



**Stanislaus County
Behavioral Health and Recovery Services**

**Mental Health Services Act
Plan Update FY2019-20**

November 2019

DRAFT



WELLNESS • RECOVERY • RESILIENCE

COUNTY COMPLIANCE CERTIFICATION

County: Stanislaus

County Mental Health Director	Project Lead
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Mailing Address: Stanislaus County 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/plan update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This Plan Update has