



# **Stanislaus County**

## **Mental Health Services Act**

### **Three-Year Program and Expenditure Plan**

**Annual Update  
FY2010/2011**

**February 2010**

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## Introduction and Overview:

On January 20, 2010 Stanislaus County Behavioral Health and Recovery Services (BHRS) received Information Notice No. 10-01 from the California State Department of Mental Health (DMH) entitled Proposed Guidelines for Mental Health Services Act (MHSA) Fiscal Year 2010-2011 Annual Update to the Three-Year Program and Expenditure Plan. The notice stated that already approved program funding may be received by submitting an Annual Update FY2010-2011 consistent with the guidelines in the Information Notice 10-01. BHRS had anticipated a later release of these guidelines than in previous years and worked from general instructions from previous year's annual update and implementation progress report requests; to be ready when the guidelines were released. In doing so, BHRS successfully developed program service data and information likely to be required for the Annual Update FY2010-11. Additionally and in anticipation of a short timeline, a Representative Stakeholder Steering Committee Meeting was scheduled on January 21, 2010. The intention of the meeting was to review and discuss shrinking State resources, highly volatile State budget decisions, the local imperative of balanced budgets and fiscal sustainability, a plan to achieve sustainable levels of programming as well as other information to be submitted in the Annual Update document. Timely approval of the Annual Update will enable BHRS to receive necessary funding by July 1, 2010; the start of the new fiscal year.

Continuously working from BHRS Vision and Mission, MHSA Essential Elements, input from stakeholders, and guidance from DMH regulations, the following Annual Update FY2010-2011 was developed. The draft was offered for 30-day public review and comment from February 24, 2010 – March 25, 2010. During the 30-day review and comment period, an informational meeting was held at:

Behavioral Health & Recovery Services  
800 Scenic Drive, Main Conference Room  
Modesto, California, 95350  
March 16, 2010  
4:00 – 5:00 p.m.

Public comment period concluded with a public hearing held at:

Mental Health Board Meeting  
5:00 p.m. on March 25, 2010  
Behavioral Health & Recovery Services  
800 Scenic Drive, Redwood Room  
Modesto, California, 95350

All community stakeholders were invited to participate in the public review, informational meeting and public hearing. All public comments were considered and substantial comments included, as appropriate, to achieve a complete Annual Update. Comments were solicited through a Comment Form in English and Spanish attached to the document, at the informational meeting and public hearing, via the Stanislaus County MHSA website, and via e-mail to the MHSA Coordinator.

COUNTY SUMMARY SHEET

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

<b>County:</b>		<b>Stanislaus</b>																				
		<b>Exhibits</b>																				
		<b>A</b>	<b>B</b>	<b>C</b>	<b>C1</b>	<b>D</b>	<b>D1*</b>	<b>E</b>	<b>E1</b>	<b>E2</b>	<b>E3</b>	<b>E4</b>	<b>E5</b>	<b>F**</b>	<b>F1**</b>	<b>F2**</b>	<b>F3**</b>	<b>F4**</b>	<b>F5**</b>	<b>G***</b>	<b>H****</b>	
For each annual update/update:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>														
<b>Component</b>	<b>Previously Approved</b>	<b>New</b>																				
<input checked="" type="checkbox"/> CSS	\$10,173,700	\$				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> WET	Already received	\$				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/> CF	\$	\$						<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>						
<input type="checkbox"/> TN	\$	\$						<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>				
<input checked="" type="checkbox"/> PEI	\$2,706,900	\$				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>		<input type="checkbox"/>						<input type="checkbox"/>		
<input type="checkbox"/> INN	\$	\$					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>		
<b>Total</b>	\$	\$																				
<b>Dates of 30-day public review comment period:</b>		February 24, 2010 - March 25, 2010																				
<b>Date of Public Hearing****:</b>		March 25, 2010 at 5:00 p.m.																				
<b>Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:</b>		<b>26-Feb-10</b>																				

\*Exhibit D1 is only required for program/project elimination.  
 \*\*Exhibit F - F5 is only required for new programs/projects.  
 \*\*\*Exhibit G is only required for assigning funds to the Local Prudent Reserve.  
 \*\*\*\*Exhibit H is only required for assigning funds to the MHSA Housing Program.  
 \*\*\*\*\*Public Hearings are required for annual updates, but not for updates.

COUNTY CERTIFICATION

County: Stanislaus

County Mental Health Director	Project Lead
Name: Denise C. Hunt, R.N., M.F.T.	Name: Karen Cronian Hurley, M.F.T.
Telephone Number: (209) 525-6225	Telephone Number: (209) 525-6229
E-mail: dhunt@stancounty.com	E-mail: khurley@stancounty.com
Mailing Address: Behavioral Health and Recovery Services 800 Scenic Drive Modesto, CA 95350	

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

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2010/11 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.<sup>1</sup>

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

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

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

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

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

\_\_\_\_\_  
Mental Health Director/Designee (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

**COMMUNITY PROGRAM PLANNING  
AND LOCAL REVIEW PROCESS**

County: Stanislaus

Date: 2/24/10

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

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

<b>Community Program Planning</b>
<p><b>1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.</b></p> <p>BHRS efforts to engage stakeholders, to create transparency and understanding in all community planning processes are ongoing throughout each year since 2005. To facilitate a focused community planning process and accommodate a very short timeline for production of information requested in this Annual Update, meetings with Representative Stakeholder Steering Committee, Mental Health Board members, BHRS Leadership and other key stakeholders was held on January 21 and 26, 2010. PowerPoint presentations given in each meeting were also posted on the BHRS MHSA website for general stakeholder interest.</p> <p>The meeting agenda and PowerPoint included an overview of budget challenges, key aspects of BHRS' sustainability plan for future years, a discussion of the purpose of the Annual Update FY2010-11, CSS program outcomes from FY 2008/09, a written summary and brief discussion of WET and PEI Plan implementation progress, a brief status report on plans for remaining components (CSS Housing, CFTN, and INN) as well as an introduction to how community planning would occur in 2010 for Innovation Projects.</p> <p>The Behavioral Health Director led the discussion and provided her own narrative for why BHRS would, in the 2010/11 Annual Update Funding Request to State Department of Mental Health, recommend a continuation of all previously approved CSS programs with possibly up to 15% reductions in individual programs. Discussion centered on CSS outcomes information and the positive indication that CSS programs are a valuable asset in the community. Stakeholder concerns were expressed and discussed related to possible impacts of budget issues as well as future planning for sustainable levels of funding for CSS.</p> <p>Ultimately, members of the Representative Stakeholder Steering Committee agreed with the BHRS Director's proposal to approach the coming fiscal year with a theme of "sustainability." It was also agreed that active community program planning for CSS program reductions would become a reality within the FY2010/11 and that preparations for this planning process are already underway among BHRS Leaders.</p>
<p><b>2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process.</b></p> <p>The Representative Stakeholder Steering Committee is comprised of all MHSA required and recommended stakeholder groups. The Committee includes the following agencies/communities: consumers, family members, contract providers of public mental health services, representatives from</p>

**COMMUNITY PROGRAM PLANNING  
AND LOCAL REVIEW PROCESS**

diverse communities, law enforcement, courts, probation, education, health care, faith-based community, Disability Resource Agency for Independent Living (DRAIL), labor organizations, social services, Stanislaus County Chief Executive Office, BHRS staff, Area Agency on Aging and regional geographical areas of Stanislaus County including South and Westside of the county.

