

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

DEPT: Behavioral Health & Recovery Services

BOARD AGENDA: 7.B.2
AGENDA DATE: February 15, 2022

SUBJECT:

Approval to Adopt the Mental Health Services Act (MHSA) Plan Update for Fiscal Year 2021-2022 to Allow Expenditure of MHSA Funds to Enhance the Community Planning Process as Detailed in the Plan Update

BOARD ACTION AS FOLLOWS:

RESOLUTION NO. 2022-0073

On motion of Supervisor B. Condit Seconded by Supervisor Grewal
and approved by the following vote,

Ayes: Supervisors: B. Condit, Chiesa, Grewal, C. Condit, and Chairman Withrow

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) Approved as recommended

2) Denied

3) Approved as amended

4) Other:

MOTION:

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

File No.

**THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
AGENDA ITEM**

DEPT: Behavioral Health & Recovery Services

BOARD AGENDA:7.B.2
AGENDA DATE: February 15, 2022

CONSENT:

CEO CONCURRENCE: YES

4/5 Vote Required: No

SUBJECT:

Approval to Adopt the Mental Health Services Act (MHSA) Plan Update for Fiscal Year 2021-2022 to Allow Expenditure of MHSA Funds to Enhance the Community Planning Process as Detailed in the Plan Update

STAFF RECOMMENDATION:

1. Adopt the Mental Health Services Act (MHSA) Plan Update for Fiscal Year 2021-2022 to allow the expenditure of MHSA Innovation Funds to enhance the Community Planning Process as detailed in the Plan Update.
2. Authorize the Behavioral Health Director, or designee, to sign the County Compliance Certificate and submit the MHSA Plan Update for Fiscal Year 2021-2022 to the Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission.
3. Authorize the Auditor-Controller and the Behavioral Health Director, or their respective designees, to sign the Mental Health Services Act County Fiscal Accountability Certification certifying that the fiscal requirements have been met.

DISCUSSION:

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

Counties are responsible for ensuring compliance with Welfare and Institutions Code Section 5892(a) and State guidance and allocate and expend funds in the following categories:

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

To expend funds, the County must:

- Prepare a Three-Year Program and Expenditure Plan

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

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

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

Plan Update for Fiscal Year 2021-2022

The Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (PEP) for Fiscal Years 2020-2023 was approved by the Board of Supervisors on June 16, 2021 (Resolution 2021-0269) and became effective on July 1, 2021. A Plan Update for Fiscal Year 2021-2022 was also approved by the Board on October 5, 2021 (Resolution 2021-0481) to perform technical adjustments related to BHRS Strategic Plan implementation and as a result of revenue impacts identified in the May Revision to the Governor’s Proposed Budget for Fiscal Year 2021-2022.

BHRS is requesting approval of an additional MHSA Plan Update (“Plan Update”) for Fiscal Year 2021-2022. This Plan Update recommends the allocation of INN funding to invest in and sustain a dynamic and robust Community Planning Process (CPP). BHRS recognizes that community involvement and meaningful stakeholder engagement is vital to INN funding planning and program development across the County’s programs and services. BHRS has engaged in a CPP for years to ensure the County’s MHSA plan is informed of the mental health needs of Stanislaus County’s diverse communities. The Department wishes to continue to invest in revitalizing and improving its CPP to develop a more comprehensive plan to meet the emerging mental health needs of the community. Detailed information can be found on pages 5-6 of the Plan Update.

Plan Updates are developed with feedback from the MHSA Representative Stakeholder Steering Committee (RSSC). The Plan Update development process must also include a 30-day public review/comment period and a public hearing conducted by the Stanislaus County Behavioral Health Board (Welfare and Institutions Code, Section 5848). Information on the community planning and local review processes can be found on pages 7-9 of the attached Plan Update.

POLICY ISSUE:

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

All Plans and Updates are required to include:

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

FISCAL IMPACT:

The Department is requesting approval to use approximately \$425,000, or 5%, of the estimated MHSA INN funding over the next five years for community planning, of which \$83,211 is estimated for Fiscal Year 2021-2022. Appropriations and estimated revenue were included in the Fiscal Year 2021-2022 Adopted Final Budget in the Behavioral Health and Recovery Services Mental Health Services Act budget unit. Future fiscal year INN planning funds will be calculated as allocations are known and appropriations and estimated revenue will be included in subsequent budget cycles. The Three-Year Program and Expenditure Plan (PEP) Funding Summary and Innovation Component Worksheet have been updated accordingly and are shown on pages 10-11 of the Plan Update. There is no impact to County General Fund.

