	Telephone Number: <u>209-525-7496</u>	

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation	\$41,850			\$41,850
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$41,850	\$0	\$0	\$41,850
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$1,177,282			\$1,177,282
b. New Additional Personnel Expenditures (from Staffing Detail)	\$90,580			\$90,580
c. Employee Benefits	\$416,788			\$416,788
d. Total Personnel Expenditures	\$1,684,650	\$0	\$0	\$1,684,650
<b>3. Operating Expenditures</b>				
a. Professional Services	\$25,090		\$240,000	\$265,090
b. Translation and Interpreter Services	\$360			\$360
c. Travel and Transportation	\$4,230			\$4,230
d. General Office Expenditures	\$2,759			\$2,759
e. Rent, Utilities and Equipment	\$4,770			\$4,770
f. Medication and Medical Supports	\$7,200			\$7,200
g. Other Operating Expenses (provide description in budget narrative)	\$109,817			\$109,817
h. Total Operating Expenditures	\$154,226	\$0	\$240,000	\$394,226
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management	\$0			\$0
c. Total Program Management	\$0	\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	<b>\$1,880,726</b>	<b>\$0</b>	<b>\$240,000</b>	<b>\$2,120,726</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)	\$508,360			\$508,360
b. Medicare/Patient Fees/Patient Insurance	\$132,000			\$132,000
c. Realignment	\$399,064			\$399,064
d. State General Funds	\$691,302			\$691,302
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$1,730,726	\$0	\$0	\$1,730,726
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	<b>\$1,730,726</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,730,726</b>
<b>C. One-Time CSS Funding Expenditures</b>				<b>\$0</b>
<b>D. Total Funding Requirements</b>	<b>\$150,000</b>	<b>\$0</b>	<b>\$240,000</b>	<b>\$390,000</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				



**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Community Response Team -Workplan # GSD-02**

County(ies): Stanislaus

Fiscal Year: 2006-07

Date: 9/1/05

**A. Expenditures****1. Client, Family Member and Caregiver Support Expenditures****a. Clothing, Food and Hygiene****b. Travel and Transportation**

i. Existing - Contracts Ambulance expense 90% FY06 budget	\$ 41,850
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**c. Housing****d. Employment and Education Supports****e. Other Support Expenditures**

<b>f. Total Support Expenditures</b>	<b>\$ 41,850</b>
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**2. Personnel Expenditures****a. Current Existing Positions****a. Community Response Team Manager**

Manager III (37.93 x 1 FTE) includes 3% COLA	\$ 78,902
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**b. MHSA Support Staff**

Admin Clerk III (19.45 x 1FTE) includes 3% COLA	\$ 40,456
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**c. Other Personnel (list below)****i. Program Staff - Full Time**

MH Clinician I (28.50 x 2 FTE's) includes 3% COLA	\$ 1,024,080
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MH Clinician II (34.38 x 6 FTE's) includes 3% COLA	\$ 118,563
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Psychiatric Nurse (35.08 x 4 FTE's) includes 3% COLA	\$ 429,108
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Psychiatrist (88.72 X 1 FTE) includes 3% COLA	\$ 291,853
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**ii. Program Staff - Extra Help**

Clinical Psychologist (32.23 x .5 FTE) includes 3% COLA	\$ 184,555
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	\$ 33,844
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**d. Total Current Existing FTEs/Salaries**

	\$ 1,177,282
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**b. New Additional Positions****a. Program Staff**

MH Clinician I (28.50 x 2 FTE's x .75 year)	\$ 90,580
---	-----------

	\$ 90,580
--	-----------

**e. Total New Additional FTE/Salaries**

	\$ 90,580
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**c. Employee Benefits**

Total salaries for Program Staff Full Time @ 33%	\$ 377,698
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Total salaries for Program Staff Extra Help @ 13.8%	\$ 4,670
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Total salaries for New Positions @ 38%	\$ 34,420
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<b>f. Total Personnel Expenditures</b>	<b>\$ 1,684,650</b>
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**3. Operating Expenditures****a. Professional Services**

i. Existing - Contracts Lab services 90% FY06 budget	\$ 265,090
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i. New - MHSA Consultant	\$ 90
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i. New - MHSA Contractor for Warm Line	\$ 25,000
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**b. Translation and Interpreter Services**

i. Existing - Contracts Translators 90% FY06 budget	\$ 240,000
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	\$ 360
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**c. Travel and Transportation**

i. Existing - Other Travel expenses 90% FY06 budget	\$ 4,230
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i. Existing - Patient Related Travel expenses 90% FY06 budget	\$ 1,530
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	\$ 2,700
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<b>d. General Office Expenditures</b>	<b>\$ 2,759</b>
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i. Existing - Communications expense 90% FY06 budget	\$ 239
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**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Community Response Team -Workplan # GSD-02**

County(ies): Stanislaus

Fiscal Year: 2006-07

Date: 9/1/05

i. Existing - Office Supplies 90% FY06 budget	\$	2,520	
i. New - Additional Services & Supplies			
e. Rent, Utilities and Equipment			\$ 4,770
i. Existing - Maintenance Equipment 90% FY06 budget	\$	450	
i. Existing - Rents & Leases Equipment 90% FY06 budget	\$	1,620	
i. Existing - Alarm & Answering Services 90% FY06 budget	\$	2,700	
i. Existing - Rents & Leases Structure/Grounds 90% FY06 budget	\$	-	
f. Medication and Medical Supports			\$ 7,200
i. Existing - Contracts Pharmacy 90% FY06 budget	\$	7,200	
g. Other Operating Expenses (provide description in budget narrative)			\$ 109,817
i. Existing - Contracts Security 50% FY06 budget	\$	109,250	
i. Existing - Bottled Water Services 90% FY06 budget	\$	567	
h. Total Operating Expenditures			\$ 394,226
<b>4. Program Management</b>			
a. Existing Program Management			\$ -
b. New Program Management			\$ -
c. Total Program Management			\$ -
<b>5. Estimated Total Expenditures when service provider is not known</b>			\$ -
<b>6. Total Proposed Program Budget</b>			<b>\$ 2,120,726</b>
<b>B. Revenues</b>			
<b>1. Existing Revenues</b>			\$ 1,730,726
a. Medi-Cal (FFPonly)	\$	508,360	
b. Medcare/Patient Fees/Patient Insurance	\$	132,000	
c. Realignment	\$	399,064	
d. State General Funds	\$	691,302	
e. County Funds			
f. Grants			
g. Other Revenue			
h. Total Existing Revenues			\$ 1,730,726
<b>2. New Revenues</b>			\$ -
a. Medi-Cal (FFPonly)			
b. Medcare/Patient Fees/Patient Insurance			
c. Realignment			
d. Other Revenue			
e. Total New Revenue			\$ -
<b>3. Total Revenues</b>			<b>\$ 1,730,726</b>
<b>C. One-Time CSS Funding Expenditures</b>			<b>\$ -</b>
<b>D. Total County Administration Funding Requirements</b>			<b>\$ 390,000</b>

Client Capacity of Program/Service Expanded through MHSA: 3,000 Telephone Number: 209-525-7496

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): <u>Stanislaus</u>	Fiscal Year: <u>2007-08</u>
Program Workplan # <u>GSD-02</u>	Date: <u>9/1/05</u>
Program Workplan Name <u>Community Response Team</u>	Page <u>1</u> of <u>1</u>
Type of Funding <u>2. System Development</u>	Months of Operation <u>12</u>
Proposed Total Client Capacity of Program/Service: <u>5,000</u>	New Program/Service or Expansion <u>Expansion</u>
Existing Client Capacity of Program/Service: <u>2,000</u>	Prepared by: <u>Bob Backlund</u>
Client Capacity of Program/Service Expanded through MHSA: <u>3,000</u>	Telephone Number: <u>209-525-7496</u>

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation	\$46,500			\$46,500
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$46,500	\$0	\$0	\$46,500
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$1,212,602			\$1,212,602
b. New Additional Personnel Expenditures (from Staffing Detail)	\$121,015			\$121,015
c. Employee Benefits	\$439,823			\$439,823
d. Total Personnel Expenditures	\$1,773,440	\$0	\$0	\$1,773,440
<b>3. Operating Expenditures</b>				
a. Professional Services	\$100		\$240,000	\$240,100
b. Translation and Interpreter Services	\$400			\$400
c. Travel and Transportation	\$4,700			\$4,700
d. General Office Expenditures	\$3,065			\$3,065
e. Rent, Utilities and Equipment	\$5,300			\$5,300
f. Medication and Medical Supports	\$8,000			\$8,000
g. Other Operating Expenses (provide description in budget narrative)	\$630			\$630
h. Total Operating Expenditures	\$22,195	\$0	\$240,000	\$262,195
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management	\$0			\$0
c. Total Program Management	\$0	\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	<b>\$1,842,135</b>	<b>\$0</b>	<b>\$240,000</b>	<b>\$2,082,135</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)	\$508,360			\$508,360
b. Medicare/Patient Fees/Patient Insurance	\$132,000			\$132,000
c. Realignment	\$399,064			\$399,064
d. State General Funds	\$635,711			\$635,711
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$1,675,135	\$0	\$0	\$1,675,135
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	<b>\$1,675,135</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,675,135</b>
<b>C. One-Time CSS Funding Expenditures</b>				<b>\$0</b>
<b>D. Total Funding Requirements</b>	<b>\$167,000</b>	<b>\$0</b>	<b>\$240,000</b>	<b>\$407,000</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Community Response Team -Workplan # GSD-02**

County(ies): Stanislaus

Fiscal Year: 2007-08

Date: 9/1/05

**A. Expenditures****1. Client, Family Member and Caregiver Support Expenditures****a. Clothing, Food and Hygiene****b. Travel and Transportation**

i. Existing - Contracts Ambulance expense 90% FY06 budget \$ 46,500

**c. Housing****d. Employment and Education Supports****e. Other Support Expenditures**

**f. Total Support Expenditures \$ 46,500**

**2. Personnel Expenditures****a. Current Existing Positions****a. Community Response Team Manager**

Manager III (39.07 x 1 FTE) includes 3% COLA \$ 81,269

**b. MHSA Support Staff**

Admin Clerk III (20.03 x 1FTE) includes 3% COLA \$ 41,672

**c. Other Personnel (list below)**

i. Program Staff - Full Time

MH Clinician I (29.36 x 2 FTE's) includes 3% COLA \$ 1,054,801

MH Clinician II (35.41 x 6 FTE's) includes 3% COLA \$ 122,120

Psychiatric Nurse (36.13 x 4 FTE's) includes 3% COLA \$ 441,981

Psychiatrist (91.38 X 1 FTE) includes 3% COLA \$ 300,609

ii. Program Staff - Extra Help

Clinical Psychologist (33.19 x .5 FTE) includes 3% COLA \$ 190,092

\$ 34,860

**d. Total Current Existing FTEs/Salaries \$ 1,212,602**

**b. New Additional Positions****a. Program Staff**

MH Clinician I (29.09 x 2 FTE's) includes 3% COLA \$ 121,015

\$ 121,015

**e. Total New Additional FTE/Salaries \$ 121,015**

**c. Employee Benefits**

Total salaries for Program Staff Full Time @ 33% \$ 389,027

Total salaries for Program Staff Extra Help @ 13.8% \$ 4,811

Total salaries for New Positions @ 38% \$ 45,985

**f. Total Personnel Expenditures \$ 1,773,440**

**3. Operating Expenditures**

**a. Professional Services \$ 240,100**

i. Existing - Contracts Lab services FY06 budget \$ 100

i. New - MHSA Consultant \$ -

i. New - MHSA Contractor for Warm Line \$ 240,000

**b. Translation and Interpreter Services \$ 400**

i. Existing - Contracts Translators FY06 budget \$ 400

**c. Travel and Transportation \$ 4,700**

i. Existing - Other Travel expenses FY06 budget \$ 1,700

i. Existing - Patient Related Travel expenses FY06 budget \$ 3,000

**d. General Office Expenditures \$ 3,065**

i. Existing - Communications expense FY06 budget \$ 265

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Community Response Team -Workplan # GSD-02**

County(ies): Stanislaus	Fiscal Year:	2007-08
	Date:	9/1/05
i. Existing - Office Supplies FY06 budget	\$	2,800
i. New - Additional Services & Supplies		
e. Rent, Utilities and Equipment		\$ 5,300
i. Existing - Maintenance Equipment FY06 budget	\$	500
i. Existing - Rents & Leases Equipment FY06 budget	\$	1,800
i. Existing - Alarm & Answering Services FY06 budget	\$	3,000
i. Existing - Rents & Leases Structure/Grounds	\$	-
f. Medication and Medical Supports		\$ 8,000
i. Existing - Contracts Pharmacy FY06 budget	\$	8,000
g. Other Operating Expenses (provide description in budget narrative)		\$ 630
i. Existing - Contracts Security	\$	-
i. Existing - Bottled Water Services FY06 budget	\$	630
h. Total Operating Expenditures		\$ 262,195
<b>4. Program Management</b>		
a. Existing Program Management		\$ -
b. New Program Management		\$ -
c. Total Program Management		\$ -
<b>5. Estimated Total Expenditures when service provider is not known</b>		\$ -
<b>6. Total Proposed Program Budget</b>		<b>\$ 2,082,135</b>
<b>B. Revenues</b>		
<b>1. Existing Revenues</b>		\$ 1,675,135
a. Medi-Cal (FFPonly)	\$	508,360
b. Medcare/Patient Fees/Patient Insurance	\$	132,000
c. Realignment	\$	399,064
d. State General Funds	\$	635,711
e. County Funds		
f. Grants		
g. Other Revenue		
h. Total Existing Revenues		\$ 1,675,135
<b>2. New Revenues</b>		\$ -
a. Medi-Cal (FFPonly)		
b. Medcare/Patient Fees/Patient Insurance		
c. Realignment		
d Other Revenue		
e. Total New Revenue		\$ -
<b>3. Total Revenues</b>		\$ 1,675,135
<b>C. One-Time CSS Funding Expenditures</b>		\$ -
<b>D. Total County Administration Funding Requirements</b>		<b>\$ 407,000</b>



#### EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Stanislaus	Fiscal Year:	Program Work Plan Name: Garden Gate Respite Intermediate Program
Program Work Plan #: GSD-03	Estimated Start Date: July 2007	
<p>Description of Program:  <i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>This General System Development expansion project will increase the number of beds by four to a total of nine and add an intermediate stay component to an established respite housing resource, Garden Gate Respite Center. It is expected that this housing program will serve at least 511 people over three years.</p> <p>The existing Garden Gate Respite Center was developed as an AB2034 program to provide short-term stays for individuals with serious mental illness who are homeless or at risk of becoming homeless. The Center currently has five beds that are utilized by other AB2034 programs, law enforcement, homeless outreach programs and other programs that serve individuals with serious mental illness. In addition to providing short-term respite services, the Center is a link for engagement for "hard to reach" individuals and provides access to housing resources.</p> <p>The Respite Center is located at the same site as the 16-unit transitional supportive housing complex, thus enabling Behavioral Health and Recovery Services (BHRS) to provide three levels of temporary housing, i.e., three to five day respite housing; five to 20 day extended respite housing; and six months to two years of temporary supportive housing. These resources will be managed as a continuum and will be co-located with BHRS housing specialists. The site will ultimately develop into a one-stop housing resource for individuals with serious mental illness who are homeless or at risk of being homeless. The Respite Center will serve as a point of contact for other AB2034 and MHSA programs to outreach to consumers that are homeless and not yet engaged. Crisis intervention and services for medically at-risk individuals will be linked to the Center. The Respite Center is located in an underserved area of Stanislaus County with a high proportion of racially and ethnically diverse individuals who are underserved. This program is a collaborative effort between STANCO (Stanislaus County Affordable Housing Corporation), a housing developer, Turning Point Community Programs (which has an excellent history of hiring consumers) and Stanislaus County Behavioral Health and Recovery Services.</p> <p>Goals of the project include a reduction in homelessness, a reduction in frequent hospitalizations, a reduction in frequent emergency room visits, a reduction in isolation and institutionalization, and the promotion of recovery and wellness.</p>	



<p>Priority Population: <i>Describe the situational characteristics of the priority population</i></p>	<p>The Respite Center's primary targeted populations are transition age young adults, adults and older adults with serious mental illness who are homeless or at risk of becoming homeless, at risk of psychiatric hospitalization or institutionalization, medically ill high risk, law enforcement involved, hard to engage, racially and ethnically underserved, and/or individuals with co-occurring disorders. The target population includes men and women and members of racially, ethnically and culturally diverse communities.</p>						
<p>Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)</p> <p>Supportive housing, temporary supportive housing and permanent supportive housing</p> <p>Integrated services with law enforcement</p> <p>Culturally appropriate services</p> <p>Outreach services to persons who are homeless</p> <p>Education for clients on independent living skills and supportive education</p> <p>Client advocacy on criminal justice issues</p> <p>Housing options: safe haven, temporary housing, respite housing</p> <p>Transportation</p>	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.**

This General System Development expansion project will increase the number of beds by four to a total of nine and add an extended stay component to an established respite housing resource, Garden Gate Respite Center. It is expected that this housing program will serve at least 511 people over three years.

The Garden Gate Respite Center is an existing AB2034 funded program that provides short-term stays for individuals with serious mental illness who are homeless or at-risk of becoming homeless. This collaborative project between Turning Point Community Programs, Stanislaus County Behavioral Health and Recovery Services (BHRS), and STANCO (Stanislaus County Affordable Housing Corporation) currently has five beds that are utilized by other 2034 programs such as the Stanislaus Homeless Outreach Program (SHOP), as well as law enforcement, other homeless outreach programs and programs that serve people with serious mental illness. STANCO purchased and renovated the property and currently leases it to BHRS. Turning Point Community Programs provides the on-site supervision and is funded and monitored by Stanislaus County Behavioral Health and Recovery Services. The primary purpose of Garden Gate Respite Center is to provide short-term respite services, to be a link for engagement for “hard to reach” individuals and to link these individuals with services and housing resources.

The project will increase the number of beds by four, to a total of nine. The Respite Center is located at the same site as a 16-unit transitional supportive housing complex and will enable BHRS to have three levels of temporary housing at this location, including a three to five day respite housing, five to 20 day extended respite housing, and six months to two years of temporary supportive housing. These resources will be managed as a continuum and co-located with BHRS housing specialists. This site will ultimately develop into a one-stop housing resource for individuals with serious mental illness who are homeless or at risk of being homeless and will become a point of contact for other AB2034 and full service MHSA programs to outreach to consumers that are homeless and not yet engaged. Crisis intervention and services for medically at-risk individuals will link to these housing services. The Respite Center is located in an underserved area of Stanislaus County with a high proportion of racially and ethnically diverse individuals who are underserved.

Turning Point Community Programs will provide respite housing, meals, shelter, independent living skills, transportation, 24 hour a day, 7 day a week on-site supervision, basic care needs, engagement services, referral and linkage services, peer support services, and short-term stabilization of individuals. Longer-term respite services will be located next door to the short-term respite site and will provide enhanced independent living skills education for consumers. BHRS housing staff will be located on-site to provide temporary and permanent supportive housing services for Respite Center clients as well as for clients from other BHRS programs.

The 16-unit temporary supportive housing complex is also located at this site. These units are in a safe, gated and friendly complex leased by BHRS from STANCO. Partnership and collaboration opportunities also exist with Turning Point Employment Services, a BHRS

contracted program that provides consumer employment, same day employment, supportive employment, and competitive employment, in addition to operating the Respite Center.

Turning Point has employed and continues to employ qualified recovering consumers as the majority of staff providing services at the Respite Center. Co-location with the temporary supportive housing complex provides great opportunities for other recovering consumers to interact, engage, and instill hope and recovery for consumers in crisis receiving respite services. Stanislaus Homeless Outreach Program (SHOP) under Telecare, Inc. provides outreach services.

Garden Gate services are highly utilized by law enforcement agencies. Consumers are not enrolled into Garden Gate Respite Center per se, but instead are referred to appropriate agencies for enrollment. Garden Gate Respite staff provide initial contact with consumers, including personal safety, food, shelter and clothing. They coordinate efforts with the Outreach Team members. Medication support services are provided by outside agencies; however, Garden Gate Respite Center provides lock-box security for any medications and/or valuables consumers desire to have stored. Consumers in need of healthcare are referred to Golden Valley Health Centers for non-emergency care.

Garden Gate Respite Center is utilized as immediate housing for referring agencies. It does not provide permanent housing. However, it does transition residents into both permanent and transitional housing. Garden Gate Respite staff also provide emergency support services to individuals housed in the apartment complex on a 24-hour basis.

All employment services are provided through a contract with Turning Point Community Programs. Individuals at the Respite Center wanting employment services are encouraged to connect with a BHRS regional services team so that a referral can be made to the Employment Program.

The Respite Center staff collaborate with law enforcement at different levels, including being the connection for referrals and attending various meetings in the community such as Restorative Policing meetings, Neighborhood Watch meetings, etc. Garden Gate Respite Center staff interface with Adult Protective Services, drug and alcohol services staff and the Stanislaus Housing and Support Services Collaborative on a regular basis.

Consumers who are homeless are able to use the Respite Center repeatedly, as often as needed. For many consumers who are homeless, this often is the first attempt at engagement with an agency. The realization that recovery is possible can come at any point in the process and for many getting off the streets for a night or two is the beginning.

Racial, ethnic and linguistic diversity among the staff is an important ingredient in successful engagement with Latino, African American and Southeast Asian (Asian/Pacific Islander) consumers. Consumer staff with a recovery background offer significant support to those residents interested in recovery. Stays at the Respite Center are voluntary with an open door policy that does not require consumers to participate. Most individuals do not

see the Respite Center as “the system”. This enables the Center to assist individuals who are more difficult to serve. Information is gathered using an intake form. Data is maintained in a database. Monthly reports are generated and used to make administrative decisions as well as report on program outcomes.

Turning Point Community Programs will provide staff 24 hours a day, 7 days a week for this program. Staff will be expected to be awake, alert and active in their duties at all times. New consumers to the program will be assigned to a room and provided the basic needs for their stay, including linens, personal care items, food, etc. As new consumers are brought in, Turning Point Community Programs staff will assist them and provide linkage to case managers at the earliest opportunity. Staff will provide basic coordination of services with support staff from other mental health programs, but will not be directly involved with the consumer after discharge.

The goal of this program is to provide short term, (one to seven days) respite support. Consumers who can return to their former residence will be encouraged to do so. Case managers will assist those consumers needing new housing.

Adjacent to the nine bed respite program is a 16 unit apartment complex, capable of housing up to 20 adults with serious mental illness. It is intended to be supported transitional housing for up to two years. Residents of this part of the project are not prepared to live independently and will receive support in maintaining their apartment and in developing skills for independent living. All consumers will have a personal service coordinator and will be involved in programming related to their continued efforts toward independence. The transition to more independent settings in the community will be achieved with the assistance of mental health case managers. Staff from the respite program will provide some of the support and assistance needed for apartment living.

### **3) Describe any housing or employment services to be provided.**

As noted above, this program will provide a number of housing services, including three to five day respite care housing; five to 20 day extended respite care housing; six months to two years of temporary supportive housing; referrals, support and placement at permanent supportive housing; and independent living skills to enable success in independent living.

Employment services will be closely linked to this respite housing program. The contract provider operating the Center also provides BHRS with system-wide employment services for consumers. Referrals and transportation to the employment site will be provided.

### **4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.**

Not applicable.

**5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.**

As the organization clearly has learned from the AB2034 experience, providing immediate safe housing is a critical ingredient in the engagement of hard to reach individuals with serious mental illness who are homeless. Having a safe place to live is critical to a person's recovery from mental illness and is the starting point of effective services. Having a high proportion of staff that are themselves recovering from mental illness will be a powerful message of the possibility and hope of recovery. The natural association of the residents of this respite program with other consumers that are recovering and living on-site in temporary supportive housing will naturally support the establishment of peer support relationships. Recovery information and resources will also be shared.

Staff in this center will become very familiar with the Milestones in Recovery from Mental Illness (page 9 of attachment 11) and will encourage residents to become familiar with them. The Milestones in Recovery were developed as the result of a series of consumer focus groups in which consumers were asked to describe their recovery process, followed by a consensus process utilized to develop the Milestones. Important to the recovery process will be the recognition that one of the recovery "life domains" that may be critical to recovery is physical health and physical well being. As participants work on the Milestones in Recovery, attention will also focus on maintaining wellness from the physical health standpoint, especially as this wellness relates to adhering to management of physical health condition(s). Though not a prescriptive approach to recovery from mental illness, positive feedback has been consistently received from customers about the Milestones applicability in their own recovery process. These Milestones have been benchmarked outside Stanislaus County.

The values of recovery will be promoted as staff work with consumers in developing housing and service plans. These plans will incorporate both the principles of wellness in general (disease management) as well as the principles of wellness recovery specific to mental health conditions.

Linkage and close collaboration with the BHRS Wellness and Recovery Center will continue and will provide opportunities for peer recovery contacts and access to peer recovery groups. The Wellness Recovery Center is an innovative service developed by Stanislaus County Behavioral Health and Recovery Services seven years ago. The Wellness and Recovery Center has been effectively promoting the concept of recovery from mental illness and has been recognized as a model recovery program.

**6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.**

As noted above, the Respite Center currently has five beds to provide three to five day respite stays. The Respite Center is an AB2034 program that provides short-term stays for individuals with serious mental illness who are homeless or at risk of becoming homeless. The beds are utilized heavily by other AB2034 programs and by law enforcement. The homeless outreach program works closely with the Respite Center and staff are often on-site at the Respite Center to engage residents who are homeless. Through this program, longer-term housing options will begin to be developed.

**7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.**

Recovering consumers employed by the Respite Center will provide the same services as other staff, including admission, supervision, support, basic care needs, education, engagement, and referral services. Additionally, peer support volunteers will provide support and encouragement by sharing their recovery stories and experiences. Turning Point Community Programs, the contract service provider, has an excellent history of employing consumers as service providers. Over half of the current Respite Center employees are recovering consumers. This employment practice will continue.

**8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.**

Stanislaus County BHRS has a long and effective tradition of actively collaborating with other departments and service providers to creatively provide services. Garden Gate Respite Center is very much a collaboratively developed and operated service. Stanislaus County Affordable Housing Corporation (STANCO) purchased and renovated the buildings and property at the request of BHRS and leases the Center site to Stanislaus County Behavioral Health and Recovery Services (BHRS). BHRS contracted with Turning Point Community Programs to develop and operate the program as an AB 34/AB2034 demonstration project. Local law enforcement, Modesto Police Department and the Stanislaus County Sheriff's Office, worked closely with BHRS in developing the program and educating and encouraging their officers to utilize this resource when faced with an individual with a serious mental illness who is homeless and who come to the attention of law enforcement.

Collaboration with other AB2034 programs like Stanislaus Homeless Outreach Program (SHOP), which uses the Center as a Respite for their consumers and as a point of contact and engagement with new consumers. The Outreach team from Telecare Corporation, which operates SHOP, visits the Respite Center daily to outreach to individuals who are homeless and uses the Center as a resource that they can provide to people who they contact on the street.

Doctors Medical Center Emergency Room makes use of the Respite Center as well. BHRS Emergency Mental Health Services and BHRS regional service teams make referrals to and see individuals from the Respite Center. Often, a brief stay at the Respite Center can be used along with ongoing service coordination and counseling services to avert hospitalization of a consumer of a regional service team or to give a family a needed respite in a crisis situation.

Collaboration also exists with the Restorative Policing project. This project is a law enforcement lead effort that brings together service providers for individuals with serious mental illness who are homeless, medical providers, Adult Protective Services, mental health service providers and others to facilitate services for an individual who would otherwise be facing jail. The Respite Center is a key member of this effort as well as often being the point of contact for affected individuals.

Stanislaus County has no reservations, no rancherias, nor any Native American human service organizations based in the County. Neighboring counties have rancherias and Native American organizations whose expertise can be utilized to increase the understanding and cultural competency of BHRS leadership and staff. In this way, BHRS will improve system services and outcomes for individuals.

**9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.**

BHRS has a Cultural Competence Oversight Committee, which is responsible for the oversight of the BHRS Cultural Competency Plan. Clinical and Administrative Standards for Cultural Competence have been developed. The Cultural Competence Oversight Committee has reviewed this plan and given feedback.

All BHRS staff attend mandatory cultural competence training. Last fiscal year, BHRS provided training in the following areas of cultural competence: Lesbian, Gay Bisexual and Transgender (LGBT) Services; Providing Customer Service with LGBT Individuals; Spirituality and Wisdom in Behavioral Health; Use of Interpreters; Crossing Cultural Bridges; Cultural Dialogues; Interpreter Training; Client Culture and Building Collaborative Relationships with Families. Contract provider staff are provided the opportunity and encouraged to attend these trainings.

Significant effort will be applied to engage consumers who are from racially and ethnically diverse groups. Methods that will be employed will include staff and peer volunteers who are bilingual and bicultural. Particular attention, in all aspects of services, will be paid to the cultural concerns of the consumer and family as it relates to the use of relevant community supports, traditional values and beliefs and family histories. An emphasis will be placed on culturally welcoming décor and informational brochures in appropriate languages.

**10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.**

BHRS staff is trained on gender differences as well as Lesbian, Gay, Bisexual and Transgender (LGBT) issues. This becomes the background by which to evaluate services provided. In being client centered and strength based, treatment plans will be tailored to the needs of the individual and family. This includes sensitivity to, and competence in, working with diverse populations. A recent workgroup focused on improving service provision to LGBT populations has begun and will be used as consultants for all programming. It is expected that some of the support groups and certainly the treatment groups will offer gender-specific treatment as well. Contract provider staff are provided with the opportunity to receive these trainings.