Representative Stakeholder’s role includes sharing information with other members of the stakeholder group they represent. Handouts given at the stakeholder meeting are posted on the BHRS MHSA website for general stakeholder access. Contact information is included in all materials and on the website.

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

No programs are being eliminated at this time.

**Local Review Process**

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

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

- ✓ An electronic copy was posted on the County’s MHSA website: [www.stanislausmhsa.com](http://www.stanislausmhsa.com)
- ✓ Paper copies were sent to Stanislaus County Public Library resource desks throughout the County
- ✓ Electronic notification was sent to all BHRS service sites with a link to [www.stanislausmhsa.com](http://www.stanislausmhsa.com), announcing the posting of this report
- ✓ Representative Stakeholder Steering Committee, Mental Health Board members, and other stakeholders were sent notice informing them of the start of the 30-day review, and how to obtain a copy of the annual update.
- ✓ An informational meeting was conducted on March 16.
- ✓ A public hearing was conducted on March 25.

The public was notified by:

- ✓ Public notice posted in seven newspapers throughout Stanislaus County including a newspaper serving the Latino community. The notice included reference to [www.stanislausmhsa.com](http://www.stanislausmhsa.com) and a phone number for requesting a copy of the annual update.
- ✓ MHSA Newsletter
- ✓ NAMI Newsletter

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

No public comments were received during the 30 day review and comment period. The public hearing was convened at 5:18 pm to a full meeting room of 11 Mental Health Board Members and 37 others including 15 BHRS staff, 22 consumers, family members and CASRA students. A comment was received during the hearing that has not resulted in changes to the annual update other than to be

**COMMUNITY PROGRAM PLANNING  
AND LOCAL REVIEW PROCESS**

described in this section.

At the public hearing, a group of students from the first CASRA class at Modesto Jr. College were present as they have often been during their matriculation in the CASRA courses. This is the first group of students many of whom are consumers and family members to complete the curriculum that is part of the approved WET plan. During the public hearing, a spokesperson for the group took the lead in expressing a thoughtful and timely request for more support and training to participate as stakeholders, serve meaningfully at BHRS meetings and committees, and have greater access to information to opportunities for entry level peer support roles, stipends, and other services and supports that are available.

**Response:**

The request was timely since the WET Manager and Manager for Consumer and Family Affairs were making a presentation at the MHB meeting, later in the meeting agenda, on the topic of "Volunteerism on Workgroups, Committees and Stakeholder Groups". During the public comment period, Mental Health Board members and others joined the discussion to explore what would be possible in response to the students' request. It was established that the request fits well within the BHRS' commitment to empowering participation of stakeholders and within the approved WET plan actions currently being implemented. The WET Manager, Consumer Affairs Manager, and others will work in the coming weeks to enhance access to information related to support and training for stakeholders, serving meaningfully at BHRS meetings and committees and having greater access to information about entry level peer support roles, stipends, and other services and supports that are available.



**IMPLEMENTATION PROGRESS REPORT  
ON FY 08/09 ACTIVITIES**

County: Stanislaus

Date: February 24, 2010

**Instructions:** Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHSAs including CSS, PEI and WET components during FY 2008/09.

**CSS, WET and PEI**

**1. Briefly report on how the implementation of the MHSAs is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.**

**Community Services and Supports (CSS) Progress throughout FY2008/09:**

Implementation of CSS programs is generally proceeding as described in the County's approved Plan. Specific indicators of progress include, but are not limited to, increased parent/family involvement, strengthened collaborative efforts with agency partners and development of new partnerships, increased offering of community-based services, improved access to underserved cultural populations, a more integrated service experience for consumers and family members, and increased peer support with de-stigmatizing wellness and recovery emphasis. Full Service Partnership programs successfully reduced incarceration, homelessness and psychiatric hospitalizations. For example in FY 08/09, the Integrated Forensic Team reduced both homelessness and incarceration over 82% and the Senior Access and Resource Team reduced acute psychiatric hospitalization 97%. General System Development (GSD) programs expanded agency capacity to offer wellness/recovery oriented peer support to individuals and families throughout the County. Illustrations of this are the co-location of all levels of services for transition age youth at Josie's Place and the co-location of most adult services at 500 N. 9th Street, Modesto. Outreach and Engagement (O/E) programs reduced disparities in access to service for diverse cultural/ethnic populations by developing more community-based supports. In FY 08/09, O/E programs connected with individuals from more than 15 different ethnic/racial groups providing services to 76% non-Whites. There are many unanticipated areas of growth and learning for service providers and service recipients, there are no key differences in implementation activities and all programs are achieving annual service targets.

**Challenges:** Fiscal constraints resulting in staffing changes, program re-locations, capacity of programs to sustain service levels, ability of partner agencies to dedicate resources, available housing resources, amount of data to be collected and anticipation of additional dwindling of resources are all challenges for many programs, staff and service recipients.

**Workforce Education and Training (WET) Progress throughout FY2008/09:**

Stanislaus County's WET plan was approved in May 2008 and implementation began in FY2008/09. Implementation of WET programs is generally proceeding as described in the County's approved Plan. Specific indicators of progress include, but are not limited to, timely hiring of the WET Manager and WET key implementation staff, full enrollment of CASRA students at Modesto Junior College; education partners' enthusiasm to establish career pathway and stipend programs for students at all levels, and enthusiasm of community-based organizations to join implementation efforts to develop public mental health workforce. All goals in the approved plan have been significantly advanced and are expected to be completed in the second year. There are no key differences in implementation

**IMPLEMENTATION PROGRESS REPORT  
ON FY 08/09 ACTIVITIES**

activities and all programs are expected to achieve service targets.

**Challenges:**

Though not considered a major challenge, temporary delays occurred in establishment of stipends for MFT and Bachelors level students at California State University, Stanislaus and for students in a Modesto City Schools High School Health Academy. The delay was primarily due to the statewide budget crisis which slowed down administrative processes for education partners. Implementation of expanded clinical supervision for students and interns from CSU, Stanislaus was also delayed. Subsequently a plan was developed with community-based organizational partners and implementation is expected to proceed smoothly in FY 2009/10.

**Prevention and Early Intervention (PEI) Progress throughout FY2008/09:**

Since Stanislaus County's PEI Plan was approved at the end of fiscal year 2008/09 there were no implementation activities in FY2008/09.

**2. Provide a brief narrative description of progress in providing services to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities.**

**Community Services and Supports (CSS) Progress throughout FY2008/09:**

From inception of MHSA in Stanislaus County (2006) through FY 2008/2009, several indicators show progress made in providing Community Services and Supports (CSS) services to unserved and underserved populations as well as reduction of racial/ethnic disparities. In the charts below, comparisons are made between FY 2006/2007 (the first full fiscal year for which Stanislaus County has MHSA program data) and FY 2008/2009 (the timeframe required for Annual Update). Data for all MHSA programs (FSP, GSD and O/E) is included.

The number served in each ethnic/racial group increased from FY 06/07 to FY 08/09. The number of Native Americans served did not change.

# SERVED	African American	Asian/Pacific Islander	White	Hispanic	Native American	Other~	Unknown*	Total Active Clients
BY FISCAL YEAR:								
FY 06/07	356	277	2533	1802	70	47	497	5548
FY 08/09	458	349	2879	2499	70	91	366	6732
# Change	+102	+72	+346	+697	0	+44	-131	+1184
% Change	+29%	+26%	+14%	+39%	No change	+94%	-26%	+21%

~ = "Other" includes Amerasian, Multiple, Other, and Other Non-White

\* = The decrease in number and percentage of service to "Unknown" clients is due to improved demographic data collection.