BOARD OF SUPERVISORS' PRIORITY:

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

STAFFING IMPACT:

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

CONTACT PERSON:

Ruben Imperial, MBA
Director, Behavioral Health and Recovery Services

(209) 525-6205

ATTACHMENT(S):

1. MHSA Plan Update



**Stanislaus County
Behavioral Health and Recovery Services**

Mental Health Services Act

PLAN UPDATE

**FY 2021-2022 Funding for Innovations
Community Planning Process and Stakeholder Input**

DECEMBER 2021



WELLNESS • RECOVERY • RESILIENCE

Stanislaus County Behavioral Health and Recovery Services
800 Scenic Drive, Modesto, 95350, 209.525.6247

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COUNTY COMPLIANCE CERTIFICATION

County: Stanislaus

| | |
|---|---|
| <p>County Mental Health Director</p> <p>Name: Ruben Imperial, MBA Telephone Number: 209-525-6225 E-mail: Rimperial@stanbhrs.org</p> | <p>Project Lead</p> <p>Name: Carlos Cervantes Telephone Number: 209-525-6247 E-mail: ccervantes@stanbhrs.org</p> |
| <p>Mailing Address: Stanislaus County Behavioral Health and Recovery Services 800 Scenic Drive Modesto, CA 95350</p> | |

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the county has complied with all pertinent regulations, laws and statutes for this annual update/plan update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This Plan Update has been developed with the participation of stakeholders, in accordance with Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Funding for Community Planning Process and Stakeholder Input for Increased Innovation Planning, Design and Implementation was circulated to representatives of stakeholder interests and any interested party for 30 days for public review and comment. All input has been considered with adjustments made, as appropriate.

A.B. 100 (Committee on Budget – 2011) significantly amended the Mental Health Services Act to streamline the approval processes of programs developed. Among other changes, A.B. 100 deleted the requirement that the three year plan and updates be approved by the Department of Mental Health after review and comment by the Mental Health Services Oversight and Accountability Commission. In light of this change, the goal of this update is to provide stakeholders with meaningful information about the status of local programs and expenditures.

A.B. 1467 (Committee on Budget – 2012) significantly amended the Mental Health Services Act which requires three-year plans and Annual Updates to be adopted by the County Board of Supervisors; requires the Board of Supervisors to authorize the Behavioral Health Director to submit the annual Plan Update to the Mental Health Services Oversight and Accountability Commission (MHSOAC); and requires the Board of Supervisors to authorize the Auditor-Controller to certify that the county has complied with any fiscal accountability requirements and that all expenditures are consistent with the requirements of the Mental Health Services Act.

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

All documents in the attached Funding for Community Planning Process and Stakeholder Input for Increased Innovation Planning, Design and Implementation are true and correct.

Ruben Imperial

 Mental Health Director/Designee (PRINT)

 Signature

 Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Stanislaus

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

| | |
|---|---|
| <p style="text-align: center;">Local Mental Health Director</p> <p>Name: Ruben Imperial, MBA</p> <p>Telephone Number: (209) 525-6225</p> <p>E-mail: RImperial@stanbhrs.org</p> | <p style="text-align: center;">County Auditor-Controller/ City Financial Officer</p> <p>Name: Kashmir Gill</p> <p>Telephone Number: (209) 525-7507</p> <p>E-mail: GillK@stancounty.com</p> |
| <p>Local Mental Health Mailing Address:</p> <p>800 Scenic Drive Modesto, CA 95350</p> | |

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

| | |
|--------------------------------------|---|
| Ruben Imperial | |
| Local Mental Health Director (PRINT) | Signature Date |

I hereby certify that for the fiscal year ended June 30, 2021, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2020. I further certify that for the fiscal year ended June 30, 2021, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

| | |
|--|---|
| Kashmir Gill | |
| County Auditor Controller / City Financial Officer (PRINT) | Signature Date |

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

Introduction

Stanislaus County Behavioral Health and Recovery Services (BHRS) is fully committed to investing in and sustaining a dynamic and robust Community Planning Process (CPP). BHRS recognizes that community involvement and meaningful stakeholder engagement is vital to Innovation (INN) planning and program development across the County's programs and services. BHRS has had a CPP in place that has grown and evolved because of Proposition 63, Mental Health Services Act, passed by voters in 2004 but acknowledges that there is greater opportunity and need to expand efforts to ensure the Department is engaging and reflecting the diverse needs of the community including those that are unserved and the underserved. The insights gathered will inform program planning and service delivery and maximize the community partnerships. BHRS is dedicated to developing a revitalized and improved approach to ensure more meaningful input from all individuals living in the county.