Attention to gender sensitivity and the differing psychologies and needs of women and men, boys and girls are considered in providing services. Issues related to who is the primary care giver (traditionally women) in the family (of children and older adult parents), the need for respite care and transportation and domestic violence will be addressed. Issues related to trauma-based experiences will be considered, e.g. women's health issues, family violence, sexual harassment and intimate partner abuse.

**11) Describe how services will be used to meet the service needs for individuals residing out-of-county.**

Not applicable to this workplan since everyone residing at the program is in county.

**12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.**

Not applicable.

**13) Please provide a timeline for this work plan, including all critical implementation dates.**

Board of Supervisor approval – October 05

DMH approval – January 06

January - July 06 - begin pre-implementation changes in support of this plan. Anticipating expanded capacity by July 2006.



**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2005-06  
 Program Workplan # GSD-03 Date: 9/1/05  
 Program Workplan Name Garden Gate Respite Intermediate Program Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 6  
 Proposed Total Client Capacity of Program/Service: 211 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 0 Prepared by: Laurie Lusk  
 Client Capacity of Program/Service Expanded through MHSA: 211 Telephone Number: (209)525-6096

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	\$0	\$0	\$0	\$0
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>			\$45,000	\$45,000
<b>D. Total Funding Requirements</b>	\$0	\$0	\$45,000	\$45,000
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Garden Gate Respite Intermediate Program - Workplan #GSD-03**

County(ies): Stanislaus

Fiscal Year: 2005-06

Date: 9/1/05

**A. Expenditures**

**1. Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene	\$	-
b. Travel and Transportation	\$	-
c. Housing	\$	-
d. Employment and Education Supports	\$	-
e. Other Support Expenditures	\$	-
f. Total Support Expenditures	\$	-

**2. Personnel Expenditures**

**a. Current Existing Positions**

a. Administrator and Team Leaders		
c. Program Staff		
d. Total Current Existing FTEs/Salaries	\$	-

**b. New Additional Positions**

a. Administrator and Team Leaders		
c. Program Staff		
e. Total New Additional FTE/Salaries	\$	-

**C. Benefits**

f. Total Personnel Expenditures	\$	-
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**3. Operating Expenditures**

a. Professional Services	\$	-
b. Translation and Interpreter Services	\$	-
c. Travel and Transportation	\$	-
d. General Office Expenditures	\$	-
e. Rent, Utilities and Equipment	\$	-
f. Medication and Medical Supports	\$	-
g. Other Operating Expenses (provide description in budget narrative)	\$	-
h. Total Operating Expenditures	\$	-

**4. Program Management**

a. Existing Program Management	\$	-
b. New Program Management	\$	-
c. Total Program Management	\$	-

**5. Estimated Total Expenditures when service provider is not known**

6. Total Proposed Program Budget	\$	-
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**B. Revenues**

**1. Existing Revenues**

a. Medi-Cal (FFP only)	\$	-
b. Medicare/Patient Fees/Patient Insurance	\$	-
c. Realignment	\$	-
d. State General Funds (AB2034 Funds)	\$	-
e. County Funds	\$	-
f. Grants	\$	-
g. Other Revenue	\$	-
h. Total Existing Revenues	\$	-

**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**

	\$	-
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**C. One-Time CSS Funding Expenditures - anticipated to be spent by 6/30/06**

Van	\$	25,000	
Renovations & furniture	\$	20,000	
Total one-time expenditures	\$		45,000

<b>D. Total County Administration Funding Requirements</b>	\$		<b>45,000</b>
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**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2006-07  
 Program Workplan # GSD-03 Date: 9/1/05  
 Program Workplan Name Garden Gate Respite Intermediate Program Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 572 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 422 Prepared by: Laurie Lusk  
 Client Capacity of Program/Service Expanded through MHSA: 150 Telephone Number: (209)525-6096

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene			\$16,000	\$16,000
b. Travel and Transportation			\$200	\$200
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$16,200	\$16,200
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)			\$131,248	\$131,248
b. New Additional Personnel Expenditures (from Staffing Detail)			\$131,248	\$131,248
c. Employee Benefits			\$127,686	\$127,686
d. Total Personnel Expenditures	\$0	\$0	\$390,182	\$390,182
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures			\$3,700	\$3,700
e. Rent, Utilities and Equipment			\$19,050	
f. Medication and Medical Supports			\$200	\$200
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$22,950	\$22,950
<b>4. Program Management</b>				
a. Existing Program Management			\$28,500	\$28,500
b. New Program Management				\$0
c. Total Program Management		\$0	\$28,500	\$28,500
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	\$0	\$0	\$457,832	\$457,832
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds			\$257,832	\$257,832
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$257,832	\$257,832
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	\$0	\$0	\$257,832	\$257,832
<b>C. One-Time CSS Funding Expenditures</b>				\$0
<b>D. Total Funding Requirements</b>	\$0	\$0	\$200,000	\$200,000
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Garden Gate Respite Intermediate Program - Workplan #GSD-03**

County(ies): Stanislaus

Fiscal Year: 2006-07

Date: 9/1/05

**A. Expenditures**

**1. Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene	\$	16,000
b. Travel and Transportation	\$	200
c. Housing	\$	-
d. Employment and Education Supports	\$	-
e. Other Support Expenditures	\$	-
<b>f. Total Support Expenditures</b>	<b>\$</b>	<b>16,200</b>

**2. Personnel Expenditures**

**a. Current Existing Positions**

**a. Administrator and Team Leaders**

Director of Adult Services - \$48.10 x 2080 x .05 FTE	\$	5,002
Program Director - \$34.85 x 2080 x .375 FTE	\$	27,179
Assistant Program Director - \$14.57 x 2080 x .5 FTE	\$	15,155

**c. Program Staff**

PSCI - \$16.48 x 2080 x .4 FTE	\$	13,714
RCC II - \$10.80 x 2080 x .5 FTE	\$	11,235
RCC II - \$11.08 x 2080 x .5 FTE	\$	11,525
RCC II - \$10.53 x 2080 x .5 FTE	\$	10,952
RCC II - \$9.98 x 2080 x .5 FTE	\$	10,381
RCC II - \$11.63 x 2080 x .5 FTE	\$	12,092
RCC II - \$9.98 x 2080 x .5 FTE	\$	10,381
RCC II - \$6.99 x 2080 x .25 FTE	\$	3,632

**d. Total Current Existing FTEs/Salaries**

\$ 131,248

**b. New Additional Positions**

**a. Administrator and Team Leaders**

Director of Adult Services - \$48.10 x 2080 x .05 FTE	\$	5,002
Program Director - \$34.85 x 2080 x .375 FTE	\$	27,179
Assistant Program Director - \$14.57 x 2080 x .5 FTE	\$	15,155

**c. Program Staff**

PSCI - \$16.48 x 2080 x .4 FTE	\$	13,714
RCC II - \$10.80 x 2080 x .5 FTE	\$	11,235
RCC II - \$11.08 x 2080 x .5 FTE	\$	11,525
RCC II - \$10.53 x 2080 x .5 FTE	\$	10,952
RCC II - \$9.98 x 2080 x .5 FTE	\$	10,381
RCC II - \$11.63 x 2080 x .5 FTE	\$	12,092
RCC II - \$9.98 x 2080 x .5 FTE	\$	10,381
RCC II - \$6.99 x 2080 x .25 FTE	\$	3,632

**e. Total New Additional FTE/Salaries**

\$ 131,248

**C. Benefits**

\$ 127,686

**f. Total Personnel Expenditures**

**\$ 390,182**

**3. Operating Expenditures**

a. Professional Services	\$	-
b. Translation and Interpreter Services	\$	-
c. Travel and Transportation	\$	-

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Garden Gate Respite Intermediate Program - Workplan #GSD-03**

County(ies): Stanislaus

Fiscal Year: 2006-07

Date: 9/1/05

d. General Office Expenditures	\$	3,700
e. Rent, Utilities and Equipment	\$	19,050
f. Medication and Medical Supports	\$	200
g. Other Operating Expenses (provide description in budget narrative)	\$	-
h. Total Operating Expenditures	\$	<b>22,950</b>
<b>4. Program Management</b>		
a. Existing Program Management	\$	28,500
b. New Program Management	\$	-
c. Total Program Management	\$	<b>28,500</b>
<b>5. Estimated Total Expenditures when service provider is not known</b>	\$	-
<b>6. Total Proposed Program Budget</b>	\$	457,832
<b>B. Revenues</b>		
<b>1. Existing Revenues</b>		
a. Medi-Cal (FFP only)	\$	-
b. Medicare/Patient Fees/Patient Insurance	\$	-
c. Realignment	\$	-
d. State General Funds (AB2034 Funds)	\$	257,832
e. County Funds	\$	-
f. Grants	\$	-
g. Other Revenue	\$	-
h. Total Existing Revenues	\$	257,832
<b>2. New Revenues</b>		
a. Medi-Cal (FFP only)		
b. Medicare/Patient Fees/Patient Insurance		
c. State General Funds		
d. Other Revenue		
e. Total New Revenue	\$	-
<b>3. Total Revenues</b>	\$	257,832
<b>C. One-Time CSS Funding Expenditures</b>	\$	-
<b>D. Total County Administration Funding Requirements</b>	\$	<b>200,000</b>

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): Stanislaus

Fiscal Year: 2006-07

Program Workplan # GSD-03

Date: 9/1/05

Program Workplan Name Garden Gate Respite Intermediate Program

Page 1 of 1

Type of Funding 2. System Development

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 572

New Program/Service or Expansion Expansion

Existing Client Capacity of Program/Service: 422

Prepared by: Laurie Lusk

Client Capacity of Program/Service Expanded through MHSA: 150

Telephone Number: (209)525-6096

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
<b>A. Current Existing Positions</b>					
Director of Adult Services	Part-time		0.05	\$100,030	\$5,002
Program Director	Part-time		0.38	\$72,478	\$27,179
Assistant Program Director	Full-time		0.50	\$30,310	\$15,155
PSCI	Part-time		0.40	\$34,286	\$13,714
RCC II	Full-time		0.50	\$22,470	\$11,235
RCC II	Full-time		0.50	\$23,050	\$11,525
RCC II	Full-time		0.50	\$21,904	\$10,952
RCC II	Full-time		0.50	\$20,762	\$10,381
RCC II	Full-time		0.50	\$24,184	\$12,092
RCC II	Full-time		0.50	\$20,762	\$10,381
On call	Part-time		0.25	\$14,528	\$3,632
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
<b>Total Current Existing Positions</b>		0.00	4.58		\$131,248
<b>B. New Additional Positions</b>					
					\$0
Director of Adult Services	Part-time		0.05	\$100,030	\$5,002
Program Director	Part-time		0.38	\$72,478	\$27,179
Assistant Program Director	Full-time		0.50	\$30,310	\$15,155
PSCI	Part-time		0.40	\$34,286	\$13,714
RCC II	Full-time		0.50	\$22,470	\$11,235
RCC II	Full-time		0.50	\$23,050	\$11,525
RCC II	Full-time		0.50	\$21,904	\$10,952
RCC II	Full-time		0.50	\$20,762	\$10,381
RCC II	Full-time		0.50	\$24,184	\$12,092
RCC II	Full-time		0.50	\$20,762	\$10,381
On call	Part-time		0.25	\$14,528	\$3,632
					\$0
					\$0
					\$0
					<u>\$0</u>
<b>Total New Additional Positions</b>		0.00	4.58		\$131,248
<b>C. Total Program Positions</b>		0.00	9.15		\$262,496

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2007-08  
 Program Workplan # GSD-03 Date: 9/1/05  
 Program Workplan Name Garden Gate Respite Intermediate Program Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 572 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 422 Prepared by: Laurie Lusk  
 Client Capacity of Program/Service Expanded through MHSA: 150 Telephone Number: (209)525-6096

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene			\$16,000	\$16,000
b. Travel and Transportation			\$200	\$200
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$16,200	\$16,200
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)			\$135,187	\$135,187
b. New Additional Personnel Expenditures (from Staffing Detail)			\$135,187	\$135,187
c. Employee Benefits			\$131,516	\$131,516
d. Total Personnel Expenditures	\$0	\$0	\$401,890	\$401,890
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures			\$3,700	\$3,700
e. Rent, Utilities and Equipment			\$19,050	
f. Medication and Medical Supports			\$200	\$200
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$22,950	\$22,950
<b>4. Program Management</b>				
a. Existing Program Management			\$28,500	\$28,500
b. New Program Management				\$0
c. Total Program Management		\$0	\$28,500	\$28,500
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	\$0	\$0	\$469,540	\$469,540
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds			\$259,540	\$259,540
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$259,540	\$259,540
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	\$0	\$0	\$259,540	\$259,540
<b>C. One-Time CSS Funding Expenditures</b>				\$0
<b>D. Total Funding Requirements</b>	\$0	\$0	\$210,000	\$210,000
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Garden Gate Respite Intermediate Program - Workplan #GSD-03**

County(ies): Stanislaus

Fiscal Year: 2007-08

Date: 9/1/05

**A. Expenditures**

**1. Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene	\$	16,000
b. Travel and Transportation	\$	200
c. Housing	\$	-
d. Employment and Education Supports	\$	-
e. Other Support Expenditures	\$	-
<b>f. Total Support Expenditures</b>	<b>\$</b>	<b>16,200</b>

**2. Personnel Expenditures**

**a. Current Existing Positions**

**a. Administrator and Team Leaders**

Director of Adult Services - \$49.54 x 2080 x .05 FTE	\$	5,152
Program Director - \$35.89 x 2080 x .375 FTE	\$	27,995
Assistant Program Director - \$15.00 x 2080 x .5 FTE	\$	15,610

**c. Program Staff**

PSCI - \$16.97 x 2080 x .4 FTE	\$	14,126
RCC II - \$11.13 x 2080 x .5 FTE	\$	11,572
RCC II - \$11.41 x 2080 x .5 FTE	\$	11,871
RCC II - \$10.84 x 2080 x .5 FTE	\$	11,281
RCC II - \$10.28 x 2080 x .5 FTE	\$	10,692
RCC II - \$11.98 x 2080 x .5 FTE	\$	12,455
RCC II - \$10.28 x 2080 x .5 FTE	\$	10,692
RCC II - \$7.20 x 2080 x .25 FTE	\$	3,741

**d. Total Current Existing FTEs/Salaries**

\$ 135,187

**b. New Additional Positions**

**a. Administrator and Team Leaders**

Director of Adult Services - \$48.10 x 2080 x .05 FTE	\$	5,152
Program Director - \$34.85 x 2080 x .375 FTE	\$	27,995
Assistant Program Director - \$14.57 x 2080 x .5 FTE	\$	15,610

**c. Program Staff**

PSCI - \$16.97 x 2080 x .4 FTE	\$	14,126
RCC II - \$11.13 x 2080 x .5 FTE	\$	11,572
RCC II - \$11.41 x 2080 x .5 FTE	\$	11,871
RCC II - \$10.84 x 2080 x .5 FTE	\$	11,281
RCC II - \$10.28 x 2080 x .5 FTE	\$	10,692
RCC II - \$11.98 x 2080 x .5 FTE	\$	12,455
RCC II - \$10.28 x 2080 x .5 FTE	\$	10,692
RCC II - \$7.20 x 2080 x .25 FTE	\$	3,741

**e. Total New Additional FTE/Salaries**

\$ 135,187

**C. Benefits**

\$ 131,516

**f. Total Personnel Expenditures**

**\$ 401,890**

**3. Operating Expenditures**

a. Professional Services	\$	-
b. Translation and Interpreter Services	\$	-
c. Travel and Transportation	\$	-



**EXHIBIT 5a--Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Garden Gate Respite Intermediate Program - Workplan #GSD-03**

County(ies): Stanislaus

Fiscal Year: 2007-08

Date: 9/1/05

d. General Office Expenditures	\$	3,700
e. Rent, Utilities and Equipment	\$	19,050
f. Medication and Medical Supports	\$	200
g. Other Operating Expenses (provide description in budget narrative)	\$	-
h. Total Operating Expenditures	\$	<b>22,950</b>
<b>4. Program Management</b>		
a. Existing Program Management	\$	28,500
b. New Program Management	\$	-
c. Total Program Management	\$	<b>28,500</b>
<b>5. Estimated Total Expenditures when service provider is not known</b>	\$	-
<b>6. Total Proposed Program Budget</b>	\$	469,540
<b>B. Revenues</b>		
<b>1. Existing Revenues</b>		
a. Medi-Cal (FFP only)	\$	-
b. Medicare/Patient Fees/Patient Insurance	\$	-
c. Realignment	\$	-
d. State General Funds (AB2034 Funds)	\$	259,540
e. County Funds	\$	-
f. Grants	\$	-
g. Other Revenue	\$	-
h. Total Existing Revenues	\$	259,540
<b>2. New Revenues</b>		
a. Medi-Cal (FFP only)		
b. Medicare/Patient Fees/Patient Insurance		
c. State General Funds		
d. Other Revenue		
e. Total New Revenue	\$	-
<b>3. Total Revenues</b>	\$	259,540
<b>C. One-Time CSS Funding Expenditures</b>	\$	-
<b>D. Total County Administration Funding Requirements</b>	\$	<b>210,000</b>

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): <u>Stanislaus</u>	Fiscal Year: <u>2007-08</u>	
Program Workplan # <u>GSD-03</u>	Date: <u>9/1/05</u>	
Program Workplan Name <u>Respite Center</u>	Page <u>1</u> of <u>1</u>	
Type of Funding <u>2. System Development</u>	Months of Operation <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>572</u>	New Program/Service or Expansion <u>Expansion</u>	
Existing Client Capacity of Program/Service: <u>422</u>	Prepared by: <u>Laurie Lusk</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>150</u>	Telephone Number: <u>(209)525-6096</u>	

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
<b>A. Current Existing Positions</b>					
Director of Adult Services	Part-time		0.05	\$103,031	\$5,152
Program Director	Part-time		0.38	\$74,652	\$27,995
Assistant Program Director	Full-time		0.50	\$31,219	\$15,610
PSCI	Part-time		0.40	\$35,315	\$14,126
RCC II	Full-time		0.50	\$23,144	\$11,572
RCC II	Full-time		0.50	\$23,742	\$11,871
RCC II	Full-time		0.50	\$22,561	\$11,281
RCC II	Full-time		0.50	\$21,385	\$10,692
RCC II	Full-time		0.50	\$24,910	\$12,455
RCC II	Full-time		0.50	\$21,385	\$10,692
On call	Part-time		0.25	\$14,964	\$3,741
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
<b>Total Current Existing Positions</b>		0.00	4.58		\$135,187
<b>B. New Additional Positions</b>					
					\$0
Director of Adult Services	Part-time		0.05	\$103,031	\$5,152
Program Director	Part-time		0.38	\$74,652	\$27,995
Assistant Program Director	Full-time		0.50	\$31,219	\$15,610
PSCI	Part-time		0.40	\$35,315	\$14,126
RCC II	Full-time		0.50	\$23,144	\$11,572
RCC II	Full-time		0.50	\$23,742	\$11,871
RCC II	Full-time		0.50	\$22,561	\$11,281
RCC II	Full-time		0.50	\$21,385	\$10,692
RCC II	Full-time		0.50	\$24,910	\$12,455
RCC II	Full-time		0.50	\$21,385	\$10,692
On call	Part-time		0.25	\$14,964	\$3,741
					\$0
					\$0
					\$0
					<u>\$0</u>
<b>Total New Additional Positions</b>		0.00	4.58		\$135,187
<b>C. Total Program Positions</b>		0.00	9.15		\$270,374

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

#### EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Stanislaus	Fiscal Year: 2005-2006	Program Work Plan Name: Families Together
Program Work Plan #: GSD-04	Estimated Start Date: January 2006	
<p>Description of Program:  <i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>Families Together is an enhancement and expansion of the Family Partnership Center (FPC) utilizing General Systems Development funds. It is designed to improve and expand supports and services for youth with serious emotionally disturbance (SED) and their families and Kinicare Providers (family other than natural parents). It is expected that at least 210 youth and their families will be served in the first three years. FPC and Families Together will utilize a consumer driven service model. Services provided will include; advocacy, service coordination, family and individual respite, and wraparound services to a diverse population, and will employ culturally and linguistically diverse staff. The FPC will continue to utilize family involvement in service provision, policy development and leadership in an enhanced and expanded fashion through Families Together. This core strategy has been an active aspect of programming in the existing FPC for over eight years, with parents of youth with SED and kinship families (families other than natural parents) hired to provide a variety of services. The FPC expansion will allow further development of family designed services provided by family members in partnership with other child serving agencies throughout the community. In order to increase consumer and family member governance, this expanded program will use the existing FPC Advisory Board consisting of active parents in the program and will add the development of a Youth Advisory Council to allow for increased leadership by consumers in service development and provision.</p> <p>The FPC goals are to ensure increased consumer and family participation and involvement by expanding family partnership services and consumer and family involvement and governance through use of the FPC Advisory Board and Youth Advisory Council.</p>	
<p>Priority Population:  <i>Describe the situational characteristics of the priority population</i></p>	<p>The priority population includes children and youth with serious emotional disturbances, ages birth to 18 years of age and their families, including Kinicare Providers. Youth and families served are identified as both underserved and/or unserved relative to the need for outreach into racially and ethnically diverse communities that are underrepresented or are families who are unaware of available services. BHRS is</p>	

	developing a Drop-In Center for Transition Age Young Adults (TAYA) (GSD-01) that will specifically target the TAYA population; however, it is anticipated that the FPC and Families Together will serve some individuals in the TAYA age group, and their families.					
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type		Age Group			
	FSP	Sys Dev	OE	CY	TAY	A OA
Family Partnership Program Expansion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Youth Involvement in Planning and Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cultural and gender specific outreach	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Services and supports provided school, community, home	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Respite services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education for youth and families	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parental mental health education with language access and culturally appropriate approaches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Values-driven evidence based and promising clinical services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Services integrated with overall service planning which support youth/family selected goals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supportive family partnership educational support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Grief loss, family partnership support group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.**

Families Together is an enhancement and expansion of the Family Partnership Center (FPC) utilizing General Systems Development funds. It is designed to improve and expand supports and services for youth with serious emotionally disturbance (SED) and their families and KinCare Providers (family other than natural parents). Families Together is directed toward increasing and enhancing the array of services available to currently underserved and unserved populations of children and youth with serious emotional disturbances ages birth to 18 years of age and their families and KinCare (families other than natural parents). It is expected that 210 youth and their families will be served in the first three years. Families Together will work in collaboration with the MHSA Outreach and Engagement Programs (OE-01) to focus on reaching racially and ethnically diverse youth and their families. Families Together is modeled on the existing Family Resource Center model, adding programming currently not funded by the multiple collaborative funding sources at the FPC. (The Family Resource Center model is a service model for addressing the many challenges that face families, especially families with children with special needs.) Program enhancements includes converting a kitchen into a commercial kitchen to allow for increased activities including meal preparation and related activities for youth, parents and family members (using one time MHSA funds); a series of classes for youth in independent living skills, including budgeting and cooking; computer workstations for use by both youth and family members; and an increase in access to families for these same activities.

The recently developed Family Partnership Center Advisory Board will be further developed, with a corresponding Youth Advisory Council to assist in specific program development and to design an outreach program to reach new consumers with SED and their families. While the expansion plans addressed in this program discussion come from family and community stakeholders who participated in the MHSA community stakeholder process, the current plan is to work collaboratively with the FPC Advisory Board and Youth Advisory Council as well as existing consumer staff to empower them to determine and identify problems for service expansion and prioritize services for implementation within the three year timeline to ensure true consumer empowerment.

Service enhancements will include:

- An increase in the number of consumer staff, both Kinship caregivers and parents of youth with serious emotional disturbance. The program expansion will include hiring two full-time consumer staff with benefits, and 40 hours per week of consumer personal services contract time. These personal services contract positions will be utilized for family members who cannot work full time for a variety of reasons (their children's needs and school schedules, financial complications etc.). Position hours will be developed to meet the consumers' needs. A part-time Mental Health Clinician will also be added to help support the drop-in services and to provide professional support to crisis situations that cannot be handled by peer

support staff and volunteers. As well, transitional age youth staff members will be pursued to work in the program.

- Consumers will be encouraged to “give back” to the Center by assisting in projects, developing creative ideas, ownership and empowerment opportunities will be a part of everyday life at the center.
- The Family Resource Center Model is a service model for addressing the many challenges that face families, especially families with children with special needs. The goal is to assist families to become healthy and live in healthy communities by bringing together services and activities that educate, develop skills and promote the family. This goal very much reflects the values of the Children’s System of Care. Research and evaluation indicate that the Family Resource Center is a promising strategy for addressing key issues related to this population, including child abuse and neglect, substance abuse, family violence, family instability, juvenile violence and crime, employment and independence, family isolation, family health including mental health, supportive relationships and positive educational outcomes.
- The development of services focused on promoting resiliency in youth which reflects the key factors of early positive relationships with parents and others; increased self sufficiency to internalize the belief that they are capable of succeeding at meeting new challenges; children seeking mastery over challenges; and increasing the ability and skills to cope with life stressors and become more active and social. Resiliency experiences also include focusing on the fact that children do best in an open supportive climate that encourages constructive coping with problems. This environment is modeled in FPC activities.

Additional strategies include the following:

- The development of additional volunteer opportunities for children, youth, and transition age youth, as well as older adult consumers in partnership with the Older Adult System of Care.
- The development of a computer lab for youth, transition age youth, and adults to use as needed for projects, learning, resume preparation etc.
- The creation of drop-in times scheduled throughout the week, convenient to families (after school, evenings, weekends) will include clinical staff availability, and structured and unstructured activities.
- Outreach to underserved populations, primarily Latino families and African American families utilizing linkages with ethnic specific resource centers.
- The utilization of “natural” drop in times, for example when families are bringing in more than one child and are waiting in the FPC for several hours.

- The development of a series of activities that promote families experiencing positive time together and activities for parents with other parents, such as a monthly Restaurant Club activity, scrap booking, sharing recipes and cooking “lessons” reflective of racially ethnically diverse backgrounds, and providing space for birthday parties for families.
- The empowerment of family members to develop and produce an ongoing newsletter for parents, in both Spanish and English.
- The development of a series of community education events on relevant topics including violence in the family (parents are especially concerned about the children’s violence toward them and how to manage this), and adult consumer presentations, in English and Spanish.
- Training on the Aggression Reduction Treatment curriculum.
- Linkage to 211 information and referral resources when it becomes available through the United Way.
- The development of gender specific groups focused on specific developmental stages including independent living skills, problems solving skills, social skills, budgeting, communication skills, and relationship building.
- Expansion of parenting programs utilizing existing evidence based parenting programs including Parent Child Interactive Treatment, Incredible Years, and racial and ethnic specific curriculum. Some groups will be co-facilitated with the clinician and parents.
- Expansion of existing Parent Connection, an informal group of Parent Partners serving Children’s System of Care (CSOC) youth in BHRS contract agencies, and involvement of other local private non-profit agencies providing family services.
- The development in the second and third year of strategies to access and/or provide childcare for the families.
- Grief loss groups for children and families.
- Make transportation more readily available to all users of FamiliesTogether.
- Assistance with access to housing.

The Families Together and the Family Partnership Center’s mission is to assist families in staying together, in the most home like setting, by providing access to the necessary resources for the family to function at the highest level of their ability, including supportive relationships and services, meaningful work, education and activities, with reduced incidents of hospitalization and incarceration and out-of-home placements. With the enhancements

described above, clients will have additional access to the Center (evenings and weekends), broadened service access for culturally and linguistically diverse individuals, increased collaboration, a focus on resiliency and client driven services. The integration of multiple services at one site (activities, respite, clinical and psychiatric services) allows for families to receive seamless services for the whole family.

**3) Describe any housing or employment services to be provided.**

The history of the use of housing funds for this population is primarily in two areas, first and last month rent deposits when necessary (especially for kin care families bringing sibling groups into their smaller homes) or a family's need to move to safer communities so that children are not exposed to extensive substance abuse or gang activity. Access to housing will occur utilizing wraparound funding and working with the existing housing program in the BHRS Adult System of Care.

Employment activities will focus primarily on hiring family members as staff. Linkages for adults and youth needing employment also will be made with the Stanislaus County Department of Employment and Training. Transition age youth will be linked to programming focused on serving this age group. The Independent Living Skills programming will include work readiness curriculum and linkage with the Adult System of Care PATH programming, which assists family members in learning basic independent living skills.

**4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.**

Not applicable.

**5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.**

Families Together is based on the concept of resiliency in children and the values of the Children's System of Care. With a strength-based approach of working with families to develop plans to strengthen both the adults and youth in the family, resiliency is embedded in the day-to-day work of the front line staff.

As noted in the program description, key factors of resiliency are built into both the existing Family Partnership Center and the proposed expanded services, i.e., ensuring that children have early positive relationships, increasing self sufficiency that leads to a belief that they are capable of success, mastering challenges successfully, and having opportunities to be in an open supportive climate that encourages constructive coping with problems. The Families Together staff role is to offer parents opportunities to assist them in developing these optimum relationships. Most of the proposed services



offer these opportunities to children and youth, i.e., skills in problem solving, independence, basic life skills and opportunities for mastery in a variety of areas. It is of critical importance that the families believe in the ability of the children to be resilient and use every opportunity to offer experiences that reinforce this belief.

Most of the activities, groups and support services at the Family Partnership Center build on basic facets of resilience, developing the inner strength to cope with any challenge and to overcome obstacles and deal with disappointments. By setting strength-based goals, the theme of resilience is maintained in the Children's System of Care.

BHRS held a series of client focus groups in which we asked the consumers to describe their recovery process. A consensus process was utilized over the course of several months, which resulted in Milestones in Recovery from Mental Illness (page 9 of attachment 11). These Milestones are posted in all of BHRS programs. Although not a prescriptive approach to recovery from mental illness, positive feedback has been consistently received from customers about the Milestones applicability in their own recovery process. These Milestones have been benchmarked outside of the County.