The percentage of each non-White ethnic/racial group served increased or remained the same.

% SERVED	African American	Asian/Pacific Islander	White	Hispanic	Native American	Other	Unknown*
BY FISCAL YEAR:							
FY 06/07	6.4%	5.0%	45.7%	32.5%	1.3%	0.8%	9.0%
FY 08/09	6.8%	5.2%	42.8%	37.1%	1.0%	1.4%	5.4%

\* = The decrease in number and percentage of service to "Unknown" clients is due to improved demographic data collection.

**IMPLEMENTATION PROGRESS REPORT  
ON FY 08/09 ACTIVITIES**

Estimates of Stanislaus County population (from US Census Bureau data) show the following percentage of each ethnic/racial group makes up the total County population. MHSAs services were provided to African/Americans, Asian/Pacific Islanders, and Native Americans equal to or greater than their proportion of the County population.

In addition, MHSAs services to Hispanic individuals increased significantly more than their incidence in the County's population increased. In other words, from FY 06/07 to FY 08/09, the proportion of Hispanic individuals making up the County's population increased from 38.4% to 39.6% (see chart, below). This is an increase in population of 3.1 percent. During the same period of time, the percentage of Hispanic individuals served by MHSAs programs increased from 32.5% to 37.1%. This is an increase in number served of 14.1 percent.

% IN STANISLAUS COUNTY POPULATION:	African American	Asian/Pacific Islander	White	Hispanic	Native American	Other*
FY 06/07	2.7%	5.3%	50.7%	38.4%	0.8%	2.2%
FY 08/09	2.7%	5.1%	49.6%	39.6%	0.8%	2.2%

Source: US Census Bureau, Population Estimates Program

(\* = Other includes Amerasian, Hmong, Mien, Multiple, Other Non-White, Other Pacific Islander)

**Workforce Education and Training (WET) Progress throughout FY2008/09:**

WET implementation activities intended to reduce disparities converge with the BHRSS Strategic Plan for Cultural Competency. Four trainings were developed to enhance workforce knowledge: non-stigmatizing language in the workplace, cultural humility with the Latino population, promoting recovery and resilience, and education about the Lesbian, Bi-sexual, Gay, and Questioning (LBGQ) population. Five hundred twelve (512) public mental health staff attended 17 trainings on cultural competency. 532 public mental staff attended 20 trainings emphasizing MHSAs transformation.

**Training and Technical Assistance:**

Emphasizing MHSAs transformational principles this year, all training content and design were reviewed and updated. As a result, ninety-one percent (91%) of training participants indicated that the trainings they attended included content on diversity and ninety-three percent (93%) of participants rated trainings as doing a "good job" of including consumer/family member perspective.

The Workforce Development Council created a list of training topics to support and prepare consumers and family members for employment. From this process, an assessment tool for consumer and family member training needs was developed.

**Mental Health Career Pathways:**

Individuals (staff and potential staff) from racial/ethnic communities and individuals with lived experience as consumers and family members are included among the students receiving stipends in the Career/Educational Pathways program. Four MSW students were awarded stipends. Among the students who received the stipends, 3 identified themselves as Latina; 2 were bilingual in Spanish and 2 self-identified as a consumer or family member.

**IMPLEMENTATION PROGRESS REPORT  
ON FY 08/09 ACTIVITIES**

West Modesto King Kennedy Neighborhood Collaborative, a local community-based organization serving individuals in diverse ethnic/racial neighborhoods, implemented the first “Wellness Project” designed to identify junior high students to receive stipends. Six African American junior high students from Mark Twain Junior High School learned about the opportunity at a career night sponsored by their school. The project they worked on was to set up and manage an anti-stigma informational table at “Day of Hope”, an annual event celebrating mental health recovery.

Davis High School Health Academy is a well established program in Modesto City Schools. An agreement was developed to add a behavioral health component to the existing health academy. To kick-off this effort, the WET Manager did presentations in the classroom where students were very interested and curious about careers in public mental health.

**Prevention and Early Intervention (PEI) Progress throughout FY2008/09:**

Since Stanislaus County’s PEI Plan was approved at the end of fiscal year 2008/09 there were no implementation activities in FY2008/09.

**1. Provide the following information on the number of individuals served:**

Age Group	CSS	PEI	WET	
	# of individuals	# of individuals (for universal prevention, use estimated #)	Funding Category	# of individuals
Child and Youth	431	n/a	Workforce Staff Support	Not reported
Transition Age Youth	1583	n/a	Training/Technical Assist.	300 individuals (at 6 community events)
Adult	4167	n/a	MH Career Pathway	12 students/volunteers
Older Adult	277	n/a	Residency & Internship	16 CASRA stipend students
Unknown	274	n/a	Financial Incentive	4 MSW students
<b>Total Served</b>	<b>6732*</b>	<b>n/a</b>		
<i>*Age Groups as reported on CSS Exhibit 6 FY2008/09</i>				
<b>Race/Ethnicity</b>				
White	2879	n/a		
African/American	458	n/a	[ ] WET not implemented in 08/09	
Asian**	350	n/a		
Pacific Islander***	20	n/a		
Native American	70	n/a		
Hispanic	2499	n/a		
Multi	1	n/a		
Other/Unknown/Other Non White	455	n/a		
<b>Total Served</b>	<b>6732</b>	<b>n/a</b>		
**Hmong, Mien, Asian Indian, Cambodian, Chinese, Filipino, Japanese, Korean, Laotian, Other SEA, Vietnamese, Other Asian.				
***Guamanian, Native Hawaiian, Other Pacific Islander, Samoan.				
<b>Other Cultural Groups</b>				
LGBTQ	Not collected	n/a		
Other	Not collected	n/a		

**IMPLEMENTATION PROGRESS REPORT  
ON FY 08/09 ACTIVITIES**

<b>Primary Language</b>		
English	5591	n/a
Spanish	809	n/a
Vietnamese	1	n/a
Cantonese	0	n/a
Mandarin	2	n/a
Tagalog	13	n/a
Cambodian	73	n/a
Hmong	0	n/a
Russian	1	n/a
Farsi	5	n/a
Arabic	3	n/a
Other****	139	n/a
Other/Other Non-English/Unknown/Undisclosed	95	n/a
<b>Total Served</b>	<b>6732</b>	<b>n/a</b>
****Ilocano, Assyrian, Chinese dialect, Hebrew, Laotian, Portuguese, American Sign Language, Thai.		

**PEI**

**4. Please provide the following information for each PEI Project:**

- a) **The problems and needs addressed by the Project.**
- b) **The type of services provided.**
- c) **Any outcomes data, if available. (Optional)**
- d) **The type and dollar amount of leveraged resources and/ or in-kind contributions (if applicable).**

Since Stanislaus County's PEI Plan was approved at the end of fiscal year 2008/09 there were no implementation activities in FY2008/09.

County: Stanislaus County

Program Number/Name: FSP-01 WESTSIDE STANISLAUS HOMELESS OUTREACH PROGRAM (SHOP)

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

**Community Services and Supports**

**Previously Approved**

No.	Question	Yes	No							
1.	Is this an existing program with no changes?	x	<input type="checkbox"/>	<b>If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</b>						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%;"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									

The population to be served includes seriously mentally ill Transition Age Youth, Adults and Older Adults who are high risk, have been unserved or underserved by other mental health programs; with emphasis on those who are discharged from a psychiatric hospital and are homeless or at risk for homelessness and/or have been high users of crisis-based services including hospital, mobile crisis, emergency rooms and incarceration; have co-occurring alcohol and other drug problems; physical health problems; and are in the western and southern regions of Modesto including those whose race or ethnicity is Latino, African American, Native American, and Southeast Asian (Asian/Pacific Islander).