What Has Been Done

BHRS has engaged in CPPs for years to ensure the County's diverse communities' needs are provided for and addressed in the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plans (PEP) and Annual Updates. The Department wishes to continue to invest in revitalizing and improving its community planning process to develop a more comprehensive plan.

Why the Need

Current INN projects have been developed through a targeted CPP with most approved projects being multi-year projects. The conclusion of a planning process several years ago, and the subsequent allocation of additional funding, leaves BHRS absent of viable Innovations ideas and highlights the need and opportunity to invest more into a CPP that focuses on promising opportunities while ensuring active engagement across diverse community stakeholders.

BHRS in its community planning for the MHSA Three-Year PEP for Fiscal Years 2020-2021, 2021-2022 and 2022- 2023 became acutely aware that INN planning requires a committed amount of time and effort, as well as stakeholder input, to develop and implement projects in comparison to the other MHSA components. All Stanislaus County INN projects have been developed through the CPP. The process of taking stakeholder and community ideas to fruition of a completed project, requires ongoing input from a diverse array of stakeholders (i.e., community members, consumers and peers with lived experience, family members with lived experience and providers). These efforts require a more robust, streamlined, and continuous planning process with dedicated resources.

BHRS is mindful of the importance of including stakeholders and maintaining their input for the application of developing effective INN projects. The Department would like to revitalize its stakeholder process to be more robust, especially in seeking new INN ideas. Moreover, BHRS wants to be able to continue to demonstrate that meaningful community planning has occurred and safeguard that it is representative of all the community's needs.

The Plan

BHRS is requesting approval from the Mental Health Services Act Oversight and Accountability Commission (MHSOAC) to earmark use of INN funds for community planning activities involving stakeholders, most directly, individuals in the unserved and underserved communities of Stanislaus County. These planning funds will specifically support the design, development and implementation of new INN ideas brought forth through the CPP. Under MHSA regulation ((WIC 5892(c)), Counties may use up to 5% of their total MHSA allocation to fund community program planning, and designate positions for oversight and support.

BHRS is seeking approval from the MHSOAC to utilize approximately \$425,000 for Innovations Planning over a period of 5 years. The request represents roughly 5% of the estimated Innovation allocation for the next 5 years. These funds will be dedicated to redesigning a more informed CPP that will allow the Department to revitalize its current process and have a specific focus on Innovation and innovative ideas. Dedicated funding for Innovation planning will be used to bolster the support of existing staff in CPP development and/or be used to bring on a dedicated consultant to lead that process.

Budget

Stanislaus County BHRS is requesting Commission approval and authorization to use 5% of the Innovations funding over the next five years related to community planning. In Fiscal Year 2021-2022, the amount estimated to be dedicated to planning is \$83,211 and for Fiscal Year 2022-2023, it is estimated to be \$69,838. Future fiscal year Innovations Planning funds will be calculated as allocations as known. The Three-Year Program and Expenditure Plan (PEP) Funding Summary and Innovations Component Worksheet have been updated accordingly and are shown on pages 10 and 11.

Outcomes

BHRS is committed to its stakeholders and is also committed to observing all regulations, with transparency and transformation. The Department, with a reinvigorated, robust CPP, will be able to track specific efforts more easily. The efforts to be tracked will include, but not be limited to:

- What efforts were utilized each year in community planning
- Types of advertising utilized
- How many community members participated
- How many community planning events were held and when
- Event target population(s)
- What INN projects arose through these events and activities
- How BHRS' efforts produced an INN plan that resulted in a successful approval by the Commission

Community Program Planning

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

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

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

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

A draft Plan and Update shall be prepared and circulated for review and comment for at least 30 days to representatives.

Local Review

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

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

The Representative Stakeholder Steering Committee (RSSC) is actively engaged in identifying needs, priorities, and guiding principles during planning processes. The RSSC is comprised of

approximately 42 individuals representing a diverse spectrum of community interests in accordance with MHSA guidelines.