It should be mentioned that recently the Children's System of Care embarked on adapting the Adult System of Care's Milestones for Recovery for children's services. An initial training of CSOC staff occurred, followed by a workgroup of CSOC staff interested in initiating this model into CSOC programming. The model focuses on taking responsibility for recognizing one's own triggers, having hope, overcoming those symptoms that keep the consumer from examining what is important to them, voluntarily taking some actions towards recovery, enjoying the benefits of recovery, taking responsibility for one's recovery and helping others to strengthen their recovery. In working with children, a two pronged approach is being designed, one utilizing the milestones with parents and caregivers and secondly, utilizing the model with older teens and transition age youth.

Families Together staff and volunteers will be trained in the concepts of recovery and resiliency. This is part of the current BHRS New Employee Orientation as well as regular Children's System of Care all-staff meetings. The Program Coordinator of Families Together will have responsibility for ensuring that regular conversation about recovery and resiliency takes place in team meetings.

**6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.**

Currently, BHRS provides services in the Family Partnership Center, located in a residential neighborhood in Modesto, providing services through three different programs. As a Children's System of Care County funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) for the past 12 years, the program is consistent with the key values of the System of Care model.

The co-located programs consist of three operating programs: The Parent Partnership Program, Kinship Supportive Services and the Family Partnership in Mental Health programs.

The Parent Partnership Program is a long standing service program providing a variety of educational and systems advocacy; activities for youth, adults and families; support groups; and parenting education and case management services to youth with serious emotional disturbance and their families currently served by the BHRS Children's System of Care (CSOC). These services are provided by parents of youth who either currently receive or formerly received services from the Stanislaus County CSOC.

Five years ago, in collaboration with Stanislaus County Child Welfare Services, Kinship Supportive Services were added to the Center, expanding both the collaborative and fiscal base to provide a wide variety of services to Kincare providers and their children with serious emotional disturbance. These services allowed for the expansion of the activities at the Center to include Kinship Provider support groups, increased wraparound services, guardianship services, respite, family respite, a clothes closet, and greatly expanded activities.

Three years ago, the Family Partnership Mental Health Program was added, providing clinical services to families served at the site, including group, family, individual, medication services and case management services. Collaborative relationships with Modesto Junior College, Community Services Agency, Girl Scouts, the Foster Parent Association, the Area Agency on Aging, Al Anon, Sierra Vista Children and Family Services, United Way and other partner agencies ensure community support, collaborative efforts and the ability to access flexible funding to maintain this programming.

The proposed Family Partnership Center expansion, Families Together, is directed toward increasing the array of services available to both currently underserved and unserved youth with SED and families, with a focus on serving racially and ethnically diverse families. This is modeled on the existing Family Resource Center model, adding programming currently not funded by the multiple collaborative funding sources at the FPC. The expansion includes converting a kitchen into a commercial kitchen to allow for increased activities including meal preparation and related activities for youth, parents and family members; a series of classes for youth in independent living skills, including budgeting and cooking; computer workstations for use by both youth and family members; and an increase in access to families for these same activities.

- 7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.**

Family members will provide support groups, educational and system advocacy, service coordination, decision making as to program and policy development through the FPC Advisory Board and expanded living skills programming.

Consumer staff will develop drop-in times, both structured and unstructured, co-facilitate the Aggression Reduction Treatment Model and assist in teaching the parenting curriculum in English and Spanish. They will participate with the existing service team, which includes parents, kinship providers, service coordinators, clinicians, a psychiatrist and a Psychiatric Nurse. The consumers will be hired as employees and contractors to BHRS. Staffing for all activities, support groups, advocacy and other services come from all three programs.

Family members were very active in the stakeholder process, and parent and kinship providers facilitated a number of focus groups. The FPC Advisory Board, initiated approximately six months ago, will take a more active role in program development as noted in the program description and a Youth Advisory Council will be developed to assist in the youth services program development. The FPC Advisory Board is ethnically diverse and gender diverse.

**8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.**

Collaboration with multiple stakeholders is the hallmark of Stanislaus County, not only in BHRS, but also with many partner agencies. Over the past twelve years, stakeholders have participated in virtually every aspect of program development for services for children. In 1992, the Stanislaus County Board of Supervisors established the Stanislaus Children's Council with the mission of facilitating and supporting collaboration and partnerships that build and sustain healthy families. This policy group is very active in advocating for children and their families and assumes a strong leadership role in the community. They meet monthly and have active committees reviewing issues related to children.

In 1993, the Children's System of Care was designed with collaborative partners, Health Services Agency (the County's public health and indigent health agency), Community Services Agency (Child Welfare) and Juvenile Probation, as well as multiple community providers. Virtually all program development in children's services is developed in partnership, sharing staffing and resources, maximizing funding resources and serving shared consumers.

As noted above, family members have been very active in the MHSa stakeholder process in Stanislaus County and continue to be active in the program development. Identified stakeholders for the Family Partnership Program have been noted, and include Modesto Community College, Child Welfare, Health Services Agency, Sierra Vista Children and Family Services (local non-profit agency), and the Foster Care Association, as well as community providers. Work plan OE-01 of this document will

identify and contract with community based ethnic organizations that provide resources to diverse groups. These new MHSA-funded collaborative relationships will increase outreach and engagement of this population. Since all systems “touch” the same consumers, the partnerships allow for seamless access and improved service provision, as well as for maximizing potential funding by partnering. This collaborative effort continues as BHRS works closely with partner agencies to expand programming by working together to serve clients most effectively.

Collaborative relationships with established ethnic organizations in the communities where the priority population live will be important to the success of this expanded service. Stanislaus County has no reservations, no rancherias, nor any Native American human service organizations based in the County. Neighboring counties have rancherias and Native American organizations whose expertise can be utilized to increase the understanding and cultural competency of BHRS leadership and staff. In this way, BHRS will improve system services and outcomes for individuals.

- 9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.**

Staffing at the Family Partnership Center is diverse with language capability in English and Spanish, and staff is diverse in gender, race and ethnicity. The program does significant outreach to underserved populations and will increase these efforts with additional staff. One task of new team members will be to initiate research for specific strategies and curricula for identified racially and ethnically diverse groups, in parenting materials and in group and educational curricula.

Some MHSA funding will specifically be used to work with community based, racial and ethnic organizations to increase outreach and engagement in the Southeast Asian (Asian/Pacific Islander) community, Latino community and African American community. In partnership with these agencies and parents, outreach strategies such as “coffees” held at neighborhood schools at morning drop-off times that are convenient for parents will be developed and used to increase utilization of the FPC by diverse cultural, racial and ethnic groups

BHRS has a Cultural Competence Oversight Committee, which is responsible for the oversight of the BHRS Cultural Competency Plan. Clinical and Administrative Standards for Cultural Competence have been developed. The Cultural Competence Oversight Committee has reviewed this plan and given feedback.

All staff of Behavioral Health and Recovery Services attends mandatory cultural competence training. Last fiscal year, BHRS provided training in the following areas of cultural competence: Lesbian, Gay, Bisexual, and Transgender (LGBT) Services (Train

the Trainers); Providing Customer Service with LGBT Individuals; Spirituality and Wisdom in Behavioral Health; Use of Interpreters; Crossing Cultural Bridges; Cultural Dialogues; Interpreter Training; Client Culture and Building Collaborative Relationships with Families.

As noted in Part II Section II, penetration rates and prevalence rates vary for each system of care. For children birth to 15 years in the African American population, the CSOC has met the prevalence levels at 83.60%; for Native Americans, the identified prevalence was met at the percentage of 21.14%; for Asian Americans only 7.46% of the prevalence was met. In the Latino population, 32.87% of the prevalence rate was met. This clearly identifies needed areas of focus for intervention to increase the rates of individuals assumed to need mental health services.

Currently at the Family Partnership Center, three (15%) staff are African American and three staff are Latino and bilingual in Spanish (15%). Services currently are provided in both Spanish and English, including a Spanish Parenting Class. The strategies outlined in the program design are clearly focused on outreach and engagement of a diverse client population. As well, in the hiring process focus will be made on the hiring of culturally, racially and ethnically diverse staff with a consumer and/or family experience. An emphasis will be placed on culturally welcoming décor and informational brochures in appropriate languages.

**10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.**

BHRS staff is trained on gender differences as well as lesbian, gay, bisexual, and transgender (LGBT) issues. The existing staff is diverse with regard to sexual orientation. These staff will be able to lend their expertise to the new program. In being client centered and strength based, treatment plans will be tailored to the needs of the individual and family. This includes sensitivity to, and competence in, working with this population. Furthermore, referrals will be made to partner agencies that provide support groups for gay and lesbian teenagers such as Diversity Plus, which is operated by a local private non-profit. Referrals will also be made to PFLAG and other programs within the community.

A recent workgroup focused on improving service provision to LGBT clients has begun and will be used as consultants for all programming. The Family Partnership Center provides gender specific groups for youth, as well as mixed groups. As well, annual celebrations for Mother's Day and Father's Day have been ongoing for five years. Attention will continue to be paid to gender sensitivity and the differing psychologies and needs of women and men, boys and girls are considered in providing services. Issues related to who is the primary care giver (traditionally women) in the family (of children and older adult parents), the need for respite care and transportation to benefit from services, women's health issues and domestic violence will be addressed. These

issues are especially of concern in the area of treatment of trauma in adults and transition age youth who experience sexual harassment and intimate partner abuse.

**11) Describe how services will be used to meet the service needs for individuals residing out-of-county.**

No service are provided by Families Together outside of Stanislaus County, however, peer supports will be available to families with children who are residing outside of Stanislaus county.

**12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.**

Not applicable.

**13) Please provide a timeline for this work plan, including all critical implementation dates.**

Board of Supervisors approval – October 2005

DMH approval – January 2006

Recruit, hire, train staff – January – February 2006

Program services begin February 2006

Child Care will be implemented in Years Two and Three

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2005-06  
 Program Workplan #: GSD-04 Date: 9/1/05  
 Program Workplan Name: Families Together Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 6  
 Proposed Total Client Capacity of Program/Service: 50 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Mandip Dhillon  
 Client Capacity of Program/Service Expanded through MHSA: 50 Telephone Number: (209)525-6273

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene	\$375			\$375
b. Travel and Transportation	\$250			\$250
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports	\$250			\$250
e. Other Support Expenditures (provide description in budget narrative)	\$500			\$500
f. Total Support Expenditures	\$1,375	\$0	\$0	\$1,375
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$56,079			\$56,079
c. Employee Benefits	\$21,310			\$21,310
d. Total Personnel Expenditures	\$77,389	\$0	\$0	\$77,389
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$510			\$510
d. General Office Expenditures	\$3,950			\$3,950
e. Rent, Utilities and Equipment	\$3,850			\$3,850
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)	\$0			\$0
h. Total Operating Expenditures	\$8,310	\$0	\$0	\$8,310
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	<b>\$87,074</b>	<b>\$0</b>	<b>\$0</b>	<b>\$87,074</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	\$12,074			\$12,074
e. Total New Revenue	\$12,074	\$0	\$0	\$12,074
<b>3. Total Revenues</b>	\$12,074	\$0	\$0	\$12,074
<b>C. One-Time CSS Funding Expenditures</b>	<b>\$60,000</b>			<b>\$60,000</b>
<b>D. Total Funding Requirements</b>	<b>\$135,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$135,000</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Families Together-Workplan # GSD-04**Fiscal Year: 2005-06Date: 9/1/05

County(ies): Stanislaus

**A. Expenditures**

Planned Cost for six months (.5 Year)

**Personnel Expenditures**

a. Current Existing Personnel Expenditures (N/A-new program)	\$	-	
b. New Additional Personnel Expenditures (from Staffing Detail)			
Behavioral Health Specialist II - 2 FTEs (\$18.67/hr x 2080 hrs x .5)	38,834		
MH Clinician II (Trainee)- .2 FTE (\$22.91/hr x 416 hrs x .5)	4,765		
Personal Service Contractor (PSC) - 1 FTE (\$12/hr x 2080 hrs x .5)	12,480		
Total New Personnel		\$56,079	
c. Employee Benefits (estimated at 38% of salaries above)		\$21,310	
d. Total Personnel Expenditures			<b>\$77,389</b>

**Operating Expenditures****Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene		\$375	
Dry Goods	125		
Food	250		
b. Travel and Transportation (estimated-patient related travel \$.425/mile & other)		\$250	
c. Housing		\$0	
d. Employment and Education Supports (estimated @ \$20/client)		\$250	
e. Other Support Expenditures (estimated incidental expenses-wraparound @ \$40/client)		\$500	
f. Total Support Expenditures			<b>\$1,375</b>

**Operating Expenditures (Remaining)**

a. Professional Services (psychiatric services to client)		\$0	
b. Translation and Interpreter Services		\$0	
c. Travel and Transportation (estimated staff mileage-1200 miles @ \$.425/mile)		\$510	
d. General Office Expenditures		\$3,950	
Communications	600		
Maintenance-Structures/Grounds	400		
Office Supplies	750		
Postage	50		
Books and Periodicals	75		
Educational Materials	250		
Education & Training	800		
Meeting Allowance	100		
Bottled Water Services	125		
Conferences & Seminars	800		
e. Rent, Utilities and Equipment		\$3,850	
Janitorial Services	1,000		
Maintenance-Equipment	150		
Rents & Leases-Equipment	1,200		
Utilities	1,500		
f. Medication and Medical Supports (pharmacy cost)		\$0	
g. Other Operating Expenses		\$0	
h. Total Operating Expenditures			<b>\$8,310</b>

**Total Proposed Program Budget****\$87,074****B. Revenues**

1. Existing Revenues (N/A-New program)		<b>\$0</b>	
Total Existing Revenues		<b>\$0</b>	
2. New Revenues			
Other Revenue (Realignment)		<b>\$12,074</b>	
Total New Revenue		<b>\$0</b>	
3. Total Revenues			<b>\$12,074</b>

**C. One-Time CC Funding Expenditures - anticipated to be spent by 06/30/06****\$60,000**

Remodel kitchen to commercial grade &amp; furnish \$60,000

**Total Funding Requirements****\$135,000**



**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): <u>Stanislaus</u>	Fiscal Year: <u>2005-06</u>	
Program Workplan # <u>GSD-04</u>	Date: <u>8/12/2005</u>	
Program Workplan Name <u>Families Together</u>	Page <u>1</u> of <u>1</u>	
Type of Funding <u>2. System Development</u>	Months of Operation <u>6</u>	
Proposed Total Client Capacity of Program/Service: <u>50</u>	New Program/Service or Expansion <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Mandip Dhillon</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>50</u>	Telephone Number: <u>(209)525-6273</u>	

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
<b>Total Current Existing Positions</b>		0.00	0.00		\$0
<b>B. New Additional Positions</b>	Behavioral Health Specialist II	Full-Time Regular	2.00	\$19,417	\$38,834
	MH Clinician I I	Part-Time Trainee	0.20	\$23,827	\$4,765
	Personal Service Contractor (PSC)	Full-Time PSC	1.00	\$12,480	\$12,480
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
<b>Total New Additional Positions</b>		0.00	3.20		\$56,079
<b>C. Total Program Positions</b>		0.00	3.20		\$56,079

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2006-07  
 Program Workplan # GSD-04 Date: 9/1/05  
 Program Workplan Name Families Together Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 80 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Mandip Dhillon  
 Client Capacity of Program/Service Expanded through MHSA: 80 Telephone Number: (209)525-6273

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene	\$750			\$750
b. Travel and Transportation	\$500			\$500
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports	\$500			\$500
e. Other Support Expenditures (provide description in budget narrative)	<u>\$1,000</u>			<u>\$1,000</u>
f. Total Support Expenditures	\$2,750	\$0	\$0	\$2,750
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$115,524			\$115,524
c. Employee Benefits	<u>\$43,898</u>			<u>\$43,898</u>
d. Total Personnel Expenditures	\$159,422	\$0	\$0	\$159,422
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$1,020			\$1,020
d. General Office Expenditures	\$7,900			\$7,900
e. Rent, Utilities and Equipment	\$7,700			\$7,700
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)	<u>\$0</u>			<u>\$0</u>
h. Total Operating Expenditures	\$16,620	\$0	\$0	\$16,620
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	<b>\$178,792</b>	<b>\$0</b>	<b>\$0</b>	<b>\$178,792</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	<u>\$24,292</u>			<u>\$24,292</u>
e. Total New Revenue	\$24,292	\$0	\$0	\$24,292
<b>3. Total Revenues</b>	\$24,292	\$0	\$0	\$24,292
<b>C. One-Time CSS Funding Expenditures</b>				\$0
<b>D. Total Funding Requirements</b>	<b>\$154,500</b>	<b>\$0</b>	<b>\$0</b>	<b>\$154,500</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Families Together-Workplan # GSD-04**Fiscal Year: 2006-07  
Date: 9/1/05

County(ies): Stanislaus

**A. Expenditures**

Planned Cost for One Year

**Personnel Expenditures**

a. Current Existing Personnel Expenditures (N/A-new program)	\$	-	
b. New Additional Personnel Expenditures (from Staffing Detail-Increased 3% from prior year)			
Behavioral Health Specialist II - 2 FTEs (\$18.67/hr x 2080 hrs)		79,998	
MH Clinician II (Trainee)-.2 FTE (\$22.91/hr x 416 hrs)		9,817	
Personal Service Contractor (PSC) - 1 FTE (\$12/hr x 2080 hrs)		25,709	
Total New Personnel			\$115,524
c. Employee Benefits (estimated at 38% of salaries above)			\$43,898
d. Total Personnel Expenditures			<b>\$159,422</b>

**Operating Expenditures****Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene			\$750
Dry Goods	250		
Food	500		
b. Travel and Transportation (estimated-patient related travel \$.425/mile & other)			\$500
c. Housing			\$0
d. Employment and Education Supports (estimated @ \$20/client)			\$500
e. Other Support Expenditures (estimated incidental expenses-wraparound @ \$40/client)			\$1,000
f. Total Support Expenditures			<b>\$2,750</b>

**Operating Expenditures (Remaining)**

a. Professional Services (psychiatric services to client)			\$0
b. Translation and Interpreter Services			\$0
c. Travel and Transportation (estimated staff mileage-2400 miles @ \$.425/mile)			\$1,020
d. General Office Expenditures			\$7,900
Communications	1,200		
Maintenance-Structures/Grounds	800		
Office Supplies	1,500		
Postage	100		
Books and Periodicals	150		
Educational Materials	500		
Education & Training	1,600		
Meeting Allowance	200		
Bottled Water Services	250		
Conferences & Seminars	1,600		
e. Rent, Utilities and Equipment			\$7,700
Janitorial Services	2,000		
Maintenance-Equipment	300		
Rents & Leases-Equipment	2,400		
Utilities	3,000		
f. Medication and Medical Supports (pharmacy cost)			\$0
g. Other Operating Expenses			\$0
h. Total Operating Expenditures			<b>\$16,620</b>

**Total Proposed Program Budget****\$178,792****B. Revenues**

1. Existing Revenues (N/A-New program)		\$0
Total Existing Revenues		\$0
2. New Revenues		
Other Revenue (Realignment)		\$24,292
Total New Revenue		\$0
3. Total Revenues		<b>\$24,292</b>

**Total Funding Requirements****\$154,500**

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): <u>Stanislaus</u>	Fiscal Year: <u>2006-07</u>	
Program Workplan # <u>GSD-04</u>	Date: <u>9/1/05</u>	
Program Workplan Name <u>Families Together</u>	Page <u>1</u> of <u>1</u>	
Type of Funding <u>2. System Development</u>	Months of Operation <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>150</u>	New Program/Service or Expansion <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Mandip Dhillon</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>150</u>	Telephone Number: <u>(209)525-6273</u>	

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
	Behavioral Health Specialist II	Full-Time Regular	2.00	\$39,999	\$79,998
	MH Clinician II	Part-Time Trainee	0.20	\$49,083	\$9,817
	Personal Service Contractor (PSC)	Full-Time PSC	1.00	\$25,709	\$25,709
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total New Additional Positions</b>	0.00	3.20		\$115,524
<b>C. Total Program Positions</b>		0.00	3.20		\$115,524

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2007-08  
 Program Workplan # GSD-04 Date: 9/1/05  
 Program Workplan Name Families Together Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 150 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Mandip Dhillon  
 Client Capacity of Program/Service Expanded through MHSA: 150 Telephone Number: (209)525-6273

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene	\$750			\$750
b. Travel and Transportation	\$500			\$500
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports	\$500			\$500
e. Other Support Expenditures (provide description in budget narrative)	<u>\$1,000</u>			<u>\$1,000</u>
f. Total Support Expenditures	\$2,750	\$0	\$0	\$2,750
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$118,989			\$118,989
c. Employee Benefits	<u>\$45,216</u>			<u>\$45,216</u>
d. Total Personnel Expenditures	\$164,205	\$0	\$0	\$164,205
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$1,020			\$1,020
d. General Office Expenditures	\$7,900			\$7,900
e. Rent, Utilities and Equipment	\$7,700			\$7,700
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)	<u>\$0</u>			<u>\$0</u>
h. Total Operating Expenditures	\$16,620	\$0	\$0	\$16,620
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	<b>\$183,575</b>	<b>\$0</b>	<b>\$0</b>	<b>\$183,575</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	<u>\$21,350</u>			<u>\$21,350</u>
e. Total New Revenue	\$21,350	\$0	\$0	\$21,350
<b>3. Total Revenues</b>	\$21,350	\$0	\$0	\$21,350
<b>C. One-Time CSS Funding Expenditures</b>				\$0
<b>D. Total Funding Requirements</b>	<b>\$162,225</b>	<b>\$0</b>	<b>\$0</b>	<b>\$162,225</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Families Together-Workplan # GSD-04**Fiscal Year: 2007-08  
Date: 9/1/05

County(ies): Stanislaus

**A. Expenditures**

Planned Cost for One Year

**Personnel Expenditures**

a. Current Existing Personnel Expenditures (N/A-new program)	\$	-	
b. New Additional Personnel Expenditures (from Staffing Detail-Increased 3% from prior year)			
Behavioral Health Specialist II - 2 FTEs (\$18.67/hr x 2080 hrs)		82,398	
MH Clinician II (Trainee)- .2 FTE (\$22.91/hr x 416 hrs)		10,111	
Personal Service Contractor (PSC) - 1 FTE (\$12/hr x 2080 hrs)		26,480	
Total New Personnel			\$118,989
c. Employee Benefits (estimated at 38% of salaries above)			\$45,216
d. Total Personnel Expenditures			<b>\$164,205</b>

**Operating Expenditures****Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene			\$750
Dry Goods		250	
Food		500	
b. Travel and Transportation (estimated-patient related travel \$.425/mile & other)			\$500
c. Housing			\$0
d. Employment and Education Supports (estimated @ \$20/client)			\$500
e. Other Support Expenditures (estimated incidental expenses-wraparound @ \$40/client)			\$1,000
f. Total Support Expenditures			<b>\$2,750</b>

**Operating Expenditures (Remaining)**

a. Professional Services (psychiatric services to client)			\$0
b. Translation and Interpreter Services			\$0
c. Travel and Transportation (estimated staff mileage-2400 miles @ \$.425/mile)			\$1,020
d. General Office Expenditures			\$7,900
Communications		1,200	
Maintenance-Structures/Grounds		800	
Office Supplies		1,500	
Postage		100	
Books and Periodicals		150	
Educational Materials		500	
Education & Training		1,600	
Meeting Allowance		200	
Bottled Water Services		250	
Conferences & Seminars		1,600	
e. Rent, Utilities and Equipment			\$7,700
Janitorial Services		2,000	
Maintenance-Equipment		300	
Rents & Leases-Equipment		2,400	
Utilities		3,000	
f. Medication and Medical Supports (pharmacy cost)			\$0
g. Other Operating Expenses			\$0
h. Total Operating Expenditures			<b>\$16,620</b>

**Total Proposed Program Budget****\$183,575****B. Revenues**

1. Existing Revenues (N/A-New program)		\$0
Total Existing Revenues		\$0
2. New Revenues		
Other Revenue (Realignment)		\$21,350
Total New Revenue		\$0
3. Total Revenues		<b>\$21,350</b>

**Total Funding Requirements****\$162,225**

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): <u>Stanislaus</u>	Fiscal Year: <u>2007-08</u>	
Program Workplan # <u>GSD-04</u>	Date: <u>9/1/05</u>	
Program Workplan Name <u>Families Together</u>	Page <u>1</u> of <u>1</u>	
Type of Funding <u>2. System Development</u>	Months of Operation <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>150</u>	New Program/Service or Expansion <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Mandip Dhillon</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>150</u>	Telephone Number: <u>(209)525-6273</u>	

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
	Behavioral Health Specialist II	Full-Time Regular	2.00	\$41,199	\$82,398
	MH Clinician II	Part-Time Trainee	0.20	\$50,555	\$10,111
	Personal Service Contractor (PSC)	Full-Time PSC	1.00	\$26,480	\$26,480
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total New Additional Positions</b>	0.00	3.20		\$118,989
<b>C. Total Program Positions</b>		0.00	3.20		\$118,989

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

#### EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Stanislaus	Fiscal Year: 2005-2006	Program Work Plan Name: Consumer Employment and Empowerment Center
Program Work Plan #: GSD-05	Estimated Start Date: January 2006	
<p>Description of Program:</p> <p><i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>This program will be a transformation and expansion of the existing Behavioral Health and Recovery Services (BHRS) program Common Ground, a consumer drop-in center that also houses employment and housing services. This Consumer Employment and Empowerment Center and meeting space will be for all consumer and family organizations and will be available for self-help groups and eventually will be staffed by consumers. Part of the expectation for a contract organization that will be engaged to develop and manage this program is that the Center will be at least 50% consumer-operated by year three, through the identification of consumer and family leadership and mentoring of these leaders. Employment services will be an enhancement of existing services that are now available and will be targeted to adults and older adults with serious mental illness. The focus will be on assisting individuals with personal development goals related to volunteerism, supported employment settings and BHRS-supported positions, and competitive employment options with equal pay and benefits. A strong recovery and strength-based approach will be used consistently in all Center activities. Staff (paid and volunteer) will be trained in cultural competency, including client culture, gender, and sexual orientation issues, and efforts will be made to ensure that all groups are welcomed at the Center. By Year Three, at least one additional site will be operational. It is anticipated that the additional site will be targeted toward an underserved community in Stanislaus County. Additionally, as part of MHSA administrative expenses, the appointment of a Manager for Consumer and Family Affairs and the establishment of a Consumer and Family Steering Committee will occur related to this project. The Center will be a central activity site for a major cultural shift planned for Stanislaus County Behavioral Health and Recovery Services, toward consumer and family participation and empowerment. Using the actions discussed the center will serve 1,150 consumers over the first three years of operation.</p> <p>In summary, goals of the program are to provide a center where consumers can develop a diverse cultural environment and where mental health consumers can seek peer support and recovery-minded input from peers in recovery. Goals also include a reduction in isolation; an increase in the ability to manage independence; an increase in linkages to</p>	



	services related to treatment of serious mental illness and co-occurring substance abuse problems; and an increase in housing and opportunities for employment and other meaningful activities.							
Priority Population: <i>Describe the situational characteristics of the priority population</i>	The priority population will be adults and older adults and transition age young adults with serious mental illness, their families, and consumer and family organizations. Persons of all genders, sexual orientations, races and ethnicities will be served. Threshold language capability (Spanish) will be emphasized as well as increased access to traditionally underserved populations and racially and ethnically diverse communities. When an additional site is opened by Year Three, it will be targeted toward an underserved community in Stanislaus County. Consumers residing in board and care homes are eligible and encouraged to participate fully in the Center.							
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)		Fund Type			Age Group			
		FSP	Sys Dev	OE	CY	TAY	A	OA
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.**

The purpose of this programming is to address the advancement of consumer and family participation and involvement, the first guiding principle for the MHSA Community Services and Supports (CSS) component. To provide administrative support overall in Behavioral Health and Recovery Services (BHRS) efforts to increase consumer and family member involvement, we will employ two administrative strategies, i.e., the appointment of a Manager for Consumer and Family Affairs and the establishment of a Consumer and Family Steering Committee. Although funding for this Manager and Steering Committee is not being requested as part of a program that provides services, we are adding information with regard to these two concepts in order to support the program description for the Consumer Employment and Empowerment Center.

In order for BHRS to succeed in the overall implementation of CSS programs, a fundamental culture shift needs to occur in the organization. Consumers and family members must become substantially involved in all aspects of planning, service delivery, quality management, and program evaluation. Until this time, BHRS has not had the ability to support, at a senior leadership and policy level, the development of strong consumer and family participation across the organization. In addition, BHRS wants to enhance and transform existing services into strong consumer and family-focused programming related to peer recovery, family support, consumer education, training, employment, and advocacy. The Center will serve at least 1,150 consumers over the first three years of operation.