Operated under contract with Telecare Corporation, Westside Stanislaus Homeless Outreach Program (SHOP) began as an AB-2034 program and was expanded in 2006 with MHSA-CSS funding. A combination of Full Service Partnership (FSP) and General System Development (GSD) funds provide step-down levels of care to a total of 225 individuals (increased to 233 at mid-year). Culturally and linguistically appropriate services are provided to locally unserved and underserved racially and ethnically diverse consumers. The three levels of care (Full Service Partnership, Intensive Support Services and Wellness/Recovery) allow clients to enter individually appropriate levels of service. At all levels, community services and supports for consumers “start where they are,” and consumers and family members participate as team members in multidisciplinary teams. Westside SHOP staff is part of the larger BHRS Adult/Older Adult

PREVIOUSLY APPROVED PROGRAM

System of Care, which provides additional housing resources (transitional housing, temporary and permanent supportive housing), respite care and wellness recovery services. The FSP level provides integrated, intensive community services and supports with 24-hour-a-day, 7-day-a-week availability utilizing the “housing and employment first” approach with a recovery and client- and family-centered focus.

Collaboration with and outreach to local underserved communities are critical parts of this program and its ability to reduce disparities and achieve an integrated service experience for consumers and family members. Collaboration occurs with agencies including, but not limited to, the Salvation Army, Golden Valley Health Clinics (a Federally Qualified Health Clinic), and the Modesto Police Department. The Intensive Support Services level of care, funded by GSD, serves individuals who may not require an FSP level of care, yet are in need of time-limited intensive services and who can benefit from wellness level of care. Other services include vocational services, integrated substance abuse, mental health and physical health services, and use of flexible funds to outreach to homeless individuals. A Peer Advocacy Team, central to transformation to a culture of resiliency and recovery, as well as to peer and family support, provides education for clients and family members, peer recovery support, benefits advocacy support, and housing support. Goals of the Westside SHOP program are reductions in homelessness, incarceration, hospitalization, emergency room visits and institutionalization, and increases in employment and social community supports.

Annual Number of Clients to Be Served - 233 Total

Number of Clients By Funding Category

128	Full Service Partnerships
105	System Development
0	Outreach & Engagement

PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: FSP-02 JUVENILE JUSTICE – ART (TPS)

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

**Community Services and Supports**

**Previously Approved**

No.	Question	Yes	No							
1.	Is this an existing program with no changes?	x	<input type="checkbox"/>	<b>If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</b>						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
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**For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.**

The population to be served is high-risk children and Transition Age Youth (primarily ages 13-19) diagnosed with serious emotional disturbance, on formal or informal probation, and their families.

Stanislaus County Behavioral Health and Recovery Services (BHRS) has successfully collaborated with Stanislaus County Probation Department since the early 1990's. This MHSJ Juvenile Justice Full Service Partnership Program (FSP) added a new component and significantly expanded the already successful Juvenile Justice Mental Health Program.

This FSP provides 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 group of 25 high-risk youth and their families. All of the targeted youth have a diagnosis of a serious emotional disturbance and are on formal or informal probation. These high-risk youth 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. This FSP is designed to do "whatever it takes" to engage these seriously emotionally disturbed youth. The Teaching Pro-Social Skills model of aggression replacement therapy is employed to address aggression, immaturity, withdrawal, and other problem behaviors.



PREVIOUSLY APPROVED PROGRAM

Goals of the Juvenile Justice FSP program are to reduce recidivism, out-of-home placement, homelessness, involuntary hospitalization and institutionalization.

Annual Number of Clients to Be Served - 25 Total

Number of Clients By Funding Category

25 Full Service Partnerships

0 System Development

PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: FSP-03 SENIOR ACCESS AND RESOURCE TEAM (SART)

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

**Community Services and Supports**

**Previously Approved**

No.	Question	Yes	No							
1.	Is this an existing program with no changes?	x	<input type="checkbox"/>	<b>If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</b>						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
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**For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.**

The population to be served includes seriously mentally ill older adults (60+ years of age) and transition age adults (ages 55-59), when appropriate. This includes adults with functional impairments, co-occurring substance abuse disorders and/or other physical health conditions. These are individuals not currently being fully served who 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 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 also qualify for this FSP.

The Senior Access Resource Team (SART) is a Full Service Partnership program based on the successful implementation and outcomes of the three-year Substance Abuse and Mental Health Services Administration (SAMHSA) Older Adult Demonstration Project, 2001-2004. The SART program employs the “whatever it takes” approach to enable individuals to attain their goals. SART clients have a variety of service choices, including group therapy, individual therapy, peer counseling, medication services and linkage services. A special focus is on assessment, service planning and the identification and treatment of consumers with co-occurring disorders. SART provides a comprehensive assessment utilizing the Geriatric Field Screening Protocol (GFSP). This tool allows for a standardized full bio-psychosocial assessment, including identification of co-occurring disorders (both substance abuse and physical health problems). Family

PREVIOUSLY APPROVED PROGRAM

members may be involved in the assessment process so the consumer and family can be given sufficient information to allow for informed choices regarding available services. An individualized services and support plan is developed for each SART client.

All FSP consumers are assigned a service coordinator from the team to ensure continuity, as well as to allow for development of a relationship. Staff members are readily available to clients and family members routinely, as well as on a 24-hour-a-day, 7-day-a-week basis. All staff is culturally competent and aware of community resources within a client's cultural, racial, or ethnic community. As the SAMHSA Demonstration Project identified, seniors often benefit from focused interventions and may return to other existing support services in the community. Staff performs community outreach and provides referrals to community resources. A Peer Advocacy Team, central to transformation to a culture of resiliency and recovery, as well as to peer and family support, provides education for clients and family members, peer recovery support, benefits advocacy support, and housing support. Goals of the SART program are reduced homelessness, reduced hospitalizations, reduced emergency room visits, reduced institutionalization and social isolation, as well as increased community functioning and social community supports.

Annual Number of Clients to Be Served - 50 Total

Number of Clients By Funding Category

- 50 Full Service Partnerships
- 0 System Development
- 0 Outreach & Engagement

PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: FSP-04 HEALTH/MENTAL HEALTH TEAM

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

**Community Services and Supports**

**Previously Approved**

No.	Question	Yes	No							
1.	Is this an existing program with no changes?	x	<input type="checkbox"/>	<b>If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</b>						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
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**For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.**

The population to be served is adults and older adults with significant, ongoing, possibly chronic, health conditions and a co-occurring serious mental illness. The priority population is individuals who are primarily uninsured as well as individuals from racial and ethnic communities who do not have access to well-coordinated health services.

The Health/Mental Health Team provides 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 are the focus of this collaborative team approach. Whenever possible, evidence-based, disease management “protocols” are used to support education with consumers and family members. This program incorporates close collaboration with community public and private health entities. Focusing on the primary care settings as referral sources allows outreach to individuals from racially and ethnically diverse populations who otherwise might be reluctant to seek services in traditional mental health settings. Consumers are linked to existing community support groups and assisted in developing peer support and recovery groups for individuals with co-occurring health and mental health disorders. Both consumers and family members receive education regarding the

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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 includes 24-hour-a day, 7-day-a-week support and a “whatever it takes” approach to service delivery. A Peer Advocacy Team, central to transformation to a culture of resiliency and recovery, as well as to peer and family support, provides education for clients and family members, peer recovery support, benefits advocacy support, and housing support. Goals of the Health/Mental Health Team are reduced hospitalization, reduced emergency room visits, reduced institutionalization, decreased isolation, increased ability to manage well-being and independence. The following additional goals are also impacted: decreased homelessness, decreased incarceration, increased employment and social community supports.