In Stanislaus County, diverse participants have included, but are not limited to

- Consumers
- Family members
- MHSA Priority Populations such as:
 - African American
 - Assyrian
 - Criminal Justice Involved
 - LGBTQ
 - Punjabi
 - Rural
 - South East Asian
 - Spanish/Latino
- Contract Providers of Public Mental Health or Substance Use Disorder Treatment Services
- Collaborative Treatment Partners such as:
 - Community Assessment, Response and Engagement (CARE)
 - Community Services Agency
 - Courts
 - District Attorney
 - Health Care/Managed Care Plans
 - Housing Providers
 - Law Enforcement
 - Probation
 - Senior Service Providers
 - Shelters
 - Social Services/Family Resource Centers
- Collaborative Partners such as:
 - Philanthropy
 - Education
 - Faith Based Organizations
 - Health Care/Federally Qualified Health Centers
 - Health Care/Health Services Agency
 - Veteran Service Organizations
 - Behavioral Health Board
 - Chief Executive Office

The primary language spoken in these meetings is English unless other languages or methods of communication are requested.

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

A formal RSSC meeting was held on January 26, 2022 and had 49 attendees. RSSC members received a detailed presentation of the draft Plan Update for FY 2021-2022 and subsequent

discussion. RSSC members received a copy of the draft Plan Update for FY 2021-2022. Comments to the draft Plan Update document were solicited, and were accepted in the following manner:

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

The draft Plan Update was posted for 30-day Public Review on December 7, 2021. Notification of the public review dates and access to copies of the draft Plan Update were made available through the following methods:

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

The public comment period was concluded with a public hearing conducted by the Stanislaus County Behavioral Health Board via Zoom on January 27, 2022 at 5:00 p.m. All community stakeholders were invited to participate. No substantive public comments were received during the public comment period. During the RSSC meeting on January 26, 2022, members expressed support for the Plan. At the public hearing on January 27, 2022, a Behavioral Health Board member expressed support for the Plan.

Conclusion

BHRS plans to take this funding request to the Stanislaus County Board of Supervisors (BOS) for approval on February 15, 2022. Upon BOS approval, this funding request will be presented to the MHSOAC for approval.

Three-Year Program and Expenditure Plan (PEP) Funding Summary

| FY 2020-21 Through 2022-23 Mental Health Services Act Expenditure Plan | | | | | | | | | | |
|--|---|---------------------------------|-----------------------------------|------------|----------------------------------|--|--------------------------------|-----------------|-----------------|--|
| Funding Summary | | | | | | | | | | |
| County: Stanislaus | | | | | | | | | Date: 12/3/2021 | |
| | | MHSA Funding | | | | | | | | |
| | | A | B | C | D | E | F | G | | |
| | | Community Services and Supports | Prevention and Early Intervention | Innovation | Workforce Education and Training | Capital Facilities and Technological Needs | Housing (Returned from CalHFA) | Prudent Reserve | Total | |
| A. Estimated FY2020/21 Funding | | | | | | | | | | |
| 1. | Estimated Unspent Funds from Prior Fiscal Years | 12,190,645 | 5,955,622 | 3,842,297 | 317,276 | 386,736 | 17,152 | 500,000 | 23,209,725 | |
| 2. | Estimated New FY2020/21 Funding + Interest | 28,803,601 | 7,241,194 | 1,949,286 | 2,575 | 2,791 | 26,834 | | 38,026,280 | |
| 3. | Transfer in FY2020/21 ^{a/} | (900,000) | | | 250,000 | 650,000 | | | 0 | |
| 4. | Access Local Prudent Reserve in FY2020/21 | | | | | | | 0 | 0 | |
| 5. | Estimated Available Funding for FY2020/21 | 40,094,246 | 13,196,816 | 5,791,582 | 569,850 | 1,039,526 | 43,985 | | 60,736,006 | |
| B. Estimated FY2020/21 Expenditures | | 24,250,989 | 5,308,930 | 332,431 | 344,788 | 645,261 | 0 | | 30,882,400 | |
| C. Estimated FY2021/22 Funding | | | | | | | | | | |
| 1. | Estimated Unspent Funds from Prior Fiscal Years | 15,843,257 | 7,887,885 | 5,459,151 | 225,062 | 394,265 | 43,985 | 500,000 | 30,353,606 | |
| 2. | Estimated New FY2021/22 Funding + Interest | 25,311,656 | 6,331,122 | 1,668,690 | 191 | 222 | 10,000 | | 33,321,881 | |
| 3. | Transfer in FY2021/22 ^{a/} | (750,000) | | | 425,000 | 325,000 | | | 0 | |
| 4. | Access Local Prudent Reserve in FY2021/22 | | | | | | | 0 | 0 | |
| 5. | Estimated Available Funding for FY2021/22 | 40,404,913 | 14,219,007 | 7,127,841 | 650,253 | 719,487 | 53,985 | | 63,175,487 | |
| D. Estimated FY2021/22 Expenditures | | 27,983,486 | 9,405,203 | 4,040,864 | 400,755 | 334,557 | 10,000 | | 42,174,865 | |
| E. Estimated FY2022/23 Funding | | | | | | | | | | |
| 1. | Estimated Unspent Funds from Prior Fiscal Years | 12,421,427 | 4,813,804 | 3,086,977 | 249,498 | 384,930 | 43,985 | 500,000 | 21,500,622 | |
| 2. | Estimated New FY2022/23 Funding + Interest | 21,265,838 | 5,337,709 | 1,431,766 | 1,400 | 1,000 | 10,000 | | 28,047,713 | |
| 3. | Transfer in FY2022/23 ^{a/} | (500,000) | | | 175,000 | 325,000 | | | 0 | |
| 4. | Access Local Prudent Reserve in FY2022/23 | | | | | | | 0 | 0 | |
| 5. | Estimated Available Funding for FY2022/23 | 33,187,265 | 10,151,513 | 4,518,743 | 425,898 | 710,930 | 53,985 | | 49,048,335 | |
| F. Estimated FY2022/23 Expenditures | | 27,983,486 | 9,405,203 | 3,602,203 | 204,313 | 334,557 | 10,000 | | 41,539,762 | |
| G. Estimated FY2022/23 Unspent Fund Balance | | 5,203,779 | 746,310 | 916,540 | 221,585 | 376,373 | 43,985 | 500,000 | 8,008,573 | |