Manager for Consumer and Family Affairs

BHRS is ready to recruit an individual into this position. In a separate process, one-time pre-implementation funding has been requested for this position, which will be funded with MHSA administrative funds once the BHRS Community Services and Supports Plan is approved. At a senior management level, this individual will be a member of the Senior Leadership Team and will report directly to the Behavioral Health Director. As a senior manager, this individual will participate on a policy-making level in all significant BHRS management decisions. The Manager for Consumer and Family Affairs will have policy level responsibility for and oversight of the development of all aspects of consumer (client) and family member activity and involvement in BHRS planning and service delivery. Desirable qualification for the position includes experience as a consumer and/or family member in the public mental health system. This individual will provide no direct services but will devote 100% of their time to managing consumer and family services. Duties will include the following:

- Provide leadership and consultation to staff in the area of consumer and family involvement in the areas of service delivery and performance

- Represent consumer and family concerns to the Senior Leadership Team in all policy-level discussions
- Provide human resource leadership for supervisors of consumer staff and volunteers in all systems of care and divisions of BHRS
- Ensure consumer and family input and participation in the development, implementation, evaluation, and monitoring of service outcome measures
- Develop guidelines and policy for consumer and family member involvement in activities related to quality management, program planning, program outcome evaluation, and Mental Health Services Act (MHSA) monitoring and management
- Use evidence-based practices and promising practices to inform and support program development using consumer and family involvement
- Establish a Consumer and Family Steering Committee
- Act as liaison between BHRS and all consumer and family organizations, such as Stanislaus Chapter of Mental Health Consumers and the National Alliance for the Mentally Ill (NAMI) Stanislaus
- Assume responsibility for the coordination of consumer and family volunteer activities throughout BHRS (all systems of care and divisions, including Stanislaus Behavioral Health Center), focusing on the development of activities, integration into all aspects of operations, and outreach to diverse communities to increase the number of volunteers in BHRS
- Contract for the development and monitoring for Consumer and Family Employment and Empowerment Centers
- Provide training to BHRS consumers, family members, managers and other staff in consumer and family involvement and participation in public behavioral health settings
- Assume liaison or leadership roles with various community groups and boards and relevant State and local agencies

### Consumer and Family Steering Committee

The Steering Committee will formalize consumer and family organizations' input into BHRS systems and activities. This body will have representation from all consumer and family organizations active with BHRS, in addition to providing outreach and engagement to consumers and family members. The expectation is that outreach and engagement contractors will employ consumers and family members to provide services to populations who are currently receiving little or no service and to reduce

racial and ethnic disparities. The Manager for Consumer and Family Affairs will convene this group. Its charge is to provide input into planning efforts and quality management activities, to assist the Manager by suggesting needed policy, and participate in the development of guidelines for consumer and family activities in all Systems of Care.

#### Consumer and Family Employment and Empowerment Center

This program will be a transformation and expansion of the existing Common Ground program, a consumer drop-in center that also houses employment and housing services. For purposes of rapid startup, we anticipate contracting with one of a few contractors currently doing business in Stanislaus County with a proven track record in employing and working with adult consumers with serious mental illness and consumer organizations. The Center will provide several functions:

- The Center will be a consumer and family service center and meeting space, initially centralized in Modesto, for consumer and family organizations and available for self help groups, staffed by consumers and family members.
- The Center will provide space for consumer and family organizations to hold meetings.
- The Center will provide space for consumer and family organizations to provide consumer directed services e.g. clothes closet, support groups, advocacy services, consumer education, etc.
- The Center will improve access to services for individuals with serious mental illness in other, underserved neighborhoods, racially and ethnically diverse groups or communities by partnering with other community-based organizations. (By Year Three, at least one additional site will be operational and will be targeted toward an underserved community in Stanislaus County.)
- The Center will provide culturally competent and accessible consumer directed services to individuals of all genders, sexual orientations, races and ethnicities. Threshold language (Spanish) capability will be emphasized. An emphasis will be placed upon culturally welcoming décor at this site. Recovery principles will be integrated throughout all program activities.
- The Center will assume volunteer coordination and deployment of all transition age youth, adult, and older adult peer and family volunteers within BHRS (Children's System of Care volunteers are managed separately at this time).
- The Center will provide education and training for all consumers with serious mental illness or serious emotional disturbance and their family members who wish to volunteer or move into paid staff positions.

- The Center will provide increased peer, family support, and youth leadership training, in collaboration with existing training programs (e.g., Peer to Peer, Youth Leadership for Transition Age Youth, Family to Family, and Older Adult Peer Counseling programs). By the end of Year Three, the Center will provide at least three non-English language-training opportunities.
- The Center will provide peer advocacy training in conjunction with Patients' Rights programming.
- The Center will provide training for BHRS staff regarding client culture, consumer and family empowerment and recovery and resiliency.
- The Center will employ staff or volunteers to provide transportation that works for the consumer.
- The Center will provide consultation to BHRS programs regarding increasing consumer and peer involvement in program activities will be offered.
- The Center will provide coordination of employment services available to BHRS consumers across adult and older adult systems of care will be provided. (TAY employment services will be provided separately, but there will be some interface.)
- The Center will provide supportive employment and other opportunities for meaningful activities and personal growth, including development of job options for clients will be provided.

Part of the expectation for a contract organization engaged to develop and manage this program is that the Center will employ consumer and family members, including consumers in program leadership roles and evolve into a consumer-operated program sometime between years two and three through the identification of consumer and family leadership and the provision of mentoring.

### **3) Describe any housing or employment services to be provided.**

Employment services will be an enhancement of existing services that are now available, targeted to adults and older adults with serious mental illness. The focus will be on assisting individuals with personal development goals related to volunteerism, supported employment settings and BHRS-supported positions as well as competitive employment options with equal pay and benefits. A major focus will be the development of skills in adult and TAYA consumers and family members that will lead to employment in the mental health system. A full continuum of services and supports in this area (some of which are in place) will be developed. Although it is not intended that the Center provide housing services per se, classes and other instruction for clients regarding what clients need to know for successful living in the community will be provided.

- 4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.**

Not applicable.

- 5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.**

Recovery is defined as the process in which individuals diagnosed with a mental illness are able to live, work, learn, and participate fully in their communities. To some, recovery may mean recovering certain aspects of their lives and/or the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or elimination of symptoms. Focusing on recovery in service planning encourages and supports hope. Resilience refers to the personal qualities of optimism and hope, and the personal traits of good problem solving skills that lead individuals to live, work, and learn with a sense of mastery and competency.

Behavioral Health and Recovery Services held a series of client focus groups in which consumers were asked to describe their recovery process. A consensus process was utilized over the course of several months, which resulted in Milestones in Recovery from Mental Illness (page 9 of Attachment 11). These Milestones are posted in all of the organization's programs. Though not a prescriptive approach to recovery from mental illness, positive feedback has been consistently received from customers about the Milestones applicability in their own recovery process. These Milestones have been benchmarked outside of Stanislaus County.

The focus of activities in the Center will be on individuals of all ages gaining or maintaining the ability to live, work, learn, and participate fully in their communities. Education and training focused on employment or community living skills, peer and family support, self-help groups, and advocacy training all are rooted in the recovery philosophy. The existing Stanislaus Chapter of Mental Health Consumers is active in promoting the Recovery philosophy. The local NAMI Chapter actively reaches out to family members to instill hope and provide support. One highly successful strategy NAMI has employed is the sponsoring "Family to Family" and "Peer to Peer" courses throughout the County regularly. It is our hope that the combined interests and efforts of a variety of recovery-oriented groups and individuals will serve to keep the center focused on the values of recovery and resiliency; this will be one of the oversights of the Steering Committee. In addition, it will be the role of the Manager for Consumer and Family Affairs to ensure that the values of recovery and resiliency are promoted and continually reinforced in all Center activities.

**6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.**

Common Ground, the existing program that currently provides a consumer drop-in center, is co-located with employment and housing services in the existing site. The Center's implementation will utilize the existing Common Ground site; however, Common Ground will be transformed into the Consumer Employment and Empowerment Center. Employment services, currently provided by a contract agency, will be expanded. The drop-in center will remain, but will be transformed into a primarily consumer-run center (expecting to transition to being completely consumer-run by Year Three), with a shifted focus on activities oriented toward wellness and recovery rather than socialization. In addition, meeting space, education and training, transportation, and volunteer coordination will be added to the site. Common Ground will cease to exist, and current staff will gradually be redirected toward increasing support services in the housing program as contracted consumer and family staff are added to operate the Center. One key change will be the employment of a consumer and/or family member to be the program manager.

**7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.**

The operation of the Center will be contracted, through a competitive bid process, to an organization with a proven ability to develop and employ consumer staff as well as the ability to work well with family members. The expectation is that clients and/or families will provide any of the services and supports listed in item (2) above and that the contracting organization will appoint an individual with experience as a consumer and/or family member in the public mental health system as the program manager. The initial implementation of the Center may require more non-consumer or family member staffing, but a specific contract outcome will be to achieve a majority of consumer and/or family member paid staff by the end of year two. Between years three and five, the Center is expected to be transitioned to a consumer-run service.

**8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.**

BHRS has a strong history of developing collaborative programming and leveraging relationships with groups and individuals toward achieving common goals; this project is consistent with that history. Members of both the Stanislaus Chapter of Mental Health Consumers (SCMHC) and National Alliance for the Mentally Ill (NAMI) Stanislaus have been active participants in the MHSA planning process, share meeting space, and are supportive of developing consumer and family run programming. The Stanislaus Mental Health Board, with a membership made up of 62% consumers and family members, is strongly supportive of strategies designed to increase consumer and family member

participation in all aspects of BHRS operations. There is consensus among all of the groups mentioned that individual service outcomes will improve as we increase consumer and family member involvement and influence throughout BHRS; this programming will do that.

Stanislaus County has no reservations, no rancherias, nor any Native American human service organizations based in the County. Neighboring counties have rancherias and Native American organizations whose expertise can be utilized to increase the understanding and cultural competency of BHRS leadership and staff. In this way, BHRS will improve system services and outcomes for individuals

**9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.**

For many years, BHRS has emphasized culturally competent service provision through a combination of a commitment to hiring bilingual and bicultural staff, comprehensive staff training in cultural competency (including client culture and lesbian, gay, bisexual and transgender issues), training staff in the use of interpreters, ensuring that program sites are welcoming to all cultural groups, targeting services to underserved populations and communities, and including cultural competency indicators in program evaluation and quality monitoring. We will ensure that the Center's services are culturally competent by taking many of these same actions.

BHRS has a Cultural Competence Oversight Committee, which is responsible for the oversight of the BHRS Cultural Competency Plan. Clinical and Administrative Standards for Cultural Competence have been developed. The Cultural Competence Oversight Committee has reviewed this plan and given feedback.

As with all BHRS service providers, the contractor for the Center will be required to have a cultural competency plan that aligns with BHRS strategies listed above and will be expected to ensure that the Center's services are extended to targeted percentages of racially and ethnically diverse groups and languages. By including individuals involved in the outreach and engagement contracted services as members of the Consumer and Family Steering Committee, we hope to begin building consumer and family focused support services that meet the needs of the culturally, racially and linguistically diverse communities they will serve. In Part II Section II, we identify low penetration rates of older adults of all ethnicities. By specifically including Senior Peer Counseling services in this programming and including older adults as well as adults and transition age youth in services, we hope to begin to meet the needs of older adults with serious mental illness. Also in Part II Section II, Asian/Pacific Islanders are identified as needing improved access. We hope that by drawing contracted outreach and engagement workers from those communities into the Consumer and Family



Steering Committee, we will improve our ability to serve those groups. The Steering Committee will be asked to assist BHRS in addressing these disparities.

**10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.**

BHRS includes lesbian, gay, bisexual and transgender (LGBT) issues and gender difference issues in all cultural competency training and activities (open to contract agencies that serve BHRS clients as well as internal staff). This supports ensuring that services will be provided in a manner sensitive to sexual orientation. In being client centered and strength based, service strategies are tailored to the needs of the individual and family. This includes sensitivity to, and competence in, working with this population. A recent workgroup focused on improving service provision to LGBT individuals has begun and will be used as consultants for all programming.

BHRS has long offered gender-specific peer support and treatment groups throughout all systems of care; this will continue to be a consideration in the Center's programming. Attention to gender sensitivity and the differing psychologies and needs of women and men, boys and girls are considered in providing services. Issues related to who is the primary care giver (traditionally women) in the family (of children and older adult parents), the need for respite care and transportation to benefit from services, women's health issues and domestic violence will be addressed. These issues are especially of concern in the area of treatment of trauma in adults and transition age youth who experience sexual harassment and intimate partner abuse.

**11) Describe how services will be used to meet the service needs for individuals residing out-of-county.**

Consumer groups currently outreach to individuals living in Institutions for Mental Diseases (IMD), which are locked psychiatric residential facilities, and board and care homes in Stanislaus County, and this will continue. While this does not reach Stanislaus County residents who live out of county, it does provide peer support and advocacy for other county residents living in Stanislaus County.

**12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.**

Not applicable.

**13) Please provide a timeline for this work plan, including all critical implementation dates.**

**Timeline:**

- September 15, 2005: Begin recruitment for Manager of Consumer and Family Affairs (final county budget approval 9/14/05)
- October 15, 2005: Submission of CSS Plan to DMH
- October – December, 2005: Develop RFA for contracting of Center in preparation for release as soon as funding is approved, establish Consumer and Family Steering Committee
- January, 2006: Release RFA for Center operations
- February 15, 2006: Finalize contract award for Center operations
- March 31, 2006: Contractor assume operation of Center; first staff on board
- May 31, 2006: Common Ground staff redirected to other BHRS services and Center is fully staffed by contractor
- June 30, 2006: Employment Services are increased
- July 1, 2006: All Center services fully operational

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2005-06  
 Program Workplan #: GSD-05 Date: 9/1/05  
 Program Workplan Name Consumer Employment & Empowerment Center Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 6  
 Proposed Total Client Capacity of Program/Service: 200 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Laurie Lusk  
 Client Capacity of Program/Service Expanded through MHSA: 200 Telephone Number: (209)525-6096

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene	\$1,862			\$1,862
b. Travel and Transportation	\$250			\$250
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports	\$167,803			\$167,803
e. Other Support Expenditures (provide description in budget narrative)	<u>\$5,110</u>			<u>\$5,110</u>
f. Total Support Expenditures	\$175,025	\$0	\$0	\$175,025
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$32,069			\$32,069
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits	<u>\$12,140</u>			<u>\$12,140</u>
d. Total Personnel Expenditures	\$44,209	\$0	\$0	\$44,209
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures	\$4,605			\$4,605
e. Rent, Utilities and Equipment	\$693			
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$5,298	\$0	\$0	\$5,298
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	<b>\$224,532</b>	<b>\$0</b>	<b>\$0</b>	<b>\$224,532</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment	\$5,867			\$5,867
d. State General Funds				\$0
e. County Funds				\$0
f. Grants	\$68,665			
g. Other Revenue				\$0
h. Total Existing Revenues	\$74,532	\$0	\$0	\$5,867
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	<b>\$74,532</b>	<b>\$0</b>	<b>\$0</b>	<b>\$74,532</b>
<b>C. One-Time CSS Funding Expenditures</b>	<b>\$231,000</b>			<b>\$231,000</b>
<b>D. Total Funding Requirements</b>	<b>\$381,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$381,000</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Consumer Employment and Empowerment Center GSD-05**

County(ies): Stanislaus

Fiscal Year: 2005-2006

Date: 9/1/05

**A. Expenditures****1. Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene	\$	1,862
b. Travel and Transportation	\$	250
c. Housing	\$	-
d. Employment and Education Supports	\$	167,803
e. Other Support Expenditures	\$	5,110
1. Support Service Funds - Wraparound	\$	5,110
f. Total Support Expenditures	\$	175,025

**2. Personnel Expenditures****a. Current Existing Positions****a. Program Staff**

CSTI (Extra Help) 13.12 x 2080 x 1 FTE x 1/2 year	\$	13,643
Clinical Service Tech II - 17.72 x 2080 x 1 FTE x 1/2 year	\$	18,426

b. Total Current Existing FTEs/Salaries	\$	32,069
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**b. New Additional Positions**

	\$	-
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**a. Total New Additional FTE/Salaries**

	\$	-
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**C. Benefits**

	\$	12,140
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f. Total Personnel Expenditures	\$	44,209
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**3. Operating Expenditures**

a. Professional Services	\$	-
b. Translation and Interpreter Services	\$	-
c. Travel and Transportation	\$	-
d. General Office Expenditures	\$	4,605
e. Rent, Utilities and Equipment	\$	693
f. Medication and Medical Supports	\$	-
g. Other Operating Expenses (provide description in budget narrative)	\$	-
h. Total Operating Expenditures	\$	5,298

**4. Program Management**

a. Existing Program Management	\$	-
b. New Program Management	\$	-
c. Total Program Management	\$	-

**5. Estimated Total Expenditures when service provider is not known**

	\$	-
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**6. Total Proposed Program Budget**

	\$	224,532
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**B. Revenues****1. Existing Revenues**

a. Medi-Cal (FFP only)	\$	-
b. Medicare/Patient Fees/Patient Insurance	\$	-
c. Realignment	\$	5,867
d. State General Funds (AB2034 Funds)	\$	-
e. County Funds	\$	-
f. Grants	\$	68,665
g. Other Revenue	\$	-
h. Total Existing Revenues	\$	74,532

**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**

	\$	74,532
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**C. One-Time CSS Funding Expenditures - anticipated to be spent by 6/30/06**

Replace fire suppression system in existing kitchen	\$	120,000
Space - estimated at \$5000/month	\$	30,000
Furnishings	\$	24,000
Van	\$	25,000
Car	\$	20,000
Computer Lab - 6 workstations @ \$2000 each	\$	12,000
Total one-time expenditures	\$	231,000

**D. Total County Administration Funding Requirements**

	\$	381,000
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**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): <u>Stanislaus</u>	Fiscal Year: <u>2005-06</u>	
Program Workplan # <u>GSD-05</u>	Date: <u>9/1/05</u>	
Program Workplan Name <u>Consumer Employment &amp; Empowerment Center</u>		Page <u>1</u> of <u>1</u>
Type of Funding <u>2. System Development</u>	Months of Operation <u>6</u>	
Proposed Total Client Capacity of Program/Service: <u>200</u>	New Program/Service or Expansion <u>Expansion</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Laurie Lusk</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>200</u>	Telephone Number: <u>(209)525-6096</u>	

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
<b>A. Current Existing Positions</b>					
Clinical Service Tech I	Extra Help		1.00	\$13,643	\$13,643
Clinical Service Tech II	Full-time		1.00	\$18,426	\$18,426
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
<b>Total Current Existing Positions</b>		0.00	2.00		\$32,069
<b>B. New Additional Positions</b>					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
<b>Total New Additional Positions</b>		0.00	0.00		\$0
<b>C. Total Program Positions</b>		0.00	2.00		\$32,069

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2006-07  
 Program Workplan #: GSD-05 Date: 9/1/05  
 Program Workplan Name Consumer Employment & Empowerment Center Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 450 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Laurie Lusk  
 Client Capacity of Program/Service Expanded through MHSA: 450 Telephone Number: (209)525-6096

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>	\$256,000			\$256,000
<b>6. Total Proposed Program Budget</b>	\$256,000	\$0	\$0	\$256,000
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				\$0
<b>D. Total Funding Requirements</b>	\$256,000	\$0	\$0	\$256,000
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Consumer Employment and Empowerment Center GSD-05**

County(ies): Stanislaus

Fiscal Year: 2006-2007

Date: 9/1/05

**A. Expenditures****1. Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene	\$	-
b. Travel and Transportation	\$	-
c. Housing	\$	-
d. Employment and Education Supports	\$	-
e. Other Support Expenditures	\$	-
f. Total Support Expenditures	\$	-

**2. Personnel Expenditures****a. Current Existing Positions**

a. Program Staff		
b. Total Current Existing FTEs/Salaries	\$	-

**b. New Additional Positions**

\$ -

a. Total New Additional FTE/Salaries	\$	-
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**C. Benefits**

\$ -

f. Total Personnel Expenditures	\$	-
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**3. Operating Expenditures**

a. Professional Services	\$	-
b. Translation and Interpreter Services	\$	-
c. Travel and Transportation	\$	-
d. General Office Expenditures	\$	-
e. Rent, Utilities and Equipment	\$	-
f. Medication and Medical Supports	\$	-
g. Other Operating Expenses (provide description in budget narrative)	\$	-
h. Total Operating Expenditures	\$	-

**4. Program Management**

a. Existing Program Management	\$	-
b. New Program Management	\$	-
c. Total Program Management	\$	-

**5. Estimated Total Expenditures when service provider is not known** \$ 256,000**6. Total Proposed Program Budget** \$ 256,000**B. Revenues****1. Existing Revenues**

a. Medi-Cal (FFP only)	\$	-
b. Medicare/Patient Fees/Patient Insurance	\$	-
c. Realignment	\$	-
d. State General Funds (AB2034 Funds)	\$	-
e. County Funds	\$	-
f. Grants	\$	-
g. Other Revenue	\$	-
h. Total Existing Revenues	\$	-

**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**

\$ -

**C. One-Time CSS Funding Expenditures**

\$ -

**D. Total County Administration Funding Requirements**

\$ 256,000

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): <u>Stanislaus</u>	Fiscal Year: <u>2006-07</u>	
Program Workplan # <u>GSD-05</u>	Date: <u>9/1/05</u>	
Program Workplan Name <u>Consumer Employment &amp; Empowerment Center</u>		Page <u>1</u> of <u>1</u>
Type of Funding <u>2. System Development</u>	Months of Operation <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>450</u>	New Program/Service or Expansion <u>Expansion</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Laurie Lusk</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>450</u>	Telephone Number: <u>(209)525-6096</u>	

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
<b>Total Current Existing Positions</b>		0.00	0.00		\$0
<b>B. New Additional Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
<b>Total New Additional Positions</b>		0.00	0.00		\$0
<b>C. Total Program Positions</b>		0.00	0.00		\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.



**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2007-08  
 Program Workplan #: GSD-05 Date: 9/1/05  
 Program Workplan Name Consumer Employment & Empowerment Center Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 500 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Laurie Lusk  
 Client Capacity of Program/Service Expanded through MHSA: 500 Telephone Number: (209)525-6096

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$0			\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>	\$271,300			\$271,300
<b>6. Total Proposed Program Budget</b>	\$271,300	\$0	\$0	\$271,300
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				\$0
<b>D. Total Funding Requirements</b>	\$271,300	\$0	\$0	\$271,300
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports****Budget Narrative****Consumer Employment and Empowerment Center GSD-05**

County(ies): Stanislaus

Fiscal Year: 2007-2008

Date: 9/1/05

**A. Expenditures****1. Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene	\$	-
b. Travel and Transportation	\$	-
c. Housing	\$	-
d. Employment and Education Supports	\$	-
e. Other Support Expenditures	\$	-
f. Total Support Expenditures	\$	-

**2. Personnel Expenditures****a. Current Existing Positions**

a. Program Staff		
b. Total Current Existing FTEs/Salaries	\$	-

**b. New Additional Positions**

\$ -

a. Total New Additional FTE/Salaries	\$	-
--------------------------------------	----	---

**C. Benefits**

\$ -

f. Total Personnel Expenditures	\$	-
---------------------------------	----	---

**3. Operating Expenditures**

a. Professional Services	\$	-
b. Translation and Interpreter Services	\$	-
c. Travel and Transportation	\$	-
d. General Office Expenditures	\$	-
e. Rent, Utilities and Equipment	\$	-
f. Medication and Medical Supports	\$	-
g. Other Operating Expenses (provide description in budget narrative)	\$	-
h. Total Operating Expenditures	\$	-

**4. Program Management**

a. Existing Program Management	\$	-
b. New Program Management	\$	-
c. Total Program Management	\$	-

**5. Estimated Total Expenditures when service provider is not known** \$ 271,300**6. Total Proposed Program Budget** \$ 271,300**B. Revenues****1. Existing Revenues**

a. Medi-Cal (FFP only)	\$	-
b. Medicare/Patient Fees/Patient Insurance	\$	-
c. Realignment	\$	-
d. State General Funds (AB2034 Funds)	\$	-
e. County Funds	\$	-
f. Grants	\$	-
g. Other Revenue	\$	-
h. Total Existing Revenues	\$	-

**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**

\$ -

**C. One-Time CSS Funding Expenditures**

\$ -

**D. Total County Administration Funding Requirements** \$ 271,300

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): <u>Stanislaus</u>	Fiscal Year: <u>2007-08</u>	
Program Workplan # <u>GSD-05</u>	Date: <u>9/1/05</u>	
Program Workplan Name <u>Consumer Employment &amp; Empowerment Center</u>		Page <u>1</u> of <u>1</u>
Type of Funding <u>2. System Development</u>	Months of Operation <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>500</u>	New Program/Service or Expansion <u>Expansion</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Laurie Lusk</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>500</u>	Telephone Number: <u>(209)525-6096</u>	

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
<b>Total Current Existing Positions</b>		0.00	0.00		\$0
<b>B. New Additional Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
<b>Total New Additional Positions</b>		0.00	0.00		\$0
<b>C. Total Program Positions</b>		0.00	0.00		\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

#### EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Stanislaus County	Fiscal Year: 2005-2006	Program Work Plan Name: Outreach and Engagement Services
Program Work Plan #: OE-1	Estimated Start Date: January 2006	
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>	<p>Community Outreach and Engagement Services will provide outreach and engagement to individuals with serious mental illness (SMI) and serious emotional disturbance (SED) in partnership with racially and ethnically diverse community-based service organizations. Initially, Behavioral Health and Recovery Services (BHRS) will contract with community-based organizations serving the priority populations to assist individuals in accessing mental health services through the facilitation of referrals to appropriate services. Focusing on community-based organizations to provide outreach, engagement and advocacy services will allow the engagement of individuals in racially and ethnically diverse communities who are reluctant to seek services in traditional mental health settings. This workplan is in direct response to input received during the community stakeholder process.</p> <p>During the first year, BHRS will establish contractual relationships with community-based organizations to develop outreach and engagement services. Year two will include a needs assessment, followed by the development of service provision strategies and the beginning of service delivery. At the end of the three-year contract period, the organizations selected will develop the capacity to provide community-based, culturally, racially and ethnically appropriate mental health services to individuals with serious mental illness and serious emotional disturbance.</p> <p>Goals include the elimination of racial and ethnic disparities in the access to services and an increase in the amount and timeliness of appropriate services for racially and ethnically diverse individuals with serious mental illness and serious emotional disturbances. Services will be culturally competent and client and family focused. Services will promote recovery and resilience, while maintaining respect for the beliefs and cultural practices of the individuals they serve. It is expected that at least 2,000 people will be served in three years.</p> <p>Immediate goals of the program are to reduce disparities in services provided to individuals residing in racially and ethnically diverse communities, reduce homelessness, reduce hospitalizations, reduce incarcerations, reduce out-of-home placement, reduce</p>	

	emergency room visits, reduce stigma, increase collaboration and significantly increase the level of engagement in racially and ethnically diverse communities. The overarching goal is to develop ethnically oriented mental health services within Stanislaus County.																												
Priority Population: <i>Describe the situational characteristics of the priority population</i>	Identified populations are children with serious emotional disturbance and their families, transition age youth (TAY) with serious emotional disturbance or serious mental illness, and adults and older adults with serious mental illness. Some individuals are homeless, many are uninsured. The identified population will be unserved, underserved or inappropriately served individuals in racially and ethnically diverse communities with serious mental illness (SMI) and serious emotional disorders (SED) who are reluctant or unable to access mental health services as these services have been traditionally provided. In some cases, individuals have had unsuccessful service experiences due to an inability of the current Mental Health system to understand and value the need to adapt the service delivery process to the histories, traditions, beliefs, languages and values of racially and ethnically diverse groups. Services will focus on reducing the stigma perceived by these individuals to traditional services. African American, Latino, and Southeast Asian (Asian Pacific Islander) consumers and families, throughout the County, will be priority population for this outreach and engagement program.																												
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)																													
Family Partnership Programs which are operated by family members and include strategies to engage racially and ethnically diverse families, and include services and activities such as training, information and referral, newsletter or information dissemination, support groups, individual advocacy and support, web-based information, outreach, administrative activities and program oversight	<table border="1"> <thead> <tr> <th colspan="3">Fund Type</th> <th colspan="4">Age Group</th> </tr> <tr> <th>FSP</th> <th>Sys Dev</th> <th>OE</th> <th>CY</th> <th>TAY</th> <th>A</th> <th>OA</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Fund Type			Age Group				FSP	Sys Dev	OE	CY	TAY	A	OA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund Type			Age Group																										
FSP	Sys Dev	OE	CY	TAY	A	OA																							
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
Cultural and gender-sensitive outreach and services at schools, primary care clinics, and community programs in racially and ethnically diverse communities, which proactively reach children who may have emotional and/or behavioral disorders and which can provide easy and immediate access to mental health services when needed	<table border="1"> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							

Hiring and training peers for peer-to-peer outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Parental and mental health education, with language access and culturally appropriate approaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross-agency and cross-discipline training. Staff working with transition age youth who are trained in the developmental and cultural needs of transition age youth, in community resources, and in operationalizing a wellness philosophy including the concepts of both recovery and resiliency. Transition age youth should be part of the pool of hired and trained staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partnerships with ethnic-specific community providers and programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Culturally appropriate services to reach persons of racially and ethnically diverse cultures who may be better served and/or more responsive to services in specific culture-based settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Integrated services with ethnic-specific community based organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racial and ethnic-specific outreach to racially and ethnically diverse populations to eliminate disparities in care. Clients and families from targeted communities are engaged to design the strategies and messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach to older adults who are homeless, or in their homes, through community services providers and through other community sites that are the natural gathering places for older adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.**

Behavioral Health and Recovery Services (BHRS) will contract with community-based organizations serving the African American, Latino and Southeast Asian (Asian Pacific Islander) populations to assist individuals in accessing mental health services through the facilitation of referrals to appropriate agencies. The organizations will provide outreach, mental health education and information, service coordination and advocacy services, with the goal of engaging individuals in racially and ethnically diverse communities who are reluctant to seek services in traditional mental health settings. At the end of the three-year contract period, the organizations selected will develop the capacity to provide community-based, culturally, racially and ethnically appropriate mental health services to individuals with serious mental illness and serious emotional disturbance. This strategy will improve service delivery by hiring members of racially and ethnically diverse communities to provide outreach and engagement activities in settings familiar to them.