Annual Number of Clients to Be Served - 50 Total

Number of Clients By Funding Category

- 50 Full Service Partnerships
- 0 System Development
- 0 Outreach & Engagement

PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: FSP-05 INTEGRATED FORENSIC TEAM (IFT)

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

**Community Services and Supports**

**Previously Approved**

No.	Question	Yes	No							
1.	Is this an existing program with no changes?	x	<input type="checkbox"/>	<b>If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</b>						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
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The population to be served is adults and Transition Age Young Adults with serious mental illness including those individuals with co-occurring substance abuse disorder, who are homeless or at risk for homelessness and/or who have historically been high users of crisis-based services including hospital, mobile crisis, emergency rooms, probation and incarceration.

The Integrated Forensic Team partners with the Stanislaus County Criminal Justice System to serve 80 adult and transition age young adult consumers; 10 who have co-occurring disorders. An integrated, multidisciplinary program, IFT staff is available 24-hours-a-day, 7-days-a-week. IFT partners with the Drug Court Program to make court-accountable case management services available to consumers with co-occurring disorders. IFT provides 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 “whatever it takes” treatment strategies learned from AB-2034 programs and the Mentally Ill Offender Crime Reduction program. Culturally and linguistically appropriate services are provided to locally unserved and underserved racially and ethnically diverse consumers. A combination of Full Service Partnership (FSP) and General System Development (GSD) funds provides step-down levels of care. The three levels of care (Full Service Partnership, Intensive Support Services and Wellness/Recovery) allow clients to enter the individually appropriate level of service. The Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS), an assessment tool developed by community psychiatrists for determining appropriate

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level of care in outpatient services, is utilized to help select the level of care an individual needs. This level of care model permits IFT clients to move through service, intensive supports, and graduation into wellness/recovery. A Peer Advocacy Team, central to transformation to a culture of resiliency and recovery, as well as to peer and family support, provides education for clients and family members, peer recovery support, benefits advocacy support, and housing support. Goals of the IFT program are reduced homelessness, reduced incarceration and institutionalization, reduced use of emergency room care, reduced inability to work, reduced inability to manage independence, reduced isolation and reduced involuntary care.

Annual Number of Clients to Be Served - 80 Total

Number of Clients By Funding Category

- 40 Full Service Partnerships
- 40 System Development
- 0 Outreach & Engagement

PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: GSD-01 TRANSITION AGE YOUNG ADULT DROP-IN CENTER

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

**Community Services and Supports**

**Previously Approved**

No.	Question	Yes	No							
1.	Is this an existing program with no changes?	x	<input type="checkbox"/>	<b>If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</b>						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
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**For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.**

The population to be served is high use, at-risk transition age young adults with a co-occurring substance abuse disorder who live in an impoverished, underserved, racially and ethnically diverse community. Individuals who receive supports, services and referrals must be receiving mental health services from an existing BHRS program and are in need of social activities, referrals for housing, employment, alcohol and drug services, and other supports. The age group served by this program ranges from 16 to 25 years of age. (16- and 17-year-olds must be receiving services within the Children’s System of Care.)

“Josie’s Place” Drop-In Center for Transition Age Young Adults (TAYA) expanded an existing AB-2034 Transition Age Young Adult program, improved services and infrastructure, and made additional supports and services available to underserved consumers. Josie’s Place is a membership-driven "clubhouse" type model, with a Young Adult Advisory Council that takes an active role in recovery-oriented activity planning and service development. Outreach to young adults of color is done through existing community agencies and organizations as partners to coordinate services. Josie’s Place provides an array of community and agency resources (both on site and in the community) with self-help and peer support geared to assist young adults in the four transition domains of employment, educational opportunities, living situation (housing), and community life. A level of care model permits movement through service, intensive supports, and graduation into wellness/recovery, all within one location. When the Full Service Partnership level of care



PREVIOUSLY APPROVED PROGRAM

is needed, referral and linkage are made to the appropriate FSP program. Co-located at Josie's Place Drop-In Center is Josie's TRAC, a program operated under contract with Telecare Corporation. Josie's TRAC is a Full Service Partnership program serving twenty Transition Age Youth using an Assertive Community Treatment model with 24/7 access and a "whatever it takes" approach. To welcome and encourage community-wide TAY-serving agency representatives to take advantage of the Drop-In Center workstations with computers and telephones are available for short-term use. Agencies such as Stanislaus Pride Center (resources to strengthen and support LGBT), Health Services Agency (free, confidential STD testing), Community Services Agency (housing for foster youth), Turning Point Community Programs (employment services), Center for Human Services Pathways Program (housing), and staff from other Children's System of Care programs make site visits and are available for information and referral purposes. Goals of Josie's Place Drop-In Center are to provide a diverse cultural environment where transition age young adults can seek peer support and recovery-minded input from staff as well as peers in recovery to reduce isolation, increase the ability to manage independence, increase linkages to services related to treatment of serious mental illness and co-occurring substance abuse problems, and housing and employment opportunities.

Annual Number of Clients to Be Served - 250 Total

Number of Clients By Funding Category

- 0 Full Service Partnerships
- 250 System Development
- 0 Outreach & Engagement

PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: GSD-02 COMMUNITY EMERGENCY RESPONSE TEAM

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

**Community Services and Supports**

**Previously Approved**

No.	Question	Yes	No							
1.	Is this an existing program with no changes?	x	<input type="checkbox"/>	<b>If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</b>						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
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The population to be served includes all ages: children, transition age youth, adults and older adults. Primary focus is on acute and sub-acute situations of children and youth with serious emotional disturbances (SED) and individuals with serious mental illness (SMI). Emphasis is placed on provision of outreach, engagement in the recovery process, and crisis intervention.

This General System Development program combines consumer and/or family volunteers and employees and peer self-help with professional emergency services interventions needed in crisis situations. The consumer-operated "Warm Line" is administered under contract with Turning Point Community Programs. Warm Line staff is the first point of contact for all incoming calls and provides non-crisis support, referrals and follow-up contacts. An on-site "Peer Support Area" is available for consumers who do not meet acute psychiatric admit criteria but could benefit from a supportive environment offering peer support and resources. The Community Emergency Response Team (CERT) and its Mobile component provide site-based as well as mobile crisis response in the community. Clients may see a mental health provider in a location outside of a traditional mental health office. Mobile-CERT is a partnership of BHRS clinical staff and patrol officers from the Modesto Police Department. Emphasis is placed on peer support, recovery and resiliency. Alternative temporary housing may be used, when appropriate, as an alternative to hospitalization. Goals of this GSD program are reduced hospitalization, reduced involuntary care, reduced incarceration and institutionalization, decreased isolation, increased ability to manage independence, reduced

PREVIOUSLY APPROVED PROGRAM

frequency of emergency medical care, reduced out-of-home placement, and increased social supports and community functioning.