Innovation Component Worksheet

| FY 2020-21 Through 2022-23 Mental Health Services Act Expenditure Plan | | | | | | |
|---|--|-----------------------|------------------------|----------------------------|--|-------------------------|
| Innovations (INN) Component Worksheet | | | | | | |
| County: Stanislaus | | | | | Date: 12/3/21 | |
| | Fiscal Year 2020/21 | | | | | |
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated INN Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| INN Programs | | | | | | |
| 1. Innovations Planning | 0 | | | | | |
| 2. INN-18 NAMI on Campus High School Innovation P | 171,819 | 171,819 | | | | |
| 3. New Requests for Proposals | 0 | 0 | | | | |
| INN Administration | 160,630 | 160,612 | | | | 18 |
| Total INN Program Estimated Expenditures | 332,449 | 332,431 | 0 | 0 | 0 | 18 |
| | Fiscal Year 2021/22 | | | | | |
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated INN Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| INN Programs | | | | | | |
| 1. NAMI on Campus High School Innovation Plan | 200,000 | 200,000 | | | | |
| 2. Full-Service Partnership (FSP) Multi-County Collaborative | 412,729 | 412,729 | | | | |
| 3. Early Psychosis Learning Health Care Network (LHCN) Multi-County Collaborative | 340,777 | 340,777 | | | | |
| 4. New Requests for Proposals | 1,046,494 | 1,046,494 | | | | |
| 5. Planning | 83,211 | 83,211 | | | | |
| INN Administration | 1,957,653 | 1,957,653 | | | | |
| Total INN Program Estimated Expenditures | 4,040,864 | 4,040,864 | 0 | 0 | 0 | 0 |
| | Fiscal Year 2022/23 | | | | | |
| | A | B | C | D | E | F |
| | Estimated Total Mental Health Expenditures | Estimated INN Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| INN Programs | | | | | | |
| 1. NAMI on Campus High School Innovation Plan | 200,000 | 200,000 | | | | |
| 2. Full-Service Partnership (FSP) Multi-County Collaborative | 838,017 | 838,017 | | | | |
| 3. Early Psychosis Learning Health Care Network (LHCN) Multi-County Collaborative | 318,091 | 318,091 | | | | |
| 4. New Requests for Proposals | 643,892 | 643,892 | | | | |
| 5. Planning | 69,838 | 69,838 | | | | |
| INN Administration | 1,532,365 | 1,532,365 | | | | |
| Total INN Program Estimated Expenditures | 3,602,203 | 3,602,203 | 0 | 0 | 0 | 0 |