Goals include the elimination of racial and ethnic disparities in the access to services and an increase in the amount and timeliness of appropriate services for racially and ethnically diverse individuals with serious mental illness and serious emotional disturbances. Services will be culturally competent and client and family focused. Services will promote recovery and resilience, while maintaining respect for the beliefs and cultural practices of the individuals they serve. It is expected that at least 2,000 people will be served in three years.

A competitive Request for Proposal (RFP) process will be used to identify contractors. Three contracts will be established with community-based racially and ethnically diverse organizations that serve the African American, Latino, and Southeast Asian (Asian Pacific Islander) communities in Stanislaus County.

During the first year, Behavioral Health and Recovery Services (BHRS) will establish contractual relationships with these community-based organizations to develop outreach and engagement services. The outreach and engagement services will be culturally focused, including access to bilingual, bicultural staff trained and skilled in cultural concerns related to mental health issues. As a result of comprehensive, culturally appropriate outreach and engagement activities, individuals with serious mental illness and serious emotional disturbance and their family members will be able to access an array of culturally appropriate mental health services, including clinical case management and peer support services, within their neighborhoods. Various services will be age specific or group specific, such as gender specific groups for youth, older adult support groups, and educational presentations for parents and care givers.

Year two will be characterized by a needs assessment followed by the development of

service provision strategies, the development of linkage and service capacity within specific communities and the beginning of service delivery in identified resource and/or community centers.

At the end of the three-year contract period, the organizations selected will develop the capacity to provide community-based, culturally, racially and ethnically appropriate mental health services to individuals with serious mental illness and serious emotional disturbance. The goal is to develop ethnically oriented mental health services within Stanislaus County.

The expectation is that staff employed by the community-based organizations chosen will be knowledgeable about their community's socioeconomic conditions, practices and leaders and that they will build and sustain collaborations with community resources.

There are currently resource and/or community centers that serve racially and ethnically diverse individuals throughout Stanislaus County. BHRS will partner with these centers to reach uninsured and underserved racially and ethnically diverse adults and older adults with serious mental illness and children and youth with serious emotional disturbances, and their family members. Organizations such as the West Modesto Community Center, King Kennedy Memorial Center, West Modesto King Kennedy Neighborhood Collaborative, Grayson Community Center and Family Resource Centers throughout the County are specifically targeted for outreach and engagement services.

Funding for the first year will be devoted to establishing relationships and contracts with three identified racially or ethnically diverse community-based organizations to provide outreach and engagement services. Funding for the second year will be dedicated to a needs assessment, followed by the development of service provision strategies and the initiation of service delivery in identified resource and/or community centers. Implementation of services and evaluation will be the focus for the third year funding.

Linkage to outreach and engagement services provided by the Family Partnership Center/Families Together, a program of the Children's System of Care, is a number one priority for Stanislaus County stakeholders. As work with racially and ethnically diverse community-based organizations increases, outreach and engagement to children and families dealing with serious emotional disturbances reluctant to seek help, the Family Partnership Center will establish collaborative strategies with the three racially and ethnically diverse community-based organizations chosen to provide outreach and engagement services. In partnership with these agencies and parents, an outreach strategy will be developed to increase utilization of the Children's System of Care Family Partnership Center by individuals in diverse cultural, racial and ethnic groups.

### **3) Describe any housing or employment services to be provided.**

Contracted organizations providing outreach and engagement services will not directly provide housing or employment services. The community-based organizations will have a wide and complete array of housing information from which referrals can be made to housing resources. Similarly, employment service information and referrals (including



supported employment and job training opportunities) will be made from community-based sites.

Among, but not limited to, the resources available for housing and employment are Turning Point employment, BHRS housing programs, STANCO (housing), Arbor job training program, Modesto Junior College and Stanislaus County Department of Education and Training (DET).

**4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.**

Not Applicable.

**5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.**

Establishing outreach, engagement and mental health services for racially and ethnically diverse adults and older adults with serious mental illness and children and youth with serious emotional disturbances and their family members in neighborhoods in which they reside provides opportunities to build trust and support systems with community members and providers. Once these services are integrated into communities, and individuals begin utilizing them, there will be opportunities to engage individuals in self-help and/or peer led groups and activities that promote recovery.

Racially and ethnically diverse community members and consumers will be employed as peer support staff to assist with culturally competent, consumer and family driven mental health support services. Training in recovery and resiliency concepts and principles will be provided to contract organization employees. It is expected that learning about recovery and resiliency will be a two-way street and that members of the ethnic community will be teaching BHRS staff as well. From each ethnic community's perspective wellness and recovery may be very different concepts and practices. By working together to explore these concepts, appropriate approaches will be developed for each ethnic group. In addition, consumer and family member staff will be strongly encouraged to participate in a Consumer and Family Steering Committee. The Manager for Consumer and Family Affairs will be available to provide technical assistance to all contract organizations to orient their staff toward providing outreach and engagement services in the context of recovery and resiliency.

**6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.**

BHRS currently does very little formal outreach and engagement that is not within the context of already existing direct service programming. The only exception to this are

annual Depression Screening activities, focused primarily on seniors. This proposed outreach and engagement strategy constitutes new services in underserved communities to address the mental health needs of racially and ethnically diverse children, families and adults dealing with serious mental illness and/or serious emotional disturbance. It also reflects a strategy of developing ethnically oriented mental health services.

**7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.**

During the first year of this project, racially, ethnically and culturally diverse consumers and family members will be hired by community-based organizations as peer support staff to assist with the outreach and engagement process. These staff will assist with support groups, with collaboration with community leaders, and with education and outreach at community events. In subsequent years, qualified consumers and family members will increasingly provide linkage and case management services as these are developed.

**8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.**

Collaborating with local racially and ethnically diverse organizations for outreach and engagement and direct service delivery will impact individuals who are African American, Latino, and Southeast Asian (Asian/Pacific Islander). Collaboration for service delivery takes the services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance and their family members who may be better served and more responsive to services available in community-based settings in specific racially and ethnically diverse neighborhoods.

Using a community development and collaboration framework, BHRS will be able to contribute to neighborhoods developing their own responses to the needs of individuals and families. BHRS has attempted to take services to racially and ethnically diverse communities, only to have less than optimal acceptance, service use, and client satisfaction. By leveraging MHSA funding to assist communities in developing their own service availability, the goal is to improve acceptance, access, and service outcomes.

No tribal organizations have been identified for this outreach and engagement workplan. Stanislaus County has no reservations, no rancherias, nor any Native American human service organizations based in the County. For the Native American community members that may be identified by these services, neighboring counties have rancherias and Native American organizations. The expertise of these neighboring communities can be utilized to increase the understanding and cultural competency of BHRS leadership, staff and ethnic organizations who may contract to provide this

outreach and engagement service. In this way, services and outcomes for individuals can be improved.

**9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.**

Individuals in African American, Latino and Southeast Asian (Asian/Pacific Islander) populations with SMI and SED are consistently challenged with access and engagement when utilizing mental health services. Due to stigma, poor identification of needs, and an inadequate understanding of their culture, crisis intervention services are more likely to be used than less costly services. The goal in using community-based providers in racially and ethnically diverse communities in Stanislaus County is to engage individuals with serious mental illness or serious emotional disturbance, and their families, before a crisis occurs. Services that are culturally competent will more likely be trusted and utilized. By utilizing community-based contractors to develop and provide services, we intend to improve access for Latino, Southeast Asian (Asian/Pacific Islander), and African American individuals and overall cultural competency of services.

All BHRS organizational providers are required to have an organizational cultural competency plan. Organizational providers are also able to participate in BHRS cultural competency training. In the past year, BHRS provided training in the following subjects related to cultural competence: Lesbian, Gay, Bisexual and Transgender (LGBT) Services; Providing Customer Service with LGBT Individuals; Spirituality and Wisdom in Behavioral Health; Use of Interpreters; Crossing Cultural Bridges; Cultural Dialogues; Interpreter Training; Client Culture; and Building Collaborative Relationships with Families. BHRS monitors ethnicity, cultural group, and preferred language in all service provision; this will be done for outreach and engagement programming as well. BHRS has a Cultural Competence Oversight Committee, which is responsible for the oversight of the BHRS Cultural Competency Plan. The Cultural Competence Oversight Committee has reviewed this plan and given feedback.

In Part II, Section II, it is noted that for children and youth, BHRS provides 1.3% of total services to Asian Pacific Islanders compared to their representation in the County population at 4.4%; 39.2% of our services were provided for Latino children and youth compared to their representation in the County population of 47.2%. Similar trends hold for transition age youth and adults. For older adults, all ethnic groups are underserved: For African Americans, 2.8% of BHRS services are provided to this group compared to 4.4% of the County population, Asian Pacific Islander, 1.6% of BHRS services compared to 5.0% of the County population, and Latino, 12.0% of BHRS services compared to 14.2% of the County population. The intention is to create greater access and service delivery to ethnic consumers by targeting outreach and engagement to racial and ethnic groups in our community's neighborhoods.

**10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.**

BHRS staff receive training and are aware of cultural sensitivity to adults with serious mental illness and children and youth with serious emotional disturbance and their family members that identify themselves as lesbian, gay, bisexual or transgender (LGBT). Training has already begun in this area with department staff and will continue. Issues related to gender and sexual identity will be recognized and approached in a way that is comfortable to racially, ethnically and culturally diverse populations. Educational presentations and general informational forums are suggested as approaches to initiating the topic and assisting with disclosure and access to treatment. Such presentations will be part of the array of educational offerings at the community-based sites.

Sensitivity to gender differences is a basic cultural competence principle; this is taught in BHRS cultural competency training. For many years, gender-specific support and treatment groups have been offered in BHRS programs; this will be included outreach and engagement strategies for this program as well. Attention to the differing psychologies and needs of women and men, boys and girls are considered in providing services. Issues related to who is the primary care giver (traditionally women) in the family (of children and older adult parents), the need for respite care and transportation to benefit from services, women's health issues and domestic violence will be addressed. These issues are especially of concern in the area of outreach to and treatment of trauma in adults and transition age youth who experience sexual harassment and intimate partner abuse.

**11) Describe how services will be used to meet the service needs for individuals residing out-of-county.**

Not Applicable.

**12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.**

Not Applicable.

**13) Please provide a timeline for this work plan, including all critical implementation dates.**

Board of Supervisors approval – October 2005

DMH approval – January 2006  
Recruit, hire, train staff – January – February 2006  
Program services begin March 2006

Year 1 (2005 – 2006):

Request for Proposal (RFP) from Community Based and Ethnic Service Organizations will be facilitated and completed during the first several months of 2006. Partner organizations will be identified and collaborations for outreach and engagement will be designed.

Year 2 (2006 – 2007):

Implement a needs assessment and develop service delivery strategies. Initiate service delivery in identified resource/community centers.

Year 3 (2007 – 2008):

Continue to build service capacity. Monitor evaluate service utilization and outcomes and bench mark best practices

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2005-06  
 Program Workplan # OE-01 Date: 9/1/05  
 Program Workplan Name Community Outreach & Engagement Services Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 6  
 Proposed Total Client Capacity of Program/Service: 200 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Mandip Dhillon  
 Client Capacity of Program/Service Expanded through MHSA: 200 Telephone Number: (209)525-6273

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)	\$0			\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>	\$120,000			\$120,000
<b>6. Total Proposed Program Budget</b>	\$120,000	\$0	\$0	\$120,000
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>	\$0			\$0
<b>D. Total Funding Requirements</b>	\$120,000	\$0	\$0	\$120,000
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): Stanislaus

Fiscal Year: 2005-06

Program Workplan # OE-01

Date: 9/1/05

Program Workplan Name Community Outreach & Engagement Services

Page 1 of 1

Type of Funding 3. Outreach and Engagement

Months of Operation 6

Proposed Total Client Capacity of Program/Service: 200

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Mandip Dhillon

Client Capacity of Program/Service Expanded through MHSA: 200

Telephone Number: (209)525-6273

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Total Current Existing Positions	0.00	0.00		\$0	
B. New Additional Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Contract Positions Not known				\$0	
Total New Additional Positions	0.00	0.00		\$0	
C. Total Program Positions		0.00	0.00		\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2006-07  
 Program Workplan # OE-01 Date: 9/1/05  
 Program Workplan Name Community Outreach & Engagement Services Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 600 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Mandip Dhillon  
 Client Capacity of Program/Service Expanded through MHSA: 600 Telephone Number: (209)525-6273

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)	\$0			\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>	\$244,800			\$244,800
<b>6. Total Proposed Program Budget</b>	\$244,800	\$0	\$0	\$244,800
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>	\$0			\$0
<b>D. Total Funding Requirements</b>	\$244,800	\$0	\$0	\$244,800
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				



**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): Stanislaus

Fiscal Year: 2006-07

Program Workplan # OE-01

Date: 9/1/05

Program Workplan Name Community Outreach & Engagement Services

Page 1 of 1

Type of Funding 3. Outreach and Engagement

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 600

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Mandip Dhillon

Client Capacity of Program/Service Expanded through MHSA: 600

Telephone Number: (209)525-6273

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Total Current Existing Positions	0.00	0.00		\$0	
B. New Additional Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Contract Positions Not known				\$0	
Total New Additional Positions	0.00	0.00		\$0	
C. Total Program Positions		0.00	0.00		\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Stanislaus Fiscal Year: 2007-08  
 Program Workplan # OE-01 Date: 9/1/05  
 Program Workplan Name Community Outreach & Engagement Services Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 1,200 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Mandip Dhillon  
 Client Capacity of Program/Service Expanded through MHSA: 1,200 Telephone Number: (209)525-6273

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)	\$0			\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>	\$257,040			\$257,040
<b>6. Total Proposed Program Budget</b>	\$257,040	\$0	\$0	\$257,040
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>	\$0			\$0
<b>D. Total Funding Requirements</b>	\$257,040	\$0	\$0	\$257,040
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): Stanislaus

Fiscal Year: 2007-08

Program Workplan # OE-01

Date: 9/1/05

Program Workplan Name Community Outreach & Engagement Services

Page 1 of 1

Type of Funding 3. Outreach and Engagement

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 1,200

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Mandip Dhillon

Client Capacity of Program/Service Expanded through MHSA: 1,200

Telephone Number: (209)525-6273

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Total Current Existing Positions	0.00	0.00		\$0	
B. New Additional Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Contract Positions Not known				\$0	
Total New Additional Positions	0.00	0.00		\$0	
C. Total Program Positions		0.00	0.00		\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**Exhibit 5c**  
**ADMINISTRATION and ONE-TIME MONEY**  
**BUDGET WORKSHEETS**

**EXHIBIT 5c--Mental Health Services Act Community Services and Supports Administration Budget Worksheet**

 County(ies): Stanislaus

 Fiscal Year: 2005-06

 Date: 10/9/05

	Client, Family Member and Caregiver FTEs	Total FTEs*	Budgeted Expenditures*
<b>A. Expenditures</b>			
<b>1. Personnel Expenditures</b>			
a. MHSA Coordinator(s)		1.00	\$39,229
b. MHSA Support Staff		2.00	\$22,880
c. Other Personnel (list below)			
i. Program Administrative Staff		2.25	\$58,843
ii. Finance/Accounting Staff		1.00	\$28,348
iii. Information Systems/Performance Measurement Staff		1.00	\$24,950
iv. Other Administrative Staff (Stock/Delivery Clerk)		0.50	\$6,640
v.			
vi.			
vii.			
d. Total FTEs/Salaries	0.00	7.75	\$180,890
e. Employee Benefits			\$68,738
f. Total Personnel Expenditures			\$249,628
<b>2. Operating Expenditures</b>			
a. Professional Services			\$43,243
b. Travel and Transportation			\$58,910
c. General Office Expenditures			\$44,230
d. Rent, Utilities and Equipment			\$40,000
e. Other Operating Expenses (provide description in budget narrative)			\$0
f. Total Operating Expenditures			\$186,383
<b>3. County Allocated Administration</b>			
a. Countywide Administration (A-87)			\$81,690
b. Other Administration (provide description in budget narrative)			\$42,000
c. Total County Allocated Administration			\$123,690
<b>4. Total Proposed County Administration Budget</b>			<b>\$559,701</b>
<b>B. Revenues</b>			
<b>1. New Revenues</b>			
a. Medi-Cal (FFP only)			\$184,701
b. Other Revenue			\$0
<b>2. Total Revenues</b>			<b>\$184,701</b>
<b>C. Start-up and One-Time Implementation Expenditures</b>			<b>\$1,050,000</b>
<b>D. Total County Administration Funding Requirements</b>			<b>\$1,425,000</b>

\*FTEs are for a full year. Expenditures reflect 6 months.

**COUNTY CERTIFICATION**

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Local Mental Health Director

Executed at Modesto, California



**EXHIBIT 5c--Mental Health Services Act Community Services and  
Supports Administration Budget Worksheet  
Budget Narrative**

County(ies): Stanislaus

Fiscal Year: 2005-06  
Date: 10/9/2005

c. General Office Expenditures	\$ -	\$ 44,230
d. Rent, Utilities and Equipment	\$ -	\$ 40,000
e. Other Operating Expenses (provide description in budget narrative)		
f. Total Operating Expenditures		\$ 186,383
<b>3. County Allocated Administration</b>		
a. Countywide Administration (A-87)		\$ 81,690
Approved cost allocation plan charges. Budget reflects 3.89% of MHSA budget expenditures, consistent with A-87 charges to other funded programs.		
b. Other Administration (provide description in budget narrative)		\$ 42,000
Reflects cost (2%) of general administrative positions performing increased MHSA activities as part of their normal duties. Includes payroll, accounting, contracts, billing, IT, performance outcomes, etc.		
c. Total County Allocated Administration		\$ 123,690
<b>4. Total Proposed County Administration Budget</b>		\$ 559,701
<b>B. Revenues</b>		
<b>1. New Revenues</b>		
a. Medi-Cal (FFP only)		\$ 184,701
reflects 33% of total administrative costs, consistent with department cost reporting history.		
b. Other Revenue		\$ -
<b>2. Total Revenues</b>		\$ 184,701
<b>C. Start-up and One-Time Implementation Expenditures*</b>		\$ 1,050,000
Request for Extended Planning Funds	\$ 210,000	
Request for System Improvement Funds	\$ 840,000	
<b>D. Total County Administration Funding Requirements</b>		\$ 1,425,000

\*see separate request for start up funding.

**EXHIBIT 5c--Mental Health Services Act Community Services and Supports Administration Budget Worksheet**

County(ies): Stanislaus

Fiscal Year: 2006-07

Date: 10/9/2005

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
<b>A. Expenditures</b>			
<b>1. Personnel Expenditures</b>			
a. MHSA Coordinator(s)		1.00	\$80,808
b. MHSA Support Staff		2.00	\$47,133
c. Other Personnel (list below)			
i. Program Administrative Staff		2.25	\$163,514
ii. Finance/Accounting Staff		1.00	\$55,422
iii. Information Systems/Performance Measurement Staff		1.00	\$51,397
iv. Other Administrative Staff (Stock/Delivery Clerk)		0.50	\$13,676
v.			
vi.			
vii.			
d. Total FTEs/Salaries	0.00	7.75	\$411,949
e. Employee Benefits			<u>\$156,541</u>
f. Total Personnel Expenditures			\$568,490
<b>2. Operating Expenditures</b>			
a. Professional Services			\$44,540
b. Travel and Transportation			\$15,920
c. General Office Expenditures			\$8,862
d. Rent, Utilities and Equipment			\$9,415
e. Other Operating Expenses (provide description in budget narrative)			\$0
f. Total Operating Expenditures			\$78,737
<b>3. County Allocated Administration</b>			
a. Countywide Administration (A-87)			\$166,955
b. Other Administration (provide description in budget narrative)			<u>\$42,919</u>
c. Total County Allocated Administration			\$209,874
<b>4. Total Proposed County Administration Budget</b>			<b>\$857,101</b>
<b>B. Revenues</b>			
<b>1. New Revenues</b>			
a. Medi-Cal (FFP only)			\$187,602
b. Other Revenue			<u>\$0</u>
<b>2. Total Revenues</b>			<b>\$187,602</b>
<b>C. Start-up and One-Time Implementation Expenditures</b>			<b>\$0</b>
<b>D. Total County Administration Funding Requirements</b>			<b>\$669,500</b>

**COUNTY CERTIFICATION**

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Local Mental Health Director



**EXHIBIT 5c--Mental Health Services Act Community Services and  
Supports Administration Budget Worksheet  
Budget Narrative**

County(ies): Stanislaus

Fiscal Year: 2006-07

Date: 10/9/2005

**A. Expenditures**

**1. Personnel Expenditures**

**a. MHSA Coordinator**

Salary for Manager of Consumer/Family Affairs  
Mid-range of Manager IV (38.85/hour), includes 3%  
estimated COLA \$ 80,808

**b. MHSA Support Staff**

Confidential Assistant IV (22.66), includes 3% estimated  
COLA \$ 47,133

**c. Other Personnel (list below)**

i. Program Staff \$ 163,514

Older Adult System of Care Chief - Manager IV (38.85 x  
.75 FTE), includes 3% estimated COLA \$ 60,606

Forensic Services Chief - Manager IV (38.85 x .5 FTE),  
includes 3% estimated COLA \$ 40,404

MHSA Implementation Manager - Manager II (30.05),  
includes 3% estimated COLA \$ 62,504

ii. Finance/Accounting Staff \$ 55,422

Staff Services Analyst - Contracts (24.71 x .5 FTE),  
includes 3% estimated COLA \$ 25,698

Accountant III (28.58 x .5 FTE), includes 3% estimated  
COLA \$ 29,723

iii. System/Performance Measurements Staff \$ 51,397

Staff Services Analyst (24.71 x 1.0 FTE), includes 3%  
estimated COLA \$ 51,397

iv. Other Administrative Staff \$ 13,676

Stock/Delivery Clerk II (13.15\*.5 FTE), includes 3%  
estimated COLA \$ 13,676

**d. Total FTEs/Salaries** \$ 411,949

**e. Employee Benefits**

Total salaries for MHSA FTEs @ 38% benefits \$ 156,541

**f. Total Personnel Expenditures** \$ 568,490

**EXHIBIT 5c--Mental Health Services Act Community Services and  
Supports Administration Budget Worksheet  
Budget Narrative**

County(ies): Stanislaus

Fiscal Year: 2006-07  
Date: 10/9/2005

**2. Operating Expenditures**

a. Professional Services		\$	44,540
i. MHSA Planning Manager	\$	44,540	
b. Travel and Transportation - mileage @\$.415/mile		\$	15,920
i. 4 staff at estimated 2000 miles/year @ \$.415/mile	\$	3,320	
Training & conference per diem, lodging &			
ii. transportation	\$	12,600	
c. General Office Expenditures		\$	8,862
d. Rent, Utilities and Equipment		\$	9,415
e. Other Operating Expenses (provide description in budget narrative)		\$	-
<b>f. Total Operating Expenditures</b>		<b>\$</b>	<b>78,737</b>

**3. County Allocated Administration**

a. Countywide Administration (A-87)			
approved cost allocation plan charges. Budget reflects			
3.89% of MHSA budget expenditures, consistent with A-			
87 charges to other funded programs.		\$	166,955
b. Other Administration (provide description in budget narrative)			
Reflects cost (1%) of general administrative positions			
performing MHSA activities as part of their normal			
duties. Includes payroll, accounting, contracts, billing,			
IT, performance outcomes, etc.		\$	42,919
<b>c. Total County Allocated Administration</b>		<b>\$</b>	<b>209,874</b>
<b>4. Total Proposed County Administration Budget</b>		<b>\$</b>	<b>857,101</b>

**B. Revenues**

**1. New Revenues**

a. Medi-Cal (FFP only)			
reflects 33% of total administrative costs, consistent with			
department cost reporting history.		\$	187,602
b. Other Revenue		\$	-

<b>2. Total Revenues</b>		<b>\$</b>	<b>187,602</b>
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<b>C. Start-up and One-Time Implementation Expenditures</b>		<b>\$</b>	<b>-</b>
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<b>D. Total County Administration Funding Requirements</b>		<b>\$</b>	<b>669,500</b>
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Planning Amount		\$	669,500
Difference		\$	0

**EXHIBIT 5c--Mental Health Services Act Community Services and Supports Administration Budget Worksheet**

County(ies): Stanislaus

Fiscal Year: 2007-08

Date: 10/9/2005

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
<b>A. Expenditures</b>			
<b>1. Personnel Expenditures</b>			
a. MHSA Coordinator(s)		1.00	\$83,242
b. MHSA Support Staff		2.00	\$48,547
c. Other Personnel (list below)			
i. Program Administrative Staff		2.25	\$168,428
ii. Finance/Accounting Staff		1.00	\$57,678
iii. Information Systems/Performance Measurement Staff		1.00	\$52,936
iv. Other Administrative Staff (Stock/Delivery Clerk)		0.50	\$14,082
v.			
vi.			
vii.			
d. Total FTEs/Salaries	0.00	7.75	\$424,913
e. Employee Benefits			<u>\$161,467</u>
f. Total Personnel Expenditures			\$586,380
<b>2. Operating Expenditures</b>			
a. Professional Services			\$45,877
b. Travel and Transportation			\$18,400
c. General Office Expenditures			\$14,052
d. Rent, Utilities and Equipment			\$13,980
e. Other Operating Expenses (provide description in budget narrative)			\$0
f. Total Operating Expenditures			\$92,309
<b>3. County Allocated Administration</b>			
a. Countywide Administration (A-87)			\$175,267
b. Other Administration (provide description in budget narrative)			<u>\$42,919</u>
c. Total County Allocated Administration			\$218,186
<b>4. Total Proposed County Administration Budget</b>			<b>\$896,874</b>
<b>B. Revenues</b>			
<b>1. New Revenues</b>			
a. Medi-Cal (FFP only)			\$193,505
b. Other Revenue			<u>\$0</u>
<b>2. Total Revenues</b>			<b>\$193,505</b>
<b>C. Start-up and One-Time Implementation Expenditures</b>			<b>\$0</b>
<b>D. Total County Administration Funding Requirements</b>			<b>\$703,369</b>

**COUNTY CERTIFICATION**

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Local Mental Health Director

Executed at Modesto, California

**EXHIBIT 5c--Mental Health Services Act Community Services and  
Supports Administration Budget Worksheet  
Budget Narrative**

County(ies): Stanislaus

Fiscal Year: 2007-08  
Date: 10/9/2005

**A. Expenditures**

**1. Personnel Expenditures**

**a. MHSA Coordinator**

Salary for Manager of Consumer/Family Affairs  
Mid-range of Manager IV (40.02/hour), includes 3%  
estimated COLA \$ 83,242

**b. MHSA Support Staff**

Confidential Assistant III (23.34), includes 3% estimated  
COLA \$ 48,547

**c. Other Personnel (list below)**

i. Program Staff \$ 168,428

Older Adult System of Care Chief - Manager IV (40.02 x  
.75 FTE), includes 3% estimated COLA \$ 62,431

Forensic Services Chief - Manager IV (40.02 x .5 FTE),  
includes 3% estimated COLA \$ 41,621

MHSA Implementation Manager - Manager II (30.95),  
includes 3% estimated COLA \$ 64,376

ii. Finance/Accounting Staff \$ 57,678

Staff Services Analyst - Contracts (25.45 x .5 FTE),  
includes 3% estimated COLA \$ 26,468

Accountant III (30.01 x .5 FTE), includes 3% estimated  
COLA \$ 31,210

iii. System/Performance Measurements Staff \$ 52,936

Staff Services Analyst (25.45 x 1.0 FTE), includes 3%  
estimated COLA \$ 52,936

iv. Other Administrative Staff \$ 14,082

Stock/Delivery Clerk II (13.54\*.5 FTE), includes 5%  
step increase & 3% estimated COLA \$ 14,082

**d. Total FTEs/Salaries** \$ 424,913

**e. Employee Benefits**

Total salaries for MHSA FTEs @ 38% benefits \$ 161,467

**f. Total Personnel Expenditures** \$ 586,380

**EXHIBIT 5c--Mental Health Services Act Community Services and  
Supports Administration Budget Worksheet  
Budget Narrative**

County(ies): Stanislaus

Fiscal Year: 2007-08  
Date: 10/9/2005

**2. Operating Expenditures**

a. Professional Services		\$	45,877
i. MHSA Planning Manager	\$	45,877	
Training Coordinator (50% of contract), includes 3%			
ii. estimated COLA			
b. Travel and Transportation - mileage @\$ .425/mile		\$	18,400
i. 4 staff at estimated 2000 miles/year @ \$ .425/mile	\$	3,400	
Training & conference per diem, lodging &			
ii. transportation	\$	15,000	
c. General Office Expenditures		\$	14,052
d. Rent, Utilities and Equipment		\$	13,980
e. Other Operating Expenses (provide description in budget narrative)		\$	-
<b>f. Total Operating Expenditures</b>		<b>\$</b>	<b>92,309</b>

**3. County Allocated Administration**

a. Countywide Administration (A-87)			
approved cost allocation plan charges. Budget reflects			
3.89% of MHSA budget expenditures, consistent with A-			
87 charges to other funded programs.		\$	175,267
b. Other Administration (provide description in budget narrative)			
Reflects cost (1%) of general administrative positions			
performing MHSA activities as part of their normal			
duties. Includes payroll, accounting, contracts, billing,			
IT, performance outcomes, etc.		\$	42,000
<b>c. Total County Allocated Administration</b>		<b>\$</b>	<b>217,267</b>

**4. Total Proposed County Administration Budget**

**\$ 895,955**

**B. Revenues**

**1. New Revenues**

a. Medi-Cal (FFP only)			
reflects 33% of total administrative costs, consistent with			
department cost reporting history.		\$	193,505
b. Other Revenue		\$	-