Annual Number of Clients to Be Served - 3000 Total

Number of Clients By Funding Category

- 0 Full Service Partnerships
- 3000 System Development
- 0 Outreach & Engagement

PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: GSD-04 FAMILIES TOGETHER

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

**Community Services and Supports**

**Previously Approved**

No.	Question	Yes	No							
1.	Is this an existing program with no changes?	x	<input type="checkbox"/>	<b>If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</b>						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
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5.	<p><b>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</b></p> <p><b>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</b></p>									

The population to be served includes children and youth with serious emotional disturbances (from birth to 18 years of age) and their families including kin care providers (family other than natural parents). Youth and families served may be underserved and/or unserved relative to the need for outreach into underrepresented racially and ethnically diverse communities or families who are unaware of available services. Although Josie's Place Drop-In Center for Transition Age Young Adults (TAYA) (GSD-01) specifically targets the TAYA population, the Family Partnership Center (FPC) and its Families Together program also serve some individuals in the TAYA age group and their families.

Families Together enhanced and expanded the Family Partnership Center (FPC) utilizing General System Development funds. It improved and expanded supports and services for youth with serious emotional disturbance (SED) and their families, and kin care providers. Services provided include: advocacy, service coordination, family and individual respite, transportation, and wraparound services to a diverse population. Families Together is consumer-driven with both adult and youth advisory bodies (Family Partnership Center Advisory Board and Youth Advisory Council) that govern service development and provision, and provide leadership opportunities. Family members are involved in service provision, policy development, program leadership and collaboration with other child-serving agencies throughout the community. Parents of youth with SED and kinship family members (families other than natural parents) are employed as parent

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mentors to provide a variety of services. Goals of the Families Together program 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.

Annual Number of Clients to Be Served - 80 Total

Number of Clients By Funding Category

- 0 Full Service Partnerships
- 80 System Development
- 0 Outreach & Engagement

PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: GSD-05 CONSUMER EMPLOYMENT AND EMPOWERMENT CENTER

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

**Community Services and Supports**

**Previously Approved**

No.	Question	Yes	No							
1.	Is this an existing program with no changes?	x	<input type="checkbox"/>	<b>If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</b>						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
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FY 09/10 funding	FY 10/11 funding	Percent Change								

5. **For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.**  
**For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.**

The population to be served includes transition age young adults, adults and older adults with serious mental illness, their families, and consumer and family organizations. Persons of all genders, sexual orientations, races and ethnicities are served. Threshold language capability (Spanish) is emphasized as well as increased access to traditionally underserved populations and racially and ethnically diverse communities. Consumers residing in board and care homes are eligible and encouraged to participate fully in the Center.

Funded with General System Development funds and operated under contract with Turning Point Community Programs, the Consumer and Family Member Employment and Empowerment Center is a consumer-and family member-driven resource center in an easily accessible location on a main bus line. Staff of the Center is comprised of consumers and family members who relate to members from a place of hope and empowerment. Contract agency staff, the Consumer and Family Affairs Manager, and the Consumer and Family Steering Committee provide oversight and guidance. The Consumer and Family Member Employment and Empowerment Center provides many opportunities for socialization, advocacy and recovery-based peer and family support. The Center and its meeting space are for use by all consumer and family organizations as well as self-help groups. Employment services, targeted to adults and older adults with serious mental illness, assists individuals with personal development goals related to volunteerism, supported employment settings, BHRS-supported positions, and competitive employment options with equal pay and benefits. Two employment and training opportunities

PREVIOUSLY APPROVED PROGRAM

are currently available on-site: (1) A fully furnished kitchen facility, called “The Garden of Eat’n,” caters food for meetings and prepares take-out meals for staff and others to purchase. Menus and food are prepared by consumers and family members in career development and paid employment. (2) Transportation services support all aspects of consumer and family member participation in community and organizational activities and provide employment opportunities through the Center’s Career Exploration Program. A strong recovery and strength-based approach is used in all Center activities. Staff (paid and volunteer) is trained in cultural competency including elements of culture related to client culture, gender, and sexual orientation issues. Goals of the program are to provide a Center where consumers can develop a diverse cultural environment and can seek peer support and recovery-minded input from peers in recovery. Goals also include reduced isolation, increased ability to manage independence, increased linkages to services related to treatment of serious mental illness and co-occurring substance abuse problems, and increased housing and opportunities for employment and other meaningful activities.

Annual Number of Clients to Be Served - 500 Total

Number of Clients By Funding Category

- 0 Full Service Partnerships
- 500 System Development
- 0 Outreach & Engagement

PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: OE-01 OUTREACH AND ENGAGEMENT

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

**Community Services and Supports**

**Previously Approved**

No.	Question	Yes	No							
1.	Is this an existing program with no changes?	x	<input type="checkbox"/>	<b>If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</b>						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
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5. **For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.**  
**For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.**

The population to be served includes children, transition age youth, adults and older adults with serious emotional disturbance or serious mental illness, and their families, throughout Stanislaus County. The target population is unserved, underserved or inappropriately served individuals in racially and ethnically diverse communities who are reluctant or unable to access mental health services as these services have been traditionally provided. Emphasis is placed on diverse consumers including but not limited to Hispanic, African American, Southeast Asian (Pacific Islander), Native American, and Lesbian, Gay, Bisexual and Transgender (LGBT). Services focus on reducing the stigma of traditional services.

Through contractual agreements with BHRS, two local community-based organizations, El Concilio and West Modesto King Kennedy Neighborhood Collaborative, provide outreach and engagement to individuals. An initial needs assessment identified needs and barriers to service experienced by individuals in racially and ethnically diverse communities. Thereafter, the two O/E contractors developed service strategies, made referrals, and began to develop capacity to provide community-based, culturally, racially and ethnically appropriate mental health services to individuals with serious emotional disturbance or serious mental illness. Through a Promotores program by one contractor and continuation of the Neighborhood Outreach Worker program by the other, the two contractors build on strengths, natural supports and leadership already existing within the community. They both make educational presentations in non-traditional locations,



PREVIOUSLY APPROVED PROGRAM

provide peer support groups and transportation. The focus of service is on education, support, stigma reduction and decreasing/eliminating service disparities. Services are culturally competent and client- and family-focused. Services promote recovery and resilience while maintaining respect for the beliefs and cultural practices of the individuals served. Goals of the Outreach and Engagement program are to reduce ethnic and racial disparities in services, reduce homelessness, reduce hospitalization and incarceration, reduce out-of-home placement, reduce emergency room visits, reduce stigma, increase collaboration, and significantly increase the level of engagement within racially and ethnically diverse communities.

Annual Number of Clients to Be Served - 1200 Total

Number of Clients By Funding Category

0 Full Service Partnerships

0 System Development

1200 Outreach & Engagement

PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: OE-02 GARDEN GATE RESPITE

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

**Community Services and Supports**

**Previously Approved**

No.	Question	Yes	No							
1.	Is this an existing program with no changes?	x	<input type="checkbox"/>	<b>If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</b>						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
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5.	<p><b>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</b></p> <p><b>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</b></p>									

The population to be served includes 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 as well as members of racially, ethnically and culturally diverse communities.

This Outreach and Engagement 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. Originally developed as an AB-2034 program, this O&E program serves at least 150 unique individuals each year, providing short-term respite stays for individuals with serious mental illness who are homeless or at risk of homelessness. In addition to providing respite, Garden Gate Respite Center serves as a point of contact for MHSA and other programs to outreach to consumers who are homeless and not yet engaged and provides access to a variety of housing resources. Services include supportive housing, temporary and permanent supportive housing, integrated services with law enforcement, culturally appropriate services, outreach services to homeless individuals, independent living skills and supportive education, client advocacy on criminal justice issues, housing options, safe haven, temporary housing, respite housing, and transportation. Garden Gate Respite Center is located at the

PREVIOUSLY APPROVED PROGRAM

same site as a 6-unit transitional supportive housing complex, enabling Behavioral Health and Recovery Services (BHRS) to provide three levels of temporary housing (3 to 5 day respite housing; 5 to 20 day extended respite housing; and 6 months to 2 years of temporary supportive housing). BHRS housing specialists are co-located at the Center. Referrals are made to Garden Gate by law enforcement, homeless outreach programs and other programs that serve individuals with serious mental illness. Crisis intervention and services for medically at-risk individuals are linked to the Center. Garden Gate is located in an underserved area of Stanislaus County with a high proportion of racially and ethnically diverse individuals who are underserved. Goals of the project include reduced homelessness, reduced hospitalizations, reduced emergency room visits, reduced isolation and institutionalization, and promotion of recovery and wellness.

Annual Number of Clients to Be Served - 150 Total

Number of Clients By Funding Category

- 0 Full Service Partnerships
- 0 System Development
- 150 Outreach & Engagement

PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: (Action #1) WE&T Plan Coordination and Implementation

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

**Workforce Education Training (WET)**

**Previously Approved**

No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
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5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <ul style="list-style-type: none"> <li>• Establish a WET stakeholder input process to support implementation and accountability of WET.</li> <li>• Ensure collaboration with diverse communities in planning, implementation and evaluation of the WET Plan.</li> <li>• Submit a Three-Year Expenditure Plan and implement the WET Plan.</li> <li>• Work in collaboration with BHRS Human Resources Manager to review and revise existing job descriptions including minimum qualifications to reduce barriers to hiring consumers, family members including those from diverse communities.</li> </ul>									

PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Select one:

- CSS
- WET
- PEI
- INN

Program Number/Name: : (Action #2) WET Plan Consultation - Completed in Fiscal Year 2007/08

Date: February 24, 2010

**Workforce Education Training (WET)**

**Previously Approved**

No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
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5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <ul style="list-style-type: none"> <li>• Review and provide technical assistance regarding stakeholder input process.</li> <li>• Review and provide technical assistance regarding planning documents and processes.</li> </ul>									

PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: (Action #3) Consumer and Family Member Training and Support

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

**Workforce Education Training (WET)**

Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
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5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <ul style="list-style-type: none"> <li>Develop employment preparation for consumer and family members, including those from diverse communities, conduct a focused needs assessment of training and support needs necessary to increase the numbers entering and remaining in the workforce.</li> <li>Develop a training and technical assistance plan for consumers and family members and implement plan.</li> <li>By September 2008, implement psychosocial rehabilitation curriculum in collaboration with Modesto Junior College.</li> </ul>									

PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: (Action #4) Workforce Development

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

**Workforce Education Training (WET)**

**Previously Approved**

No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>If yes, answer question #5 and complete Exh. E1 or E2 accordingly; If no, answer question #2</b>						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
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5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <ul style="list-style-type: none"> <li>• Convene system-wide training committee (Workforce Development Council) with broad representation inclusive of organizational providers, consumers, family members and culturally diverse members.</li> <li>• Conduct assessment and analysis of training and technical assistance necessary to transform system to MHSA goals.</li> <li>• Identify evidence-based curriculum and develop a system-wide training plan.</li> <li>• Develop a comprehensive training plan based on MHSA transformation.</li> </ul>									

PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: (Action #5) Consumer and Family Member Volunteer Program

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

**Workforce Education Training (WET)**

**Previously Approved**

No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
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5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <ul style="list-style-type: none"> <li>• A dedicated position of a workforce volunteer coordinator to establish a consumer- and family member-oriented volunteer program within the public mental health system.</li> <li>• Provide resources within BHRS and organizational providers for supervision and support of volunteers.</li> <li>• Provide training for supervisors of volunteers.</li> <li>• Establish and maintain volunteer records.</li> </ul>									



PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: (Action #6) Outreach and Career Academies

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

**Workforce Education Training (WET)**

Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4. a)	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
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PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: (Action #7) Expanded Internship and Supervision Program

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

**Workforce Education Training (WET)**

**Previously Approved**

No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <ul style="list-style-type: none"> <li>• Provide at least 10 additional internship slots annually for master’s level MSW/MFT students in public mental health.</li> <li>• Establish a plan for 10 internship/service slots for students pursuing undergraduate degrees.</li> <li>• Provide 2000 hours of clinical supervision to existing workforce focused on development of skills.</li> <li>• Implement a supervision structure to ensure supervision of interns, students and pre-licensed candidates.</li> <li>• Coordinate practicum opportunities within the public mental health system for undergraduate nursing and LVN students from Modesto Junior College and CSU Stanislaus.</li> <li>• Explore development of internships with educational entities (CSU Stanislaus, UCSF and UC Davis) for physician assistants and graduate nursing students including mental health nurse practitioners.</li> <li>• Offer stipends for Modesto Junior College and California State University, Stanislaus.</li> <li>• Offer loan assumptions for Nurse Practitioners and Psychiatrists.</li> </ul>									

PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: (Action #8) Targeted Financial Incentives to Increase Workforce Diversity

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

**Workforce Education Training (WET)**

**Previously Approved**

No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <ul style="list-style-type: none"> <li>▪ Offer financial incentives including educational scholarships and tuition/book fees for BHRS and organizational provider staff working on Associate or Baccalaureate Degrees.</li> <li>▪ Establish contracts with CSU, Stanislaus and other educational entities who wish to enter into a contractual agreement with BHRS consistent with MHSA Essential Elements for graduate stipends for MSW and MFT students in FY2008-09 with a focus on hard-to-fill positions.</li> <li>▪ Grant a minimum of 3 educational stipends and/or scholarships annually to existing or potential employees.</li> </ul>									

PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: Community Capacity Building

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

**Prevention and Early Intervention**

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is <b>different</b> than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: N/A	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			

PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: Emotional Health and Wellness/Education Awareness and Education

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

Prevention and Early Intervention				
No.	Question	Yes	No	
6.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
7.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
8.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
9.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
10.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			

PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: Adverse Childhood Experience Intervention

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

Prevention and Early Intervention				
No.	Question	Yes	No	
11.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
12.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
13.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
14.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
15.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			

PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: Child and Youth Resiliency and Development

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

Prevention and Early Intervention				
No.	Question	Yes	No	
16.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
17.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
18.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
19.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
20.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			

PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: Adult Resiliency and Social Connectedness

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

Prevention and Early Intervention					
No.	Question	Yes	No		
21.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
22.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
23.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
24.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
25.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			



PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: Older Adult Resiliency and Social Connectedness

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

**Prevention and Early Intervention**

No.	Question	Yes	No	
26.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
27.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
28.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
29.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
30.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			

PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: Health/Behavioral Health Integration

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

Prevention and Early Intervention				
No.	Question	Yes	No	
31.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
32.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
33.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
34.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
35.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			

PREVIOUSLY APPROVED PROGRAM

County: Stanislaus County

Program Number/Name: School/Behavioral Health Integration

Date: February 24, 2010

Select one:

- CSS
- WET
- PEI
- INN

Prevention and Early Intervention				
No.	Question	Yes	No	
36.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
37.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
38.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
39.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
40.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			