**2. Total Revenues**

**\$ 193,505**

**C. Start-up and One-Time Implementation Expenditures**

**\$ -**

**D. Total County Administration Funding Requirements**

**\$ 702,450**

Planning Amount	\$	702,450
Difference	\$	0

# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

County: Stanislaus
Program Work Plan #: FSP-01
Program Work Plan Name: Westside Stanislaus Homeless Outreach Program
Fiscal Year: 2005/2006 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth		0		0		0		0		0	
Transition Age Youth	Individuals with serious mental illness who are, or at risk of being homeless and/or have co-occurring alcohol/drug problems; who live on the West or South side of Modesto; whose race or ethnicity is Latino, African American or Southeast Asian.	0		0		2		2		4	
Adults	Same as Above	0		0		7		7		14	
Older Adults	Same as Above	0		0		1		1		2	
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total											

	Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
			Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
		Outreach and Engagement										
		Total										
		Number to be served	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
		Services/Strategies										



# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

<b>County: Stanislaus</b>
<b>Program Work Plan #: FSP -02</b>
<b>Program Work Plan Name: Juvenile Justice Full Service Partnership Program</b>
<b>Fiscal Year: 2005/2006</b> <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth	High-risk youth who have not responded to traditional levels of service; high levels of aggression ; have committed crimes with continued recidivism; may be formal wards of the court; at risk of out-of-home placement.	0		0		3		4		7	
Transition Age Youth	Same as Above	0		0		3		3		6	
Adults		0		0		0		0		0	
Older Adults		0		0		0		0		0	
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to		Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual





# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

County: <b>Stanislaus</b>
Program Work Plan #: <b>FSP-03</b>
Program Work Plan Name: <b>Senior Access &amp; Resource Team</b>
Fiscal Year: <b>2005/2006</b> <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth		0		0		0		0		0	
Transition Age Youth		0		0		0		0		0	
Adults	SMI Adults 55-60 years and older with functional impairments; co-occurring substance abuse and/ or physical health conditions; homeless or at risk of homelessness, institutionalization, hospitalization, & nursing home care; frequent users of emergency room services.	0		0		1		2		3	

	Older Adults	Same as Above	0	0	11	11	22					
	System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual



# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

<b>County: Stanislaus</b>
<b>Program Work Plan #: FSP-04</b>
<b>Program Work Plan Name: Health/Mental Health High Risk Team</b>
<b>Fiscal Year: 2005/2006</b> <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth		0		0		0		0		0	
Transition Age Youth		0		0		0		0		0	
Adults	Adults & older adults with ongoing, chronic, health conditions & co-occurring SMI; individuals who are uninsured; from racial & ethnic communities; do not have access to coordinated health services.	0		0		21		21		42	
Older Adults	Same as Above	0		0		4		4		8	
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

[illegible]

# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

County: Stanislaus
Program Work Plan #: FSP-05
Program Work Plan Name: Integrated Forensic Team
Fiscal Year: 2005/2006
<i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth	SMI adults & transition age youth; may have co-occurring substance abuse; underserved; homeless or at risk of homelessness; involved in the Criminal Justice System, frequent users of hospital & ER services.	0		0		2		2		4	
Adults	Same as Above	0		0		8		8		16	
Older Adults		0		0		0		0		0	
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual



# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

<b>County: Stanislaus</b>
<b>Program Work Plan #: GSD-01</b>
<b>Program Work Plan Name: Transitional Age Young Adult Drop-In Center</b>
<b>Fiscal Year: 2005/2006</b> <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
35	Development of self-help, peer support and youth run programs, Seamless linkages with both Children's and Adult Systems of Care, Youth run services including peer support, Youth	0		0		17		18		35	





# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

County: <b>Stanislaus</b>
Program Work Plan #: <b>GSD-02</b>
Program Work Plan Name: <b>Community Response Team</b>
Fiscal Year: <b>2005/2006</b>
<i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
0	Cultural and gender-sensitive outreach at schools, primary care clinics, communities; crisis intervention, 24 hours a day, 7 days a week, mobile, residential alternatives, peer support; service	0		0		0		0		0	



# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

County: <b>Stanislaus</b>
Program Work Plan #: <b>GSD-03</b>
Program Work Plan Name: <b>Garden Gate Respite Intermediate Program</b>
Fiscal Year: <b>2005/2006</b> <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
211	Supportive housing, temporary supportive housing and permanent supportive housing; Integrated services with law enforcement; Culturally appropriate services; Outreach	0		0		100		111		211	



# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

County: <b>Stanislaus</b>
Program Work Plan #: <b>GSD-04</b>
Program Work Plan Name: <b>Families Together</b>
Fiscal Year: <b>2005/2006</b>
<i>(please complete one per fiscal year)</i>

		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Full Service Partnerships		Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Age Group	Description of Initial Populations										
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
10	Family Partnership Program Expansion; Youth Involvement in Planning and Development; Cultural and gender specific outreach; Services and supports provided school, community, home; Respite	0		0		25		25		50	

[illegible]

# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

County: <b>Stanislaus</b>
Program Work Plan #: <b>GSD-05</b>
Program Work Plan Name: <b>Consumer Employment &amp; Empowerment Center</b>
Fiscal Year: <b>2005/2006</b> <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
200	Self-help and client run drop-in center, employment, advocacy and peer education; Supportive employment, volunteerism, and competitive employment; Family	0		0		100		100		200	





# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

County: Stanislaus
Program Work Plan #: OE-01
Program Work Plan Name: Community Outreach & Engagement Services
Fiscal Year: 2005/2006 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
200	Family Partnership	0		0		100		100		200	



[illegible]



# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

<b>County: Stanislaus</b>
<b>Program Work Plan #: FSP-01</b>
<b>Program Work Plan Name: Westside Stanislaus Homeless Outreach Program</b>
<b>Fiscal Year: 2006/2007</b> <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth		0		0		0		0		0	
Transition Age Youth	Individuals with serious mental illness who are, or at risk of being homeless and/or have co-occurring alcohol/drug problems; who live on the West or South side of Modesto; whose race or ethnicity is Latino, African American or Southeast Asian.	2		2		2		2		8	
Adults	Same as Above	7		7		7		7		28	
Older Adults	Same as Above	1		1		1		1		4	
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total</b>											

	Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
			Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
		Outreach and Engagement										
		Total										
		Number to be served	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
		Services/Strategies										



# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

<b>County: Stanislaus</b>
<b>Program Work Plan #: FSP -02</b>
<b>Program Work Plan Name: Juvenile Justice Full Service Partnership</b>
<b>Fiscal Year: 2006/2007</b> <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth	High-risk youth who have not responded to traditional levels of service; high levels of aggression ; have committed crimes with continued recidivism; may be formal wards of the court; at risk of out-of-home placement.	3		3		3		4		13	
Transition Age Youth	Same as Above	3		3		3		3		12	
Adults		0		0		0		0		0	
Older Adults		0		0		0		0		0	
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to		Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual





# EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

## Estimated/Actual Population Served

County: <b>Stanislaus</b>
Program Work Plan #: <b>FSP-03</b>
Program Work Plan Name: <b>Senior Access &amp; Resource Team</b>
Fiscal Year: <b>2006/2007</b> <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth		0		0		0		0		0	
Transition Age Youth		0		0		0		0		0	
Adults	SMI Adults 55-60 years and older with functional impairments; co-occurring substance abuse and/ or physical health conditions; homeless or at risk of homelessness, institutionalization, hospitalization, & nursing home care; frequent users of emergency room services.	1		1		1		2		5	

	Older Adults	Same as Above	11	11	11	12	45					
	System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual



# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

<b>County: Stanislaus</b>
<b>Program Work Plan #: FSP-04</b>
<b>Program Work Plan Name: Health/Mental Health High Risk Team</b>
<b>Fiscal Year: 2006/2007</b> <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth		0		0		0		0		0	
Transition Age Youth		0		0		0		0		0	
Adults	Adults & older adults with ongoing, chronic, health conditions & co-occurring SMI; individuals who are uninsured; from racial & ethnic communities; do not have access to coordinated health services.	10		10		11		11		42	
Older Adults	Same as Above	2		2		2		2		8	
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

[illegible]

# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

County: Stanislaus
Program Work Plan #: FSP-05
Program Work Plan Name: Integrated Forensic Team
Fiscal Year: 2006/2007
<i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth	SMI adults & transition age youth; may have co-occurring substance abuse; underserved; homeless or at risk of homelessness; involved in the Criminal Justice System, frequent users of hospital & ER services.	2		2		2		2		8	
Adults	Same as Above	8		8		8		8		32	
Older Adults		0		0		0		0		0	
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

[illegible]

# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

<b>County: Stanislaus</b>
<b>Program Work Plan #: GSD-01</b>
<b>Program Work Plan Name: Transitional Age Young Adult Drop-In Center</b>
<b>Fiscal Year: 2006/2007</b> <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
70	Development of self-help, peer support and youth run programs, Seamless linkages with both Children's and Adult Systems of Care, Youth run services including peer support, Youth	15		15		20		20		70	





# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

County: <b>Stanislaus</b>
Program Work Plan #: <b>GSD-02</b>
Program Work Plan Name: <b>Community Response Team</b>
Fiscal Year: <b>2006/2007</b>
<i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
3000	Cultural and gender-sensitive outreach at schools, primary care clinics, communities; crisis intervention, 24 hours a day, 7 days a week, mobile, residential alternatives, peer support; service	750		750		750		750		3000	



# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

County: <b>Stanislaus</b>
Program Work Plan #: <b>GSD-03</b>
Program Work Plan Name: <b>Garden Gate Respite Intermediate Program</b>
Fiscal Year: <b>2006/2007</b> <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
150	Supportive housing, temporary supportive housing and permanent supportive housing; Integrated services with law enforcement; Culturally appropriate services; Outreach	37		37		38		38		150	



# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

County: <b>Stanislaus</b>
Program Work Plan #: <b>GSD-04</b>
Program Work Plan Name: <b>Families Together</b>
Fiscal Year: <b>2006/2007</b>
<i>(please complete one per fiscal year)</i>

		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Full Service Partnerships		Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Age Group	Description of Initial Populations										
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
80	Family Partnership Program Expansion; Youth Involvement in Planning and Development; Cultural and gender specific outreach; Services and supports provided school, community, home; Respite	20		20		20		20		80	



# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

<b>County: Stanislaus</b>
<b>Program Work Plan #: GSD-05</b>
<b>Program Work Plan Name: Consumer Employment &amp; Empowerment Center</b>
<b>Fiscal Year: 2006/2007</b> <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
450	Self-help and client run drop-in center, employment, advocacy and peer education; Supportive employment, volunteerism, and competitive employment; Family	100		100		125		125		450	





# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

County: Stanislaus
Program Work Plan #: OE-01
Program Work Plan Name: Community Outreach & Engagement Program
Fiscal Year: 2006/2007 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
600	Family Partnership	150		150		150		150		600	

		<p>Programs which are operated by family members and include strategies to engage racially and ethnically diverse families, and include services and activities such as training, information and referral, newsletter or information dissemination, support groups, individual advocacy and support, web-based information, outreach, administrative activities and program oversight; Cultural and gender-sensitive outreach and services at schools, primary care clinics, and community programs in racially and ethnically diverse communities, which proactively reach children who may have emotional and/or behavioral disorders and which can provide</p>
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[illegible]

	Culturally appropriate services to reach persons of racially and ethnically diverse cultures who may be better served and/or more responsive to services in specific culture-based settings; Integrated services with ethnic-specific community based organizations; Racial and ethnic-specific outreach to racially and ethnically diverse populations to eliminate disparities in care. Clients and families from targeted communities are engaged to design the strategies and messages; Outreach to older adults who are homeless, or in their homes, through community services providers and through other community sites that are the natural gathering places for older adults.
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# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

<b>County: Stanislaus</b>
<b>Program Work Plan #: FSP-01</b>
<b>Program Work Plan Name: Westside Stanislaus Homeless Outreach Program</b>
<b>Fiscal Year: 2007/2008</b> <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth		0		0		0		0		0	
Transition Age Youth	Individuals with serious mental illness who are, or at risk of being homeless and/or have co-occurring alcohol/drug problems; who live on the West or South side of Modesto; whose race or ethnicity is Latino, African American or Southeast Asian.	2		2		2		2		8	
Adults	Same as Above	7		7		7		7		28	
Older Adults	Same as Above	1		1		1		1		4	
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total</b>											

	Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
			Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
		Outreach and Engagement										
		Total										
		Number to be served	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
		Services/Strategies										



# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

County: <b>Stanislaus</b>
Program Work Plan #: <b>FSP -02</b>
Program Work Plan Name: <b>Juvenile Justice Full Service Partnership</b>
Fiscal Year: <b>2007/2008</b> <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth	High-risk youth who have not responded to traditional levels of service; high levels of aggression; have committed crimes with continued recidivism; may be formal wards of the court; at risk of out-of-home placement.	3		3		3		4		13	
Transition Age Youth	Same as Above	3		3		3		3		12	
Adults		0		0		0		0		0	
Older Adults		0		0		0		0		0	
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to		Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual



[illegible]

# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

County: <b>Stanislaus</b>
Program Work Plan #: <b>FSP-03</b>
Program Work Plan Name: <b>Senior Access &amp; Resource Team</b>
Fiscal Year: <b>2007/2008</b> <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth		0		0		0		0		0	
Transition Age Youth		0		0		0		0		0	
Adults	SMI Adults 55-60 years and older with functional impairments; co-occurring substance abuse and/ or physical health conditions; homeless or at risk of homelessness, institutionalization, hospitalization, & nursing home care; frequent users of emergency room services.	1		1		1		2		5	

	Older Adults	Same as Above	11	11	11	12	45					
	System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual



# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

<b>County: Stanislaus</b>
<b>Program Work Plan #: FSP-04</b>
<b>Program Work Plan Name: Health/Mental Health High Risk Team</b>
<b>Fiscal Year: 2007/2008</b> <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth		0		0		0		0		0	
Transition Age Youth		0		0		0		0		0	
Adults	Adults & older adults with ongoing, chronic, health conditions & co-occurring SMI; individuals who are uninsured; from racial & ethnic communities; do not have access to coordinated health services.	10		10		11		11		42	
Older Adults	Same as Above	2		2		2		2		8	
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

[illegible]

# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

County: Stanislaus
Program Work Plan #: FSP-05
Program Work Plan Name: Integrated Forensic Team
Fiscal Year: 2007/2008
<i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth	SMI adults & transition age youth; may have co-occurring substance abuse; underserved; homeless or at risk of homelessness; involved in the Criminal Justice System, frequent users of hospital & ER services.	2		2		2		2		8	
Adults	Same as Above	8		8		8		8		32	
Older Adults		0		0		0		0		0	
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual



# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

<b>County: Stanislaus</b>
<b>Program Work Plan #: GSD-01</b>
<b>Program Work Plan Name: Transitional Age Young Adult Drop-In Center</b>
<b>Fiscal Year: 2007/2008</b> <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
70	Development of self-help, peer support and youth run programs, Seamless linkages with both Children's and Adult Systems of Care, Youth run services including peer support, Youth	15		15		20		20		70	





# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

County: <b>Stanislaus</b>
Program Work Plan #: <b>GSD-02</b>
Program Work Plan Name: <b>Community Response Team</b>
Fiscal Year: <b>2007/2008</b>
<i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
3000	Cultural and gender-sensitive outreach at schools, primary care clinics, communities; crisis intervention, 24 hours a day, 7 days a week, mobile, residential alternatives, peer support; service	750		750		750		750		3000	



# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

County: <b>Stanislaus</b>
Program Work Plan #: <b>GSD-03</b>
Program Work Plan Name: <b>Garden Gate Respite Intermediate Program</b>
Fiscal Year: <b>2007/2008</b> <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
150	Supportive housing, temporary supportive housing and permanent supportive housing; Integrated services with law enforcement; Culturally appropriate services; Outreach	37		37		38		38		150	



# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

County: <b>Stanislaus</b>
Program Work Plan #: <b>GSD-04</b>
Program Work Plan Name: <b>Families Together</b>
Fiscal Year: <b>2007/2008</b>
<i>(please complete one per fiscal year)</i>

		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Full Service Partnerships		Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Age Group	Description of Initial Populations										
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
80	Family Partnership Program Expansion; Youth Involvement in Planning and Development; Cultural and gender specific outreach; Services and supports provided school, community, home; Respite	20		20		20		20		80	



# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

County: <b>Stanislaus</b>
Program Work Plan #: <b>GSD-05</b>
Program Work Plan Name: <b>Consumer Employment &amp; Empowerment Center</b>
Fiscal Year: <b>2006/2007</b> <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
500	Self-help and client run drop-in center, employment, advocacy and peer education; Supportive employment, volunteerism, and competitive employment; Family	125		125		125		125		450	



[illegible]

# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

## **Estimated/Actual Population Served**

County: Stanislaus
Program Work Plan #: OE-01
Program Work Plan Name: Community Outreach & Engagement Services
Fiscal Year: 2007/2008 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
1200	Family Partnership	300		300		300		300		1200	



[illegible]

[illegible]

## **ATTACHMENTS**

For more information to [www.stanislausmhsa.com](http://www.stanislausmhsa.com)

Proposition 63 is Now

**The Mental Health Services Act**

Prevention

Families

Client Centered

Innovation

How can we make Mental Health services better? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How can we make services easier to get? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What type of services are needed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The MHSA requires that we obtain input from a wide variety of groups as part of the planning process. In order to help us make sure we do this well, please tell us a little about yourself by answering the following questions. Your answers are voluntary, but will help us greatly in evaluating this process.

Please note which group you are most associated with: \_\_\_\_\_

(For example: Consumers, Family Members, Ethnic Group, Law Enforcement, Education, Social Services, Public Health, Private Provider, BHRS Staff, Faith-Based Group, etc.)

Your age:

☐ 17 or younger☐ 18-24☐ 25-59☐ 60 +

Gender:

\_\_\_\_\_

☐ Ceres☐ Eastside☐ Modesto☐ Turlock☐ Westside (Patterson,  
Newman,  
Grayson, etc(Oakdale, Riverbank,  
Valley Home,  
Knights Ferry, etc...)

Race/Ethnicity:

\_\_\_\_\_

*If you would like, please fill in your name and a contact number so if we have questions about your input or would like to follow up we will be able to reach you. This is optional and voluntary.*

Name: \_\_\_\_\_

Contact Phone#: \_\_\_\_\_

When complete, please fax to 525-6291 or mail to: BHRS/MHSA 800 Scenic Dr., Modesto, CA 95350

Para mas información puede ir al [www.stanislausmhsa.com](http://www.stanislausmhsa.com)

Proposición 63 es ahora

**La Ley De Servicios De La Salud Mental**

Prevención

Familias

Consumidor Orientado

Innovación

*Favor de informarnos de sus ideas, preocupaciones, sugerencias sobre el planear de La Ley De Servicios de La Salud Mental.*

¿Cómo podemos mejorar los servicios? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

¿Cómo podemos hacer los servicios más fácil para obtener? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

¿Que tipo de servicios son necesarios? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

La Ley de Servicios de la Salud Mental (Mental Health Services Act) parte del proceso de planear la ley que requiere que obtengamos recomendaciones de varios grupos. Para asegurarnos que estamos haciendo las cosas según requeridas, favor de proveernos con información acerca de usted por medio de responder a las preguntas siguientes. Usted nos ayudara muchísimo para la evaluación de este proceso por medio de sus respuesta(s) que serán absolutamente voluntarias.

Favor de escribir el grupo con el que usted esta asociado: \_\_\_\_\_

(Por ejemplo: Consumidores, Miembro de Familia, Grupos Étnicos, Departamentos de Policía, Educación, Servicios Sociales, Salud Publica, Negocios Privado, Personal de BHRS, Religioso, etcétera.

Su edad:

☐ 17 o Menor    ☐ 18-24    ☐ 25-59    ☐ 60 o más

Engendrar: \_\_\_\_\_

☐ Ceres    ☐ Eastside    ☐ Modesto    ☐ Turlock    ☐ Westside (Patterson, Newman, Grayson, etc  
 (Oakdale, Riverbank, Valley Home, Knights Ferry, etc...)

Raza/Pertenencia Étnica \_\_\_\_\_

*Si tenemos alguna pregunta acerca de su recomendación, y necesitamos comunicarnos con usted, favor de proveer su nombre y numero de teléfono. Esta información es absolutamente voluntaria.*

Nombre: \_\_\_\_\_

Numero de Teléfono: \_\_\_\_\_





Community members, consumers, family members, professionals and other people interested in improving mental health care and services are invited to attend a

## **Town Hall Meeting**

on the

## **Mental Health Services Act**

(Proposition 63)

**OAKDALE** March 22, 2005 5:00 – 7:00 PM  
City Council Chambers 277 North 2<sup>nd</sup> Avenue

**PATTERSON** March 29, 2005 5:00 – 7:00 PM  
Westside Resource Center 118 North 2<sup>nd</sup>, Suite D

**TURLOCK** March 31, 2005 5:00 – 7:00 Pm  
Senior Center 1191 Cahill

**CERES** April 5, 2005 5:00 – 7:00 PM  
American Legion Hall 2609 Lawrence Street

**MODESTO** April 6, 2005 5:00 – 7:00 PM  
West Modesto Community Center 401 E. Paradise Road

Childcare provided on site.

Simultaneous Spanish translation and American Sign Language during the meeting.

For more information, visit [www.stanislausmhsa.com](http://www.stanislausmhsa.com)



Sponsored by **Behavioral Health and Recovery Services**  
A Mental Health, Alcohol and Drug Service Organization  
**Stanislaus County Mental Health Board**  
**Stanislaus County Board of Supervisors**



## Junta Pública

Atención miembros de la comunidad, consumidores, miembros de familias, profesionales y el publico en general, interesados en servicios y cuidados de salud mental.

Se la invita a asistir a juntas públicas a cerca de la  
**Ley de Servicios de Salud Mental**  
(Proposition 63)

El 22 de Marzo 2005 5:00 a 7:00 PM

City Council Chambers  
277 North 2<sup>nd</sup> Ave. OAKDALE

EL 29 DE Marzo 2005 5:00 a 7:00 PM

Westside Resource Center  
118 North 2<sup>nd</sup>, Suite D PATTERSON

El 31 de Marzo 2005 5:00 a 7:00 PM

Senior Center  
1191 Cahill St. TURLOCK

EL 5 de Abril 2005 5:00 a 7:00 PM

American Legion Hall  
2609 Lawrence St. CERES

El 6 de Abril 2005 5:00 – 7:00 PM

West Modesto Community Center  
401 E. Paradise Rd. MODESTO

Se provera cuidado para niños(as) en las mismas localidades.  
Traducción simultánea en Español y Lenguaje de Señas Americano durante la junta.

Para más información, visite [www.stanislausmhsa.com](http://www.stanislausmhsa.com)



Patrocinado por

Servicios de Salud Mental, Alcohol y Drogas  
Stanislaus County Mental Health Board  
Stanislaus County Board of Supervisors

Online: [www.modbee.com](http://www.modbee.com) • How to reach us: Local News, Obituaries 578-2397

# Local News

## Mental health needs assessed by counties

Input will be used to draft plan with Prop. 63 funds

By **JOEL HOOD**  
BEE STAFF WRITER

The first wave of funding to target mental health services for the poor and uninsured has arrived in counties across the state.

Stanislaus, San Joaquin and Merced counties have received a combined \$600,000 to gather information about their mental health care deficiencies.

The research will be used to develop county plans for use of Proposition 63 funds, which could be as much as \$10 million a year in Stanislaus County alone, officials say.

Prop. 63, passed in November, imposes a 1 percent tax on those earning \$1 million a year or more. The money will pay for mental health programs for children, teens and adults not covered by other

SEE PAGE B-3, PROPOSITION

## PROPOSITION: Could generate \$750M a year for treatment

CONTINUED FROM B-1

funding sources or insurance.

"These (insurance plans) are very difficult to get for some people," said Joyce Plis, secretary for the National Alliance for the Mentally Ill of Stanislaus County. "Lots of (uninsured) people try to get help voluntarily, but are not taken for treatment because they're not deemed a threat to themselves or others. But that doesn't mean they don't have needs."

An estimated 35,000 out of the approximately 500,000 people in Stanislaus County suffer from serious mental or emotional illnesses, said Dan Souza, director of the county's Behavioral Health and Recovery Services, which provides care for those battling mental illness, and drug and alcohol addiction.

Souza said the most common mental health illness diagnosed

in the county is bipolar disorder, a manic-depressive condition that can cause severe mood swings.

Only about 13,000 receive mental health treatment from the county, which can include everything from counseling to hospital stays and medicine.

### Squeezed in recent years

And in recent lean budget years, the department's \$80 million annual operating budget has been targeted for cutbacks, including layoffs, employee transfers and limiting services.

Stanislaus County's Prop. 63 share of \$204,000 has been used to conduct a series of meetings to better understand the needs of county residents, Souza said. Over two weeks in March and April, the county hosted meetings at various cities to get feedback. This week, the county has

begun hosting meetings with nonprofit agencies that specialize in mental health care.

"What we found is that people still have a lot of questions about accessing the services we have now," Souza said.

Prop. 63 is competitive, and only counties that demonstrate a communitywide approach to solving mental health issues are approved for funding.

Once the research phase is completed, the county will host additional public meetings to present an analysis before a Prop. 63 spending plan goes before the county Board of Supervisors. If approved, the plan then goes to the state for a final OK.

State mental health experts say passage of Prop. 63 could mean as much as \$750 million annually for mental health programs in California beginning next fiscal year.

"The needs in this county are so great," Plis said. "It would not be possible to make any improvements in mental health care if not for Proposition 63. Every year, mental health programs lose money and lose money, but the problems aren't going away."

Bee staff writer Joel Hood can be reached at 238-4574 or [hood@modbee.com](mailto:hood@modbee.com).



**BILINGÜE BILINGUAL**

**PARADILLA**  
El comediante George López habla de su niñez y los obstáculos personales que tuvo que vencer para alcanzar el éxito en su más reciente biografía "¿Por qué lloras?".

**ENTERTAINMENT**  
Comedian George López talks about his childhood and the personal obstacles he had to overcome to be successful in his most recent autobiography titled "Why You Crying?".

**B-1**

**www.vidaenelvalle.com**

**Vida en el valle**

**GRATISFREE**

**DEPORTES**  
Juan Marichal, el ex lanzador legendario de los Gigantes de San Francisco, fue honrado con una estatua en el parque SBC el sábado pasado.

**SPORTS**  
San Francisco Giants' legendary pitcher Juan Marichal was honored with a bronze statue at SBC Park last Saturday.

**C-1**

Serving California's San Joaquin Valley

May 25, 2005

Volume 15 • No. 21

PAGE A-8 •

WEEK OF MA

## SALUD/HEALTH

# Proposición 63 busca recursos para salud mental

Por JOSÉ A. PALATO  
Vida en el Valle

**MODESTO** — Para los que tienen algún problema de adicción puede haber dos nacimientos, el primero al nacer físicamente de la madre y el segundo cuando recuperan el control de su vida sin consumir drogas.

Felipe Manzano, residente de Modesto, ha nacido dos veces y ahora ayuda a otros adictos a salir del círculo destructivo de las adicciones en el Centro de Recuperación y Bienestar del Condado de Stanislaus.

Orador en el Sexto Evento Anual de Salud Mental para la Comunidad Latina, organizado por Servicios de Salud Mental, Alcohol

y Drogas, Manzano habló de su experiencia en el mundo de las adicciones. "Empecé con la marihuana en la escuela preparatoria, pero rápidamente me metí con el alcohol y las metanfetaminas. A causa de eso, perdí mi primer matrimonio y a mi hija, pero en lugar de buscar orientación, me volví más adicto."

Primero como paciente y ahora como trabajador en el Centro de Recuperación, Felipe Manzano comenta que como hombre de origen latino tuvo que vencer un fuerte obstáculo cultural: el machismo. "Se nos educa diciendo que no nos debemos rendir y que tenemos que solucionar nuestros problemas sin pedir ayuda, pero para

MENTAL ► A-11



JOSÉ A. PALATO/Vida en el Valle  
Felipe Manzano habló sobre su recuperación. / Felipe Manzano spoke about his rehabilitation.

## Proposition 63 seeks funding for mental health

**MODESTO** — For those who have an addiction problem there can be two births, the first when they were physically born from their mother and the second when they have gained control over their lives without the use of drugs.

Felipe Manzano, a resident of Modesto, has been born "twice" and now helps other addicts get out of the vicious cycle of addiction at the Stanislaus County Rehab and Well-being Center.

A speaker at the Sixth Annual Mental Health Conference for the Latino Community organized by mental health, alcohol and drug services, Manzano spoke about his experience in the world of addiction.

"I started smoking pot in high school, but I quickly started drinking alcohol and taking methamphetamines. Because of this, my first marriage broke up and I lost my daughter, but instead of looking to help, I became more addicted."

First as a patient and now as an

employee at the Rehab Center, Felipe Manzano says that as a Hispanic man he had to overcome a strong cultural obstacle: machismo. "We are taught to never give up and that we have to solve our problems without asking for help. But to get on the road of recovery, we need to accept that only someone with more experience can help us and we learn humility."

Dr. Adamson, director of Mental Health, Alcohol and Drug Services, also spoke about the stigma and criticism patients with mental health problems often face.

"We tend to be very critical of people with mental health prob-

lems such as schizophrenia or bipolar disorder being that they, just as those who have addiction problems, cannot cure themselves and need professional help or a rehabilitation program to

HEALTH ► A-11

## A good plan will help our mental health

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Nearly every local government agency is struggling financially. The city of Modesto has to cut spending by about \$10 million, which means reaching into the sacred ground of public safety. Stanislaus County's Health Systems Agency is bleeding red ink to the tune of \$8 million a year; something has to change.

It's in this climate that another county department, Behavioral Health and Recovery Services, starts a series of community meetings on how to spend millions in new money, its share of proceeds from Proposition 63.

The proposition, approved by voters in November, added a 1 percent tax on Californians whose income exceeds \$1 million per year, hence its label as the millionaires' tax. It is expected to generate \$250 million this year, and Stanislaus will receive about \$10 million of that.

The initiative spelled out how the money is to be spent. It emphasizes focusing on clients, integrating treatment programs and helping people not to just cope with mental illness, but to get well. The county has to come up with a three-year plan; it hopes to finish that outline by this summer.

There will be a temptation to restore some services previously cut or eliminated, or perhaps to just add to existing programs. Dan Souza, the county's behavioral health director, said that's not the intent. A chief emphasis will be on services that help people recover from mental illness or manage its symptoms, and on tracking outcomes.

Souza appointed Karen Hurley, a longtime mental health department employee, as program manager. She'll coordinate the effort to draft the plan. Souza and Hurley seem to be committed to collecting ideas from throughout the community.

The county's mental health professionals inherit a burden with this new money — the demand for measurable and visible results.

While we did not endorse Proposition 63, we want to see it used wisely now that it's in place. And we surely don't agree with a move afoot to repeal it. Petitions are being circulated to put the issue back before voters this year. That's no way to operate.

Local government needs stable and predictable funding, and then to be held to the task of using that money effectively.

*Posted on 03/18/05 04:00:00*

<http://www.modbee.com/opinion/story/10209026p-10972228c.html>

## Health agency awaits payday

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**By JOEL HOOD  
BEE STAFF WRITER**

After months of heated campaign rhetoric, one issue, surprisingly, became the most divisive for Stanislaus County voters in the general election last November.

The polarizing presidential race? No.

The wild county supervisors run-off? Try again.

It was the Mental Health Services Act of 2004, a proposal to fund mental health programs in California by imposing a 1 percent tax on those earning \$1 million or more annually.

The measure failed by the slimmest of margins in traditionally conservative Stanislaus County — 245 votes out of more than 138,700 cast.

Statewide, however, Proposition 63 passed, 53 percent to 46percent, bringing in a projected \$750 million annually for mental health programs in California, many of which have been beset by hiring freezes, staff reductions and cuts in services.

Stanislaus County is expected to receive \$2 million this fiscal year, then as much as \$4million annually beginning in fiscal 2007 — a critical period for the cash-strapped Behavioral Health and Recovery Services department.

And a critical time, too, for the agency's new director, Denise Hunt, whose optimism about the future of mental health care in Stanislaus County is tied directly to the future of Proposition 63.

"It's a volatile state economy, so it's difficult to project what (Proposition 63) will mean to us," Hunt said. "But it's a good lump sum. And it's a start to get us on the right track."

Health officials say approximately 35,000 people in Stanislaus County suffer from serious mental or emotional illnesses, with only about a third receiving consistent treatment from the county.

Behavioral Health and Recovery Services, which administers care for everything from bipolar disorder to alcohol addiction, entered this fiscal year with a \$5.6million budget deficit.

But county officials admit the crisis has been largely overshadowed by the financial issues surrounding the county's Health Services Agency, which serves more than 40,000 people and has an \$8.6 million budget shortfall that is threatening clinic closures and major staff reductions.

"(Health Services) has received more attention because the funding challenges threaten its long-term structure," according to Stan Risen, an assistant executive officer for Stanislaus County. "With (Behavioral Health) we know we have a potential funding source on the horizon, and that gives us hope."

Hunt agreed.

A Bay Area native, Hunt has lived in the Northern San Joaquin Valley since the mid-1970s and is a product of the region's educational system in the areas of mental health and nursing. She received an associate degree in nursing from Modesto Junior College in 1977, a bachelor's degree from California State University, Stanislaus, in 1984 and a master's degree in

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# Local News

## Mental health focus of Oakdale meeting

By JOEL HOOD  
BEE STAFF WRITER

Calling it "a pivotal moment in mental health care in California," Stanislaus County officials will host a series of public meetings to better understand the needs of county residents.

The meetings, which begin at 5 p.m. today at the City Council Chambers in Oakdale, are a requirement of the Mental Health Services Act, Proposition 63, which California voters passed in November.

The controversial proposition imposes a 1 percent tax on those making more than \$1 million a year to fund mental health services.

Although the formula determining how much counties are to receive is uncertain, officials say it could mean \$5 million a year for Stanislaus County's Behavioral Health and Recovery Services Department.

"This is a thrilling moment, a pivotal moment for mental health care in California," said Karen Hurley, project manager for the county's implementation of the Mental Health Services Act.

The Behavioral Health and Recovery Services Department provides care for thousands battling mental illness, and drug and alcohol addiction. The department's annual operating budget of about \$80 million is frequently targeted by county officials during lean budget years, said BHRS director Dan Souza.

Eleven BHRS employees were laid off or transferred to other departments because of budget cutbacks in fiscal year 2004-05. The department also cut ties with a Bay Area firm that provided counseling and medication man-

### MEETINGS

Town hall public meetings for Mental Health Services in Stanislaus County. All meetings are from 5-7 p.m.

#### ■ Today

Oakdale, City Council Chambers, 277 N. Second Ave.

#### ■ March 29

Patterson, Westside Resource Center, 118 N. Second St.

#### ■ March 31

Turlock, Senior Center, 1191 Cahill Ave.

#### ■ April 5

Ceres, American Legion Hall, 2609 Lawrence St.

#### ■ April 6

Modesto  
West Modesto Community Center, 401 E. Paradise Road

agement for about 350 mentally ill clients in east Modesto.

Souza said he expects the department's revenue from the Mental Health Services Act will be used to target the working poor and those who do not have medical insurance. Hurley said there is a great need for the county to allocate more resources to address mental health issues among the homeless and those who do not speak English.

"(The revenue) means we'll be able to expand our services to those people we're not able to serve and those we've underserved because funding shortages," Souza said. "We can't presume to know what the needs are in those communities until we talk with them."

Bee staff writer Joel Hood can be reached at 238-4574 or [jhood@modbee.com](mailto:jhood@modbee.com).

## **FOR IMMEDIATE RELEASE: March 15, 2005**

### **Stanislaus County Seeks Community Input for Mental Health Services**

#### Background: Mental Health Services Act:

March 15, 2005: (Modesto, California) – The Mental Health Services Act (Proposition 63 on the November ballot) was passed by California voters, resulting in additional funding for mental health services throughout the state. Each county behavioral health department is responsible for submitting a three-year expenditure plan; the funding guidelines and the elements of that plan are very specific (see attached Fact Sheet), and require community feedback and direct involvement of multiple stakeholder groups. In keeping with the guidelines of the Mental Health Services Act, and the Department's ongoing commitment to customer service, Stanislaus County's Behavioral Health and Recovery Services (BHRS) has submitted a proposal for community program planning. Stanislaus County's planning process for the Mental Health Services Act (MHSA) is co-sponsored by the Stanislaus County Mental Health Board (MHB). The MHB members will be directly involved in facilitating focus groups, town hall meetings, and other community planning activities throughout the next several months.



### Town Hall Meetings:

Town Hall Meetings have been scheduled at key geographic locations throughout Stanislaus County over the next 6-week period. These meetings are open to the general public, and are intended to elicit feedback regarding mental health services. Attendees will be asked to provide input on current mental health services, access to services, and feedback on what types of services are needed. Presenters/facilitators at the town hall events will include consumers of mental health services, family members, Mental Health Board members, BHRS staff, NAMI members, and representatives from other organizations. Spanish-speaking translators will be available at each town hall meeting. See attached Town Hall Meeting Schedule for dates and locations.

### Ongoing Community Outreach and Contact Information:

“Stanislaus County’s planning process for the Mental Health Services Act is a top priority and an ongoing commitment” states Dan Souza, LCSW, Director of Stanislaus County’s Behavioral Health and Recovery Services. “BHRS staff are excited about partnering with our consumers, community organizations, and other stakeholder groups in this collaborative opportunity to obtain feedback and to participate in what is being called a transformation of mental health services.”

In addition to the upcoming Town Hall meetings, other community outreach projects/events over the next several months include:

- direct mail survey forms
- targeted focus groups
- periodic public service announcements

- community education / open house events
- available MHSA website ([www.stanislausmhsa.com](http://www.stanislausmhsa.com))

Ms. Karen Hurley, LMFT has been named Mental Health Services Act Project Manager for Stanislaus County BHRS. Ms. Hurley is coordinating the community outreach events and town hall meetings.

To obtain more information on the Mental Health Services Act, please contact Mr. Dan Souza, LCSW, BHRS Director at (209) 525-6225. To obtain additional information on the specific outreach events and town hall meetings, please contact Ms. Karen Hurley, LMFT, MHSA Project Manager at (209) 525-6225.

Stanislaus County Behavioral Health and Recovery Services offers over thirty years of experience in the delivery of community mental health and substance abuse services.

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>>> [Presione aquí para ver este sitio en Español](#)

Welcome to the Stanislaus County Mental Health Services Act (Prop63) website. The Mental Health Services Act provides funding to counties to expand and develop innovative, integrated services for children, adults and older adults. California's voters passed the Act in November 2004 as a result of a grassroots coalition intended to transform public mental health care. The intent of this site is to inform and invite you to participate in the implementation of Prop 63.

>>> [Click here to learn all the Facts about MHSA](#)

#### Highlights and Updates!

- **Public Hearing Coming Soon!**
- [Planning Process Update! 08/17/2005](#)  
For more information contact Linda Jue, Public Information Officer, Stanislaus County Behavioral Health and Recovery Services, (209) 525-6225



## Acta de Servicios de Salud Mental

.....transformando fundamentalmente cómo proporcionamos los cuidados de salud mental en el Condado de Stanislaus

Bienvenido al portal del Acta de Servicios de Salud Mental del Condado Stanislaus (MHSA-Prop63). El Acta de Servicios de Salud Mental proporciona fondos a los condados para expandir y desarrollar servicios nuevos e integrados para niños, Adultos y Adultos mayores. Los votantes de California aprobaron el Acta en Noviembre del año 2004 como resultado de miembros de la comunidad con la intención de transformar los cuidados públicos de salud mental. La intención de este portal de Internet es de informarle e invitarle a participar en la implementación de la Proposición 63.

**Aprenda más >>> [Hechos de MHSA](#)**

**Toque aquí para imprimir forma para enviar o mandar por fax en su idea**

- Rendir su idea por la línea via internet >>> [Línea MHSA Cuestionario de Comunidad](#)
- [horario de juntas](#)

Para mayor información llame a Linda Jue, Oficial de Información Pública, Stanislaus County Behavioral Health and Recovery Services, al (209) 525-6225

Community members, consumers, family members,  
professionals and other people interested in improving mental  
health care and services are invited  
to attend a

**Town Hall Meeting**  
on the  
**Mental Health Services Act**  
(Proposition 63)

**PATTERSON**    March 29, 2005    5:00 – 7:00 PM  
Location TBD

**TURLOCK**    March 31, 2005    5:00 – 7:00 PM  
Senior Center    1191 Cahill

**CERES**    April 5, 2005    5:00 – 7:00 PM  
American Legion Hall    2609 Lawrence Street

**MODESTO**    April 6, 2005    5:00 – 7:00 PM  
West Modesto Community Center    401 E. Paradise Road

Childcare provided on site.

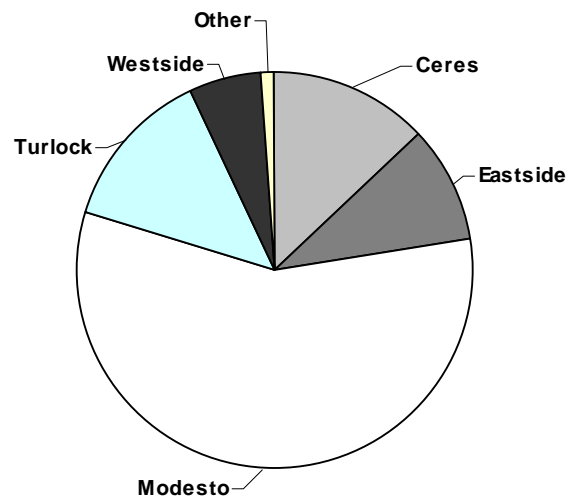


Sponsored by

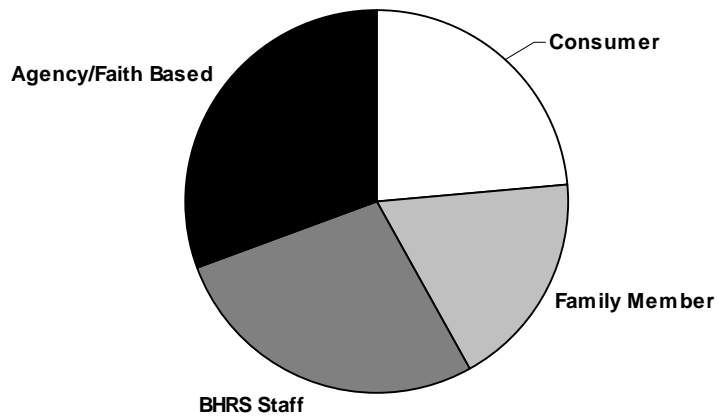
**Behavioral Health and Recovery Services**  
A Mental Health, Alcohol and Drug Service Organization  
**Stanislaus County Mental Health Board**  
**Stanislaus County Board of Supervisors**

### Demographics from MHSA Feedback Response Forms

**Feedback Response  
by Region**

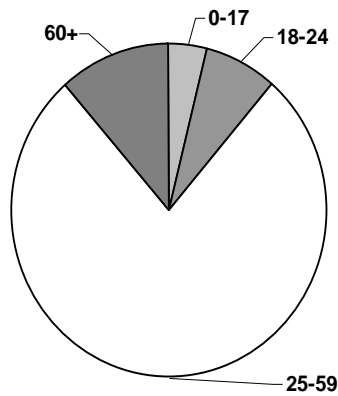


**Feedback Response  
by Type**

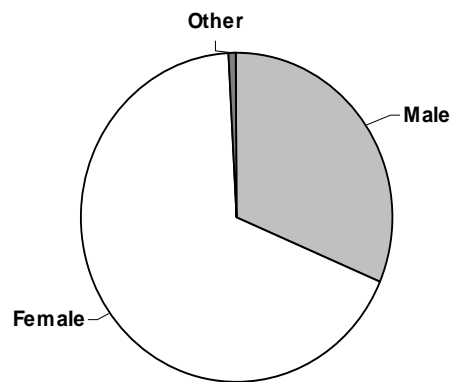


## Demographics from MHSA Feedback Response Forms

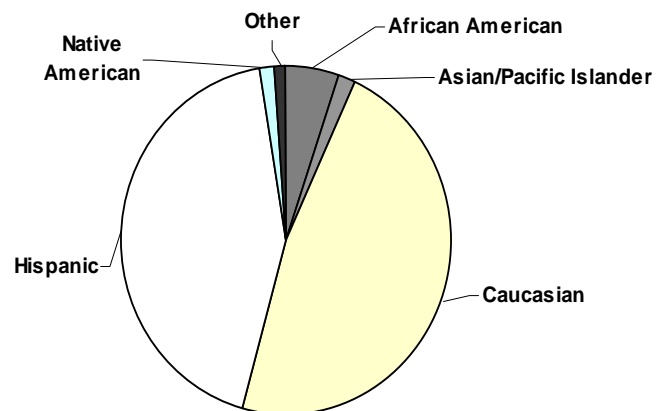
**Feedback Response  
by Age Groups**



**Feedback Response  
by Gender**



**Feedback Response  
by Ethnicity**





	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I feel I understand the planning process for the Mental Health Services Act in Stanislaus County. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I had the opportunity to provide input for the Mental Health Services Act planning process . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel my input into the process was heard . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The data from the process was presented in a way I can understand . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I plan to continue my participation in the Mental Health Services Act process . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[illegible]



## MHSA REPRESENTATIVE STAKEHOLDER STEERING COMMITTEE

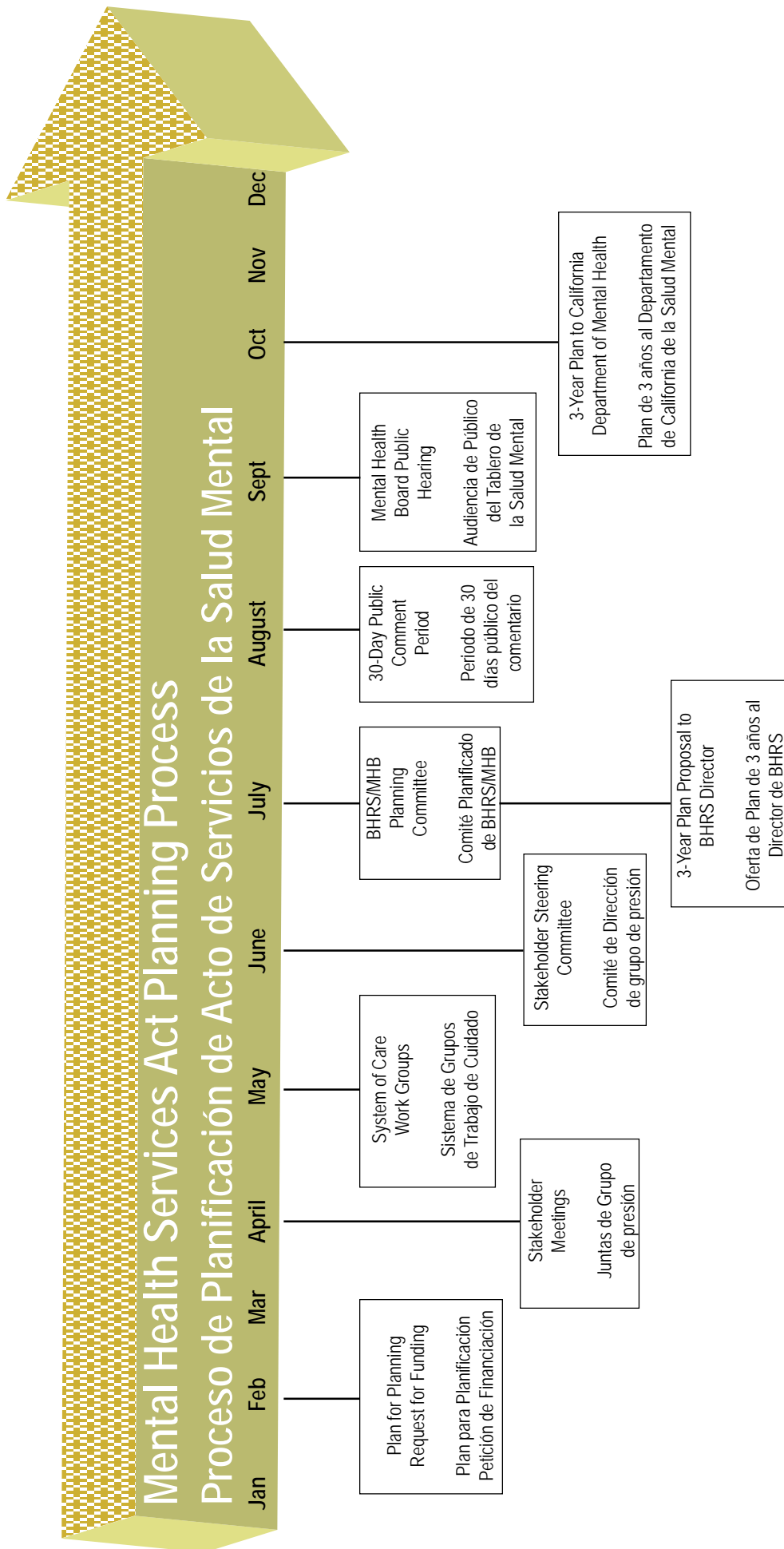
Stakeholder Group	Name	Organization/Representation
<b>Law Enforcement</b>	Roy Wasden Chief	Modesto Police Department
	Les Weidman Sheriff-Coroner and Public Administrator	Stanislaus County Sheriff's Office
<b>Courts</b>	Marie D. Silveira Presiding Judge	Stanislaus County Superior Court
<b>Probation</b>	Jerry Powers Chief Probation Officer	Stanislaus County Probation Department
<b>Education</b>	Pat Logan Director of Pupil Services	Modesto City Schools
	Martin Peterson Superintendent of Schools	Stanislaus County Office of Education
<b>Ethnic Organizations</b>	Carole Collins Community Member	West Modesto King Kennedy Neighborhood Collaborative
	Jose Rodriguez Chief Executive Officer	El Concilio
<b>Family</b>	Geary Oreglia President	NAMI-Stanislaus
	Joyce Plis Secretary/Treasurer	NAMI-Stanislaus
	Nancy Anders Chief Executive Officer	K.A.R.R.E.S. Support Groups, Inc.
	Barbara Hathorn Community Member	Family Member-TAYA
	Ana Rocha Community Member	Family Member-Child
	Judith L. Thorkelson Community Member	Family Member-Older Adult
<b>Consumers</b>	B.J. Morganti President	Stanislaus Network of Mental Health Clients
	Diana Cabral- Kaysen Community Member	Stanislaus Network of Mental Health Clients
	John Dompling Community Member	Older Adult
	Tova Acosta Community Member	Transition Age Youth
	Rafael Bazan Community Member	Youth Member
<b>Social Services</b>	Ken Patterson Director	Community Services Agency
	Mickey Peabody Community Member	Senior Senator

<b>Public Health Care</b>	Mary Ann Lee Associate Director, HCQS	Health Services Agency
	Mike Sullivan Chief Executive Officer	Golden Valley Health Centers
<b>Private Health Care</b>	Mike King Chief Financial Officer	Doctor's Medical Center
	John J. Jacisin, MD Psychiatrist	Psychiatric Medical Group
<b>Housing and Employment</b>	Dwight Bateman Executive Director	DRAIL
	Aaron Farnon Vice President	Stanislaus Housing and Support Services Collaborative
<b>Labor Organizations</b>	Maisy Strong-Avila Shop Steward	SEIU Local 535
	Lori Webber, RN Shop Steward	California Nurses Association
<b>Staff</b>	Bruce Washington, MS	Behavioral Health and Recovery Services
	Debbie Vieira, LCSW	Behavioral Health and Recovery Services
<b>Faith Based</b>	Tom Ciccarelli Chief Executive Officer	Interfaith Ministries
	Cathee Vaughn Secretary, Board of Directors	United Samaritans Board
<b>CEO</b>	Rick Robinson Chief Executive Officer	Stanislaus County Chief Executive Office
<b>Private Providers</b>	Jeannie Carlisle, LCSW	NASW-Local Chapter
	Lia Santucci, MFT	CAMFT-Local Chapter
<b>Contractors</b>	Cindy Duenas Program Director	Center for Human Services
	Anne Robin Program Coordinator	Telecare SHOP
<b>District Attorney</b>	James Brazelton District Attorney	Stanislaus County District Attorney's Office
<b>Public Defender</b>	Tim Bazar Public Defender	Stanislaus County Public Defender's Office

Endorsement	Endorsement with minor point of contention	Agreement with reservation	Abstain	Stand aside	Formal disagreement, but will go with majority	Formal disagreement, w/request to be absolved from implementation	Can't forward
"I like it"	"Basically I like it."	"I can live with it."	"I have no opinion."	"I don't like, this but I don't want to hold up the group."	I want my disagreement noted in writing, but I'll support the decision."	I don't want to stop anyone else, but I don't want to be involved in implementing this."	We have to continue the conversation."

Community at Work developed this scale

# The Mental Health Services Act



Behavioral Health & Recovery Services  
 A Mental Health, Alcohol and Drug Service Organization  
 Servicios de Salud Mental, Alcohol y Drogas



## Save the Dates

# Mental Health Services Act

## System of Care Workgroups

### All interested MHSA Stakeholders

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li>• Consumers</li> <li>• Family Members</li> <li>• BHRS Staff</li> </ul> | <ul style="list-style-type: none"> <li>• Contractors</li> <li>• Social Services Providers</li> <li>• Health Care Providers</li> </ul> | <ul style="list-style-type: none"> <li>• Educators</li> <li>• Law Enforcement</li> <li>• Courts</li> </ul> |
|---|---|--|

**June 6 & 7, 2005**

Registration @ 8:30 a.m.      Workgroups from 9 a.m. - 4:30 p.m.

Stanislaus County Agricultural Center  
Harvest Hall - County Center VI  
3800 Cornucopia Way  
Modesto Ca 95353  
(209) - 525-6845

**Monday, June 6, 2005**

8:30a.m. - 4:30 p.m.

**Adult and Child Workgroups**  
(conducted separately)

**Tuesday, June 7, 2005**

8:30 a.m. - 4:30 p.m.

**Transition Age Youth and Older Adult**  
(conducted separately)

<b>MHSA System of Care Workgroups Registration</b> June 6, & 7, 2005    8:30 a.m. - 4:30 p.m.				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Name:</td> <td style="width: 50%; padding: 5px;">Organization:</td> </tr> <tr> <td style="padding: 5px;">Phone #:</td> <td style="padding: 5px;">E-mail:</td> </tr> </table>	Name:	Organization:	Phone #:	E-mail:
Name:	Organization:			
Phone #:	E-mail:			

June 6<sup>th</sup> Registration (check one)

Adult Workgroup ☐  
Child Workgroup ☐

June 7<sup>th</sup> Registration (check one)

Transition Aged Youth ☐  
Older Adult ☐

Anyone can attend. Pre-registration is required. Lunch will be provided. Simultaneous Spanish translation will be provided. Reasonable Accommodations and Childcare requests: If you need assistance to participate in the meeting, please contact Karen Hurley at 525-6225. Notification 48 hours prior to the meeting will enable us to make reasonable arrangements to ensure accessibility to the meeting. To register, please contact Karen Hurley or Marisela Cantu at (209) 525-6225, fax this page to 525-6291 or e-mail: [khurley@mail.co.stanislaus.ca.us](mailto:khurley@mail.co.stanislaus.ca.us).



## MENTAL HEALTH SERVICES ACT (Proposition 63) FACT SHEET

### DESCRIPTION

An act to expand mental health services in California with the intent of transforming how mental health care is accessed and delivered.

### FUNDING

- Residents with taxable income over \$1 million are taxed 1%
- Estimated statewide revenue \$250 million for fiscal year 2004/05; \$300 million for fiscal year 2005/06
- Funding distributed based on three-year plans; unmet needs; capacity to implement plan, and performance.
- Distribution
  - 1) fiscal year 2004/05: 5% for local planning and administration; 5% for state planning; 45% capital facilities and technological needs and, 45% for unmet Human Resource needs – may not go directly to counties.
  - 2) Fiscal year 2005/06: 55% for System of Care (5% for Innovations); 20% for Prevention and Early Intervention (5% for Innovations); 10% for Human Resource Development; 10% for capital facilities and Human Resource Development, and 5% for State administration.

### PLANNING

#### GUIDING PRINCIPLES AND VALUES

Client Centered, Family Focused, Culturally Competent, Recovery Focus, Integrated Systems of Care, Outcome Driven.

#### COMPONENTS

Planning, Services to Children, Services to Adults and Seniors, Innovative Services, Prevention and Intervention Services, Technological Needs and Capital Facilities, Human Resource Needs.

#### STAKEHOLDERS

Consumers including youth, Family Members, Ethnic Organizations and other Special Populations, Organization Providers (contractors), Law Enforcement, Education, Social Service Providers, Health Services Providers, Representatives of Frontline Staff.

#### PROCESS

- State Department of Mental Health will establish requirements
- Counties will develop plan through a public process that involves stakeholders
- Draft plan will circulate for 30 days
- Mental Health Board will hold hearing at end of 30 day period and make recommendations for revisions

## EXPECTED OUTCOMES

- Adopted Plan must include substantive written recommendations and an analysis
- Board of Supervisors approval
- Same process for Annual Plan Updates

### LOCAL PLANNING PROCESS

- Behavioral Health and Recovery Services/Mental Health Board Planning Committee
- Stakeholder Steering Committee
- Workgroups for FY 2004/05: Children, Transition Age Youth, Adult and Older Adult

### CHILDREN

- Reduce out of home placement
- Improved school performance and attendance
- Reduce Juvenile Justice recidivism

### ADULTS

- Reduce homelessness
- Reduce incarceration
- Reduce psychiatric hospitalization

### SENIORS

- Avoid reducing personal or community functioning
- Reduce psychiatric hospitalization

### PREVENTION AND EARLY INTERVENTION

Reductions in: suicide, incarceration, unemployment, prolonged suffering, homelessness and removal of children from their homes.

For further information contact Karen Hurley, Project Manager or Linda Jue, Public Information Officer at 525-6225.

You may also visit [www.stanislausmhsa.com](http://www.stanislausmhsa.com)



# LEY DE SERVICIOS DE SALUD MENTAL

(Proposición 63)

## HOJA DE DATOS

### DESCRIPCION

Es una ley para expandir los servicios de salud mental en California con la intención de transformar el acceso y la forma de proporcionar los cuidados de salud mental.

### RECURSOS

- Los residentes con un ingreso mayor de \$1 millón pagarán 1% por concepto de impuestos.
- El ingreso estimado será de \$250 millones para el año fiscal 2004/05; y de \$300 millones para el año fiscal 2005/06
- Los fondos distribuidos basados en planes a tres años, necesidades que no se satisfagan, capacidad para la implementación del plan, y al aprovechamiento de dichos fondos.
- Distribución
  - 1) Año fiscal 2004/05: 5% para planeación y administración local; 5% para la planeación estatal; 45% necesidades importantes en instalaciones y tecnológicas y, 45% necesidades no satisfechas en Recursos Humanos – que pudieran no ir directamente a los condados.
  - 2) El año fiscal 2005/06: 55% por el Sistema de Cuidados (5% para innovaciones); 20% para Prevención e Intervención temprana (5% para innovaciones); 10% para desarrollo de Recursos Humanos; 10% para Desarrollo de Recursos Humanos e Instalaciones importantes, y 5% para Administración estatal.