County: Stanislaus

Date: 2/19/2010

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
<b>A. FY 2010/11 Planning Estimates</b>						
1. Published Planning Estimate	\$10,173,700			\$2,706,900	\$1,540,900	
2. Transfers						
3. Adjusted Planning Estimates	\$10,173,700					
<b>B. FY 2010/11 Funding Request</b>						
1. Requested Funding in FY 2010/11	\$11,613,512			\$5,319,428		
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds						
b. Unexpended FY 2007/08 Funds <sup>a/</sup>						
c. Unexpended FY 2008/09 Funds	\$1,481,724			\$2,895,103		
d. Adjustment for FY 2009/2010	\$41,912			\$282,575		
e. Total Net Available Unexpended Funds	\$1,439,812	\$0	\$0	\$2,612,528	\$0	
<b>4. Total FY 2010/11 Funding Request</b>	<b>\$10,173,700</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,706,900</b>	<b>\$0</b>	
<b>C. Funds Requested for FY 2010/11</b>						
<b>1. Previously Approved Programs/Projects</b>						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates <sup>a/</sup>						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates	\$10,173,700			\$2,706,900		
<b>Sub-total</b>	<b>\$10,173,700</b>	<b>\$0</b>		<b>\$2,706,900</b>	<b>\$0</b>	
f. Local Prudent Reserve						
<b>2. New Programs/Projects</b>						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates <sup>a/</sup>						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates						
<b>Sub-total</b>	\$0	\$0	\$0	\$0	\$0	
f. Local Prudent Reserve						
<b>3. FY 2010/11 Total Allocation<sup>b/</sup></b>	<b>\$10,173,700</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,706,900</b>	<b>\$0</b>	

a/Only applies to CSS augmentation planning estimates released pursuant to DMH Info. Notice 07-21, as the FY 07/08 Planning Estimate for CSS is scheduled for reversion on June 30, 2010.

b/ Must equal line B.4. for each component.

**NOTE: All WET funds already received.**

CSS BUDGET SUMMARY

County: Stanislaus

Date: 2/19/2010

CSS Programs			FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
No.	Name	Full Service Partnerships (FSP)		General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult	
<b>Previously Approved Programs</b>											
1.	FSP01	Westside Stanislaus Homeless Outreach	\$2,461,463	\$1,846,097	\$615,366			\$492,292	\$1,723,024	\$246,147	
2.	FSP02	Juvenile Justice	\$247,108	\$247,108			\$123,554	\$123,554			
3.	FSP03	Senior Access and Resource Team	\$1,019,395	\$808,936	\$210,459				\$101,940	\$917,455	
4.	FSP04	Health/Mental Health Team	\$904,969	\$694,510	\$210,459				\$769,224	\$135,745	
5.	FSP05	Integrated Forensic Team	\$1,226,372	\$903,434	\$322,938			\$245,274	\$981,098		
6.	GSD01	Transition Age Young Adult Drop-In Center	\$848,215		\$848,215			\$848,215			
7.	GSD02	Community Response Team	\$427,251		\$427,251		\$111,085	\$64,088	\$187,990	\$64,088	
8.	GSD04	Families Together	\$236,053		\$236,053		\$212,448	\$23,605			
9.	GSD05	Consumer Employment & Empowerment Center	\$331,078		\$331,078			\$66,216	\$165,539	\$99,323	
10.	OE01	Community Outreach & Engagement	\$349,020			\$349,020	\$139,608	\$69,804	\$87,255	\$52,353	
11.	OE02	Garden Gate Respite	\$1,129,718			\$1,129,718		\$225,944	\$677,830	\$225,944	
12.			\$0								
13.			\$0								
14.			\$0								
			\$0								
16.	Subtotal: Programs <sup>a/</sup>		\$9,180,642	\$4,500,085	\$3,201,819	\$1,478,738	\$0	\$586,695	\$2,158,992	\$4,693,900	\$1,741,055
17.	Plus up to 15% County Administration		\$1,377,096								
18.	Plus up to 10% Operating Reserve		\$1,055,774								
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$11,613,512								
<b>New Programs</b>											
1.			\$0								
2.			\$0								
3.			\$0								
4.			\$0								
5.			\$0								
6.	Subtotal: Programs <sup>a/</sup>		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
7.	Plus up to 15% County Administration										
8.	Plus up to 10% Operating Reserve										
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$0								
10.	<b>Total MHSA Funds Requested for CSS</b>		\$11,613,512								

Percentage  
15%  
10.0%

Percentage  
#DIV/0!  
#DIV/0!

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

49.00%

**Additional funding sources for FSP requirement:**

County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. In addition, the funding amounts must match the Annual Cost Report. Refer to DMH FAQs at [http://www.dmh.ca.gov/Prop\\_63/MHSA/Community\\_Services\\_and\\_Supports/docs/FSP\\_FAQs\\_04-17-09.pdf](http://www.dmh.ca.gov/Prop_63/MHSA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf)

**CSS Majority of Funding to FSPs**

**Other Funding Sources**

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

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

PEI BUDGET SUMMARY

County: Stanislaus

Date: 2/19/2010

PEI Programs		FY 10/11 Requested MHSAs Funding	Estimated MHSAs Funds by Type of			Estimated MHSAs Funds by Age Group					
No.	Name		Universal Prevention	Selected/ Indicated Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult		
<b>Previously Approved Programs</b>											
1.	1	Community Capacity Building	\$1,118,689	\$525,511	\$258,834	\$334,344	\$335,607	\$279,672	\$223,738	\$279,672	
2.	2	Emotional Wellness Education/Community Support Development	\$422,344	\$211,172	\$211,172	\$0	\$126,703	\$126,703	\$84,469	\$84,469	
3.	3	Childhood Adverse Experience Intervention	\$497,309	\$0	\$132,405	\$364,904	\$223,789	\$223,789	\$24,866	\$24,865	
4.	4	Child and Youth Resiliency and Development	\$371,309	\$0	\$371,309	\$0	\$185,655	\$185,654	\$0	\$0	
5.	5	Adult Resiliency and Social Connectiveness	\$424,610	\$140,121	\$284,489	\$0	\$0	\$0	\$424,610	\$0	
6.	6	Older Adult Resiliency and Social Connectiveness	\$551,512	\$0	\$183,824	\$367,688	\$0	\$0	\$0	\$551,512	
7.	7	Health/Behavioral Health Integration	\$375,000	\$0	\$0	\$375,000	\$0	\$127,500	\$123,750	\$123,750	
8.	8	School/Behavioral Health Integration	\$444,309	\$0	\$259,234	\$185,075	\$222,155	\$222,154	\$0	\$0	
9.			\$0								
10.			\$0								
11.			\$0								
12.			\$0								
13.			\$0								
14.			\$0								
15.			\$0								
16.	Subtotal: Programs		\$4,205,082	\$876,804	\$1,701,267	\$1,627,011	\$1,093,909	\$1,165,472	\$881,433	\$1,064,268	Percentage
17.	Plus up to 15% County Administration		\$630,762								15%
18.	Plus up to 10% Operating Reserve		\$483,584								10.0%
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$5,319,428								
<b>New Programs</b>											
1.			\$0								
2.			\$0								
3.			\$0								
4.			\$0								
5.			\$0								
6.	Subtotal: Programs		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
7.	Plus up to 15% County Administration										#VALUE!
8.	Plus up to 10% Operating Reserve										#VALUE!
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$0								
10.	<b>Total MHSAs Funds Requested for PEI</b>		\$5,319,428								

54%

Note: Previously Approved Programs that propose changes to Key Community Health Needs, Priority Populations, and/or funding as described in the Information Notice are considered New.