### PLANEACIÓN

#### PRINCIPIOS Y VALORES GUIA

Centrados en el Cliente, Enfocado en la Familia, Competente Culturalmente, Enfocado en la Recuperación, Sistemas de Cuidados Integrados, Guiados por Resultados.

#### COMPONENTES

Planeación, Servicios para Niños, Servicios para Adultos y Ancianos, Servicios Innovados, Servicios de Prevención e Intervención, Necesidades Tecnológicas e Instalaciones Importantes, Necesidades de Recursos Humanos.

#### BENEFICIARIOS

Consumidores incluyendo jóvenes, Miembros de la Familia, Organizaciones étnicas y otras Poblaciones Especiales, Proveedores de Organización (contratistas), Agencias de Seguridad Pública, Educación, Proveedores de Servicios Sociales, Proveedores de Servicios de Salud, y el personal.



## RESULTADOS ESPERADOS

### PROCESO

- El Departamento de Estado de Salud Mental establecerá requerimientos
- Los Condados desarrollarán el plan a través del proceso público que involucra a los beneficiados
- El bosquejo del plan circulará entre todos por 30 días
- El Consejo de Salud Mental tendrá una audiencia al final de los 30 días y harán recomendación para revisiones
- El plan adoptado deberá incluir recomendaciones reales por escrito y un análisis
- La aprobación del Consejo de Supervisores
- El mismo proceso para Actualizaciones Anuales del Plan

### PROCESO DE PLANEACION LOCAL

- Comité de Behavioral Health and Recovery Services/Mental Health Board Planning
- Comité Directivo de Personas Locales
- Grupos de Trabajo para el Año Fiscal 2004/05: Niños, Jóvenes en Edad de Transición, Adultos y Adultos Mayores

### NIÑOS

- Reducir el colocarlos fuera de su hogar
- Mejorar el aprovechamiento y la asistencia escolar
- Reducir la reincidencia en el Sistema de Justicia Juvenil

### ADULTOS

- Reducir falta de vivienda
- Reducir encarcelamiento
- Reducir hospitalización psiquiátrica

### ADULTOS MAYORES

- Evitar reducir personal o funciones comunitarias
- Reducir hospitalización psiquiátrica

### PREVENCION E INTERVENCION TEMPRANA

Reducciones en: suicidios, encarcelamiento, desempleo, sufrimiento prolongado, perder su vivienda y la separación de los niños de sus padres.

Para mayor información llame a Karen Hurley, Gerente del Proyecto o  
Linda Jue al 525-6225

Para más información, visite [www.stanislausmhsa.com](http://www.stanislausmhsa.com)

## Mental Health Services Act

The Mental Health Service Need Prevalence for Stanislaus County is 7.09%. With a population of 492,233, this would predict that 34,899 people are in need of services. In fiscal year 2003/04, Behavioral Health and Recovery Services served 12,851 people, leaving about 22,048 with unmet needs.

### BY REGION

Region	Estimated Population	Served	Need	Unmet
Modesto	280,573	7,558	19,893	12,335
Ceres	44,301	1,166	3,141	1,975
Turlock	78,575	1,526	5,584	4,058
Eastside	59,068	1,152	4,188	3,036
Westside	29,534	485	2,094	1,609

### BY RACE/ETHNICITY

Region	Estimated Population	Served	Need	Unmet
African American	12,798	679	907	228
Asian/Pacific Is	22,150	274	1,570	1,296
Hispanic	156,038	3,683	11,063	7,380
Native American	6,399	89	454	365
White	282,059	7,802	19,997	12,195
Other	12,798	315	907	592

### BY AGE GROUP

Age Group	Estimated Population	Served	Need	Unmet
Under 18 years	153,084	4,296	10,854	6,558
18-64 years	287,957	8,006	20,416	12,410
65 years and older	51,192	549	3,630	3,081

## Acto de Servicios de la Salud Mental

El Predominio de Necesidad de Servicios de la Salud Mental para el condado de Stanislaus es el 7.09 %. Con la población de 492,233, es una pérdida que 34,899 personas necesitan servicios. En año fiscal de 2003/04, Behavioral Health & Recovery Services sirvieron 12,581 personas, dejando aproximadamente 222,048 con necesidades inencontradas.

### POR REGIÓN

Region	Estimated Population	Served	Need	Unmet
Modesto	280,573	7,558	19,893	12,335
Ceres	44,301	1,166	3,141	1,975
Turlock	78,575	1,526	5,584	4,058
Eastside	59,068	1,152	4,188	3,036
Westside	29,534	485	2,094	1,609

### POR RAZA/PERTENENCIA ÉTNICA

Region	Estimated Population	Served	Need	Unmet
African American	12,798	679	907	228
Asian/Pacific Is	22,150	274	1,570	1,296
Hispanic	156,038	3,683	11,063	7,380
Native American	6,399	89	454	365
White	282,059	7,802	19,997	12,195
Other	12,798	315	907	592

### POR CATEGORÍA DE EDAD

Age Group	Estimated Population	Served	Need	Unmet
Under 18 years	153,084	4,296	10,854	6,558
18-64 years	287,957	8,006	20,416	12,410
65 years and older	51,192	549	3,630	3,081

# Milestones in Recovery from Mental Illness

---

**R**

I begin to **recognize** my inner distress but may be unable to identify what it is.

**E**

I begin to **examine** my distress with the help of others.

**C**

I **choose** to believe that hope exists.

**O**

I start **overcoming** those symptoms that keep me from examining what is important to me in life.

**V**

I **voluntarily** take some action toward recovery.

**E**

I start to **enjoy** the benefits of mutual recovery.

**R**

I am **responsible** for my own recovery.

**Y**

**Yes**, helping others strengthens my recovery.

## ***Recovery is Possible!***



**Behavioral Health and Recovery Services**

A Mental Health, Alcohol and Drug Service Organization

Sponsored by the Stanislaus County Board of Supervisors  
January 2004

# PASOS EN LA RECUPERACIÓN DE ENFERMEDAD MENTAL

**R**

Yo comienzo a **reconocer** mi dolor interior pero no puedo identificar lo que es.

**E**

Yo comienzo a **examinar** mi dolor con la ayuda de otros.

**C****U**

Yo **elijo** creer que existe esperanza.

**P****E**

Yo empiezo a **superar** aquellos síntomas que me impiden examinar lo que es importante para mí en la vida.

**R****A**

Yo tomo **voluntariamente** alguna acción hacia la recuperación.

**C**

Yo empiezo a **disfrutar** los beneficios de la recuperación mutua.

**I****Ó**

Yo soy **responsable** por mi propia recuperación.

**N**

**Sí**, ayudando a otros fortalece mi recuperación.

***¡La Recuperación es Posible!***



**Servicios de Salud Mental, Alcohol y Droga**

Auspiciado por el Consejo de Supervisores del Condado de Stanislaus  
Enero 2004

For more information to [www.stanislausmhsa.com](http://www.stanislausmhsa.com)

Proposition 63 is Now

**The Mental Health Services Act**

Prevention

Families

Client Centered

Innovation

How can we make Mental Health services better? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How can we make services easier to get? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What type of services are needed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The MHSA requires that we obtain input from a wide variety of groups as part of the planning process. In order to help us make sure we do this well, please tell us a little about yourself by answering the following questions. Your answers are voluntary, but will help us greatly in evaluating this process.

Please note which group you are most associated with: \_\_\_\_\_

(For example: Consumers, Family Members, Ethnic Group, Law Enforcement, Education, Social Services, Public Health, Private Provider, BHRS Staff, Faith-Based Group, etc.)

Your age:

☐ 17 or younger☐ 18-24☐ 25-59☐ 60 +

Gender:

\_\_\_\_\_

☐ Ceres☐ Eastside☐ Modesto☐ Turlock☐ Westside (Patterson,

(Oakdale, Riverbank,

Valley Home,

Knights Ferry, etc...)

Newman,

Grayson, etc

Race/Ethnicity:

\_\_\_\_\_

*If you would like, please fill in your name and a contact number so if we have questions about your input or would like to follow up we will be able to reach you. This is optional and voluntary.*

Name: \_\_\_\_\_

Contact Phone#: \_\_\_\_\_

When complete, please fax to 525-6291 or mail to: BHRS/MHSA 800 Scenic Dr., Modesto, CA 95350

Para mas información puede ir al [www.stanislausmhsa.com](http://www.stanislausmhsa.com)

Proposición 63 es ahora

**La Ley De Servicios De La Salud Mental**

Prevención

Familias

Consumidor Orientado

Innovación

*Favor de informarnos de sus ideas, preocupaciones, sugerencias sobre el planear de La Ley De Servicios de La Salud Mental.*

¿Cómo podemos mejorar los servicios? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

¿Cómo podemos hacer los servicios más fácil para obtener? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

¿Que tipo de servicios son necesarios? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

La Ley de Servicios de la Salud Mental (Mental Health Services Act) parte del proceso de planear la ley que requiere que obtengamos recomendaciones de varios grupos. Para asegurarnos que estamos haciendo las cosas según requeridas, favor de proveernos con información acerca de usted por medio de responder a las preguntas siguientes. Usted nos ayudara muchísimo para la evaluación de este proceso por medio de sus respuesta(s) que serán absolutamente voluntarias.

Favor de escribir el grupo con el que usted esta asociado: \_\_\_\_\_

(Por ejemplo: Consumidores, Miembro de Familia, Grupos Étnicos, Departamentos de Policía, Educación, Servicios Sociales, Salud Publica, Negocios Privado, Personal de BHRS, Religioso, etcétera.

Su edad:

☐ 17 o Menor    ☐ 18-24    ☐ 25-59    ☐ 60 o más

Engendrar: \_\_\_\_\_

☐ Ceres    ☐ Eastside    ☐ Modesto    ☐ Turlock    ☐ Westside (Patterson, Newman, Grayson, etc  
 (Oakdale, Riverbank, Valley Home, Knights Ferry, etc...)

Raza/Pertenencia Étnica \_\_\_\_\_

*Si tenemos alguna pregunta acerca de su recomendación, y necesitamos comunicarnos con usted, favor de proveer su nombre y numero de teléfono. Esta información es absolutamente voluntaria.*

Nombre: \_\_\_\_\_

Numero de Teléfono: \_\_\_\_\_



### NOTICE OF PUBLIC HEARING

Pursuant to Section 5848 (a) and (b) of the Welfare and Institutions Code and other applicable laws, the Mental Health Board of the County of Stanislaus, State of California, will hold a public hearing regarding the Mental Health Services Act Three-Year Plan Proposal for Community Services and Supports in the County. The public hearing will commence on:

Thursday, October 6, 2005 4:00 p.m.  
Redwood Room, Behavioral Health and Recovery Services  
800 Scenic Drive, Modesto, California

Beginning on September 5, 2005 until the time fixed for the hearing, any interested person may request as copy of the draft plan. The Mental Health Board will consider both oral and written comments at the time and place fixed for hearing.

Additional information regarding this hearing may be obtained by contacting Behavioral Health and Recovery Services at (209) 525-6225, or by writing:  
Stanislaus County Behavioral Health and Recovery Services  
Attention: Director's Office  
800 Scenic Drive  
Modesto, CA 95350

The draft plan can be viewed at [www.stanislausmhsa.com](http://www.stanislausmhsa.com) or you may request a copy by calling BHRS Administration at 525-6225.

3155243



[stanislausmhsa.com](http://stanislausmhsa.com)

### Mental Health Services Act

...fundamentally transforming how mental health care is delivered in Stanislaus County

### PUBLIC ANNOUNCEMENT

**Behavioral Health and Recovery Services is pleased to announce that the Mental Health Services Act Three-Year Plan Proposal is available for public review.**

**The draft plan can be viewed at [www.stanislausmhsa.com](http://www.stanislausmhsa.com) or you may request a copy by calling BHRS administration at 525-6118.**

314536





# Stanislaus County Agenda

## Department: Behavioral Health and Recovery Services

Type of Meeting:	MENTAL HEALTH BOARD MENTAL HEALTH SERVICES ACT (MHSA) COMMUNITY SERVICES AND SUPPORTS DRAFT PLAN PUBLIC HEARING	Date:	Thursday, October 6, 2005	
Place:	REDWOOD ROOM 800 SCENIC DRIVE, MODESTO, CA	Starting Time:	4:00 P.M.	
Facilitator:	Jack Waldorf, Chair	Ending Time:	6:00 P.M.	
Mission Statement:	The Stanislaus County Mental Health Board shall advocate for the highest possible quality of life, for the elimination of stigma through education, for removal of barriers to service, and will provide oversight and work in partnership with the staff of the County Mental Health Department.			
Order of Agenda Items		Person(s) Responsible	Desired Outcome (Info/Discuss/Problem-Solving/Input/Decision)	Time Allocated
Call to Order		Chair	Meeting Begins	1 minute
Introductions		All	Information	2 minutes
AUDIENCE PARTICIPATION: Members of the public may be heard on any item on the Board's agenda. A person addressing the Board will be limited to 5 minutes unless the Chairperson of the Board grants a longer period of time.  REASONABLE ACCOMMODATIONS: In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the Executive Assistant at (209) 525-6225. Notification 72 hours prior to the meeting will enable the County to make reasonable arrangements to ensure accessibility to this meeting.		Chair	Information	1 minute
Order of Agenda Items		Person(s)	Desired Outcome	Time

	<b>Responsible</b>	<b>(Info/Discuss/Problem-Solving/Input/Decision)</b>	<b>Allocated</b>
Review of Authority for Public Hearing Regarding MHSA Community Services and Supports Draft Plan	Board Members BHRS Staff	Consideration of Review of Authority for Public Hearing Regarding MHSA Community Services and Supports Draft Plan	5 minutes
Review Ground Rules	Board Members	Consideration of Ground Rules for Public Hearing	5 minutes
Review Purpose of Public Hearing A. Public Hearing to Receive Input/Public Comments B. Review Agenda C. Review Next Steps	Board Members BHRS Staff	Consideration of Purpose for Public Hearing	10 minutes
Overview of Behavioral Health and Recovery Services Community Services and Supports Draft Plan	Board Members BHRS Staff	Consideration of Overview of Behavioral Health and Recovery Services Community Services and Supports Draft Plan	15 minutes
Public Hearing Regarding Behavioral Health and Recovery Services Community Services and Supports Draft Plan	All	Conduct a Public Hearing to Consider Comments on Behavioral Health and Recovery Services' MHSA Community Services and Supports Draft Plan	
Final Statements/Closing Remarks	Chair	Consideration of Final Statements/Closing Remarks	5 minutes
Closed Session (if necessary)	Board Members/ Department Staff	Discussion	
Adjournment	Chair	End of Meeting	1 minute

### ALL AGENDA ITEMS ARE SUBJECT TO ACTION BY THE MENTAL HEALTH BOARD

STANISLAUS COUNTY BOARD OF SUPERVISORS  
 William O'Brien District 1 • Thomas W. Mayfield District 2 • Jeff Grover District 3 • Raymond Clark-Simon District 4 • Jim De Martini District 5

→ For more information go to, [www.StanislausMHSA.com](http://www.StanislausMHSA.com) ←

## The Mental Health Services Act Proposed Community Services and Supports 3-Year Plan Feedback Form

Prevention

Families

Client Centered

Innovation

If you need additional space for comments please use the back of this form.

What do you feel are the strengths of the plan? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What concerns do you have about the plan? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have other comments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*The MHSA requires that we obtain input from a wide variety of groups as part of the planning process. In order to help us make sure we do this well, please tell us a little about yourself by answering the following questions. Your answers are voluntary, but will help us greatly in evaluating this process.*

Please note which group you are most associated with : \_\_\_\_\_

(For example : Consumers, Family Member, Ethnic Group, Law Enforcement, Education, Social Services, Public Health, Private Provider, BHRS Staff, Faith Based Group, etc. . . )

Your age:

☐ 17 or Younger

☐ 18-24

☐ 25-59

☐ 60+

Gender:

\_\_\_\_\_

Geographical Region:

☐ Ceres

☐ Eastside

☐ Modesto

☐ Turlock

☐ Westside

(Oakdale, Riverbank,  
Valley Home, Knights  
Ferry, etc. . . )

(Patterson, Newman,  
Grayson, etc. . . )

Race / Ethnicity:

\_\_\_\_\_

*If you would like, please fill in your name and a contact number so if we have questions about your input or would like to follow up we will be able to reach you. This is optional and voluntary.*

Name : \_\_\_\_\_

Contact Phone # : \_\_\_\_\_

**Please submit before October 6, 2005. When complete please fax to : 525 - 6291 or you can mail it to :  
BHRS/MHSA 800 Scenic Dr, Modesto, CA 95350**

**Stanislaus County  
Penetration Rates**

**\*Age groupings for Prevalence rates differ from the penetration age groupings:**

**Penetration Rate Group:** **Prevalence Age Groups:**

Age 0-15	Age 0-17
Age 16-25	Age 18-24
Age 26-59	Age 25-64
Age 60+	Age 65+

<u>Description</u>	<b>Overall Penetration:</b>		
	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Total Clients	2.58%	4.80%	53.72%
			<u>SMI Prevalence</u>
			7.09%
			<u>% Met</u>
			36.39%

<u>Description</u>	<b>Ethnicity:</b>		
	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Caucasian	2.98%	4.55%	65.46%
African American	4.34%	5.03%	86.32%
Native American	1.42%	4.11%	34.59%
Asian/Pacific Islander	1.16%	3.15%	36.83%
Hispanic	2.05%	5.40%	37.95%
Other	1.21%	5.55%	21.79%
			<u>SMI Prevalence</u>
			6.90%
			7.14%
			5.25%
			7.12%
			16.30%
			27.70%
			7.73%
			15.65%

<u>Description</u>	<b>Gender:</b>		
	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Males	2.48%	4.30%	57.68%
Females	2.66%	5.29%	50.28%
			<u>SMI Prevalence</u>
			6.04%
			8.11%
			41.09%
			32.80%

<u>Description</u>	<b>Age Group:</b>		
	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Age 0-15	3.03%	7.63%	39.72%
Age 16-25	2.85%	4.10%	69.52%
Age 26-59	2.65%	3.53%	75.03%
Age 60+	1.14%	2.96%	38.58%
			<u>SMI Prevalence</u>
			7.63%
			9.15%
			6.67%
			39.71%
			5.48%
			20.80%

<u>Description</u>	<u>Residence:</u>		
	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Modesto	2.93%	Not Available	<u>SMI Prevalence</u> Not Available
Turlock	2.10%	Not Available	Not Available
Ceres	2.86%	Not Available	Not Available
Westside	1.84%	Not Available	Not Available
Eastside	2.24%	Not Available	Not Available

<u>Caucasian Gender:</u>			
<u>Description</u>	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Male	2.85%	3.83%	74.36%
Female	3.10%	4.75%	65.24%
			<u>SMI Prevalence</u> 5.34% 7.17%
			<u>% Met</u> 53.41% 43.27%

<u>Caucasian Age Group:</u>			
<u>Description</u>	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Age 0-15	3.70%	7.20%	51.38%
Age 16-25	3.64%	4.24%	85.75%
Age 26-59	3.21%	3.52%	91.22%
Age 60+	1.20%	2.12%	56.59%
			<u>SMI Prevalence</u> 7.20% 8.66% 6.16% 3.79%
			<u>% Met</u> 51.38% 42.04% 52.10% 31.66%

<u>African American Gender:</u>			
<u>Description</u>	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Male	4.20%	4.80%	87.50%
Female	4.50%	5.36%	83.97%
			<u>SMI Prevalence</u> 6.42% 7.81%
			<u>% Met</u> 65.45% 57.61%

<u>African American Age Group:</u>			
<u>Description</u>	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Age 0-15	6.90%	8.25%	83.60%
Age 16-25	4.60%	3.83%	120.05%
Age 26-59	4.46%	2.98%	149.87%
Age 60+	0.56%	2.12%	26.36%
			<u>SMI Prevalence</u> 8.25% 8.69% 6.13% 4.25%
			<u>% Met</u> 83.60% 52.92% 72.81% 13.18%

<u>Description</u>	Native American Gender:		
	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Male	1.39%	5.59%	24.87%
Female	1.41%	4.41%	31.98%
			<u>SMI Prevalence</u>
			6.83%
			5.62%
			<u>% Met</u>
			20.34%
			25.10%

<u>Description</u>	Native American Age Group:		
	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Age 0-15	2.12%	10.03%	21.14%
Age 16-25	1.17%	4.05%	28.89%
Age 26-59	1.44%	3.01%	47.78%
Age 60+	0.27%	1.53%	17.62%
			<u>SMI Prevalence</u>
			10.03%
			6.85%
			4.67%
			2.30%
			<u>% Met</u>
			21.14%
			17.07%
			30.86%
			11.75%

<u>Description</u>	Asian/PI Gender:		
	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Male	1.10%	3.27%	33.67%
Female	1.21%	3.13%	38.69%
			<u>SMI Prevalence</u>
			6.24%
			7.98%
			<u>% Met</u>
			17.64%
			15.16%

<u>Description</u>	Asian/PI Age Group:		
	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Age 0-15	0.60%	8.05%	7.46%
Age 16-25	1.48%	0.71%	207.20%
Age 26-59	1.54%	0.63%	244.66%
Age 60+	0.49%	0.39%	126.32%
			<u>SMI Prevalence</u>
			8.05%
			9.69%
			6.28%
			4.19%
			<u>% Met</u>
			7.46%
			15.28%
			24.51%
			11.70%

<u>Description</u>	Hispanic Gender:		
	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Male	2.05%	4.87%	42.12%
Female	2.04%	5.77%	35.36%
			<u>SMI Prevalence</u>
			6.32%
			8.04%
			<u>% Met</u>
			32.42%
			25.37%

<u>Description</u>	Hispanic Age Group:		
	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Age 0-15	2.60%	7.91%	32.87%
Age 16-25	2.16%	3.81%	56.63%
Age 26-59	1.69%	3.54%	47.79%
Age 60+	0.92%	1.95%	47.16%
			<u>SMI Prevalence</u>
			7.91%
			8.16%
			6.45%
			3.61%
			<u>% Met</u>
			32.87%
			26.47%
			26.18%
			25.49%

Other Ethnicity Gender:			
<u>Description</u>	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Male	1.03%	Not Available	<u>SMI Prevalence</u> Not Available
Female	1.38%	Not Available	<u>% Met</u> Not Available
Other Ethnicity Age Group:			
<u>Description</u>	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Age 0-15	0.36%	Not Available	<u>SMI Prevalence</u> Not Available
Age 16-25	0.80%	Not Available	<u>% Met</u> Not Available
Age 26-59	2.25%	Not Available	<u>SMI Prevalence</u> Not Available
Age 60+	1.73%	Not Available	<u>% Met</u> Not Available
Males by Age Group:			
<u>Description</u>	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Age 0-15	3.56%	7.65%	<u>SMI Prevalence</u> 7.65%
Age 16-25	2.64%	3.12%	<u>% Met</u> 46.56%
Age 26-59	2.19%	2.64%	<u>SMI Prevalence</u> 6.96%
Age 60+	0.96%	1.25%	<u>% Met</u> 37.91%
			<u>SMI Prevalence</u> 4.86%
			<u>% Met</u> 45.02%
			<u>SMI Prevalence</u> 2.22%
			<u>% Met</u> 43.21%
Females by Age Group:			
<u>Description</u>	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Age 0-15	2.49%	7.54%	<u>SMI Prevalence</u> 7.54%
Age 16-25	3.07%	4.66%	<u>% Met</u> 33.02%
Age 26-59	3.09%	4.08%	<u>SMI Prevalence</u> 10.07%
Age 60+	1.26%	2.63%	<u>% Met</u> 30.50%
			<u>SMI Prevalence</u> 7.56%
			<u>% Met</u> 40.89%
			<u>SMI Prevalence</u> 4.90%
			<u>% Met</u> 25.74%
Ethnicity for Modesto Region:			
<u>Description</u>	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Caucasian	3.28%	Not Available	<u>SMI Prevalence</u> Not Available
African American	5.20%	Not Available	<u>% Met</u> Not Available
Hispanic	2.76%	Not Available	<u>SMI Prevalence</u> Not Available
Native American	1.53%	Not Available	<u>% Met</u> Not Available
Asian/Pacific Islander	1.33%	Not Available	<u>SMI Prevalence</u> Not Available
Other	0.38%	Not Available	<u>% Met</u> Not Available

Gender for Modesto Region:			
<u>Description</u>	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Male	2.85%	Not Available	<u>SMI Prevalence</u> Not Available
Female	3.01%	Not Available	<u>% Met</u> Not Available
Age Groups for Modesto Region:			
<u>Description</u>	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Age 0-15	3.11%	Not Available	<u>SMI Prevalence</u> Not Available
Age 16-25	3.67%	Not Available	<u>% Met</u> Not Available
Age 26-59	3.08%	Not Available	<u>SMI Prevalence</u> Not Available
Age 60+	1.33%	Not Available	<u>% Met</u> Not Available
Ethnicity for Turlock Region:			
<u>Description</u>	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Caucasian	2.24%	Not Available	<u>SMI Prevalence</u> Not Available
African American	5.48%	Not Available	<u>% Met</u> Not Available
Hispanic	1.87%	Not Available	<u>SMI Prevalence</u> Not Available
Native American	1.92%	Not Available	<u>% Met</u> Not Available
Asian/Pacific Islander	1.01%	Not Available	<u>SMI Prevalence</u> Not Available
Other	1.24%	Not Available	<u>% Met</u> Not Available
Gender for Turlock Region:			
<u>Description</u>	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Male	2.00%	Not Available	<u>SMI Prevalence</u> Not Available
Female	2.18%	Not Available	<u>% Met</u> Not Available
Age Group for Turlock Region:			
<u>Description</u>	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Age 0-15	2.37%	Not Available	<u>SMI Prevalence</u> Not Available
Age 16-25	1.94%	Not Available	<u>% Met</u> Not Available
Age 26-59	2.33%	Not Available	<u>SMI Prevalence</u> Not Available
Age 60+	1.08%	Not Available	<u>% Met</u> Not Available



<u>Description</u>	<b>Ethnicity for Ceres Region:</b>		
	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Caucasian	3.03%	Not Available	<u>SMI Prevalence</u> Not Available
African American	7.01%	Not Available	Not Available
Hispanic	2.77%	Not Available	Not Available
Native American	1.45%	Not Available	Not Available
Asian/Pacific Islander	1.39%	Not Available	Not Available
Other	0.56%	Not Available	Not Available

<u>Description</u>	<b>Gender for Ceres Region:</b>		
	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Male	2.80%	Not Available	<u>SMI Prevalence</u> Not Available
Female	2.91%	Not Available	Not Available

<u>Description</u>	<b>Age Group for Ceres Region:</b>		
	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Age 0-15	3.97%	Not Available	<u>SMI Prevalence</u> Not Available
Age 16-25	3.07%	Not Available	Not Available
Age 26-59	2.62%	Not Available	Not Available
Age 60+	0.98%	Not Available	Not Available

<u>Description</u>	<b>Ethnicity for Westside Region:</b>		
	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Caucasian	2.22%	Not Available	<u>SMI Prevalence</u> Not Available
African American	4.00%	Not Available	Not Available
Hispanic	1.78%	Not Available	Not Available
Native American	1.11%	Not Available	Not Available
Asian/Pacific Islander	0.59%	Not Available	Not Available
Other	0.12%	Not Available	Not Available

<u>Description</u>	<b>Gender for Westside Region:</b>		
	<u>Pen Rate</u>	<u>SPMI Prevalence</u>	<u>% Met</u>
Male	1.61%	Not Available	<u>SMI Prevalence</u> Not Available
Female	2.07%	Not Available	Not Available

<b>Age Groups for Westside Region:</b>			
<u><b>Description</b></u>	<u><b>Pen Rate</b></u>	<u><b>SPMI Prevalence</b></u>	<u><b>% Met</b></u>
Age 0-15	2.13%	Not Available	<u><b>SMI Prevalence</b></u> Not Available
Age 16-25	2.38%	Not Available	Not Available
Age 26-59	1.70%	Not Available	Not Available
Age 60+	0.79%	Not Available	Not Available

<b>Ethnicity for Eastside Region:</b>			
<u><b>Description</b></u>	<u><b>Pen Rate</b></u>	<u><b>SPMI Prevalence</b></u>	<u><b>% Met</b></u>
Caucasian	2.42%	Not Available	<u><b>SMI Prevalence</b></u> Not Available
African American	8.43%	Not Available	Not Available
Hispanic	1.93%	Not Available	Not Available
Native American	0.74%	Not Available	Not Available
Asian/Pacific Islander	1.28%	Not Available	Not Available
Other	0.42%	Not Available	Not Available

<b>Gender for Eastside Region:</b>			
<u><b>Description</b></u>	<u><b>Pen Rate</b></u>	<u><b>SPMI Prevalence</b></u>	<u><b>% Met</b></u>
Male	2.30%	Not Available	<u><b>SMI Prevalence</b></u> Not Available
Female	2.16%	Not Available	Not Available

<b>Age Groups for Eastside Region:</b>			
<u><b>Description</b></u>	<u><b>Pen Rate</b></u>	<u><b>SPMI Prevalence</b></u>	<u><b>% Met</b></u>
Age 0-15	2.59%	Not Available	<u><b>SMI Prevalence</b></u> Not Available
Age 16-25	3.09%	Not Available	Not Available
Age 26-59	2.22%	Not Available	Not Available
Age 60+	0.85%	Not Available	Not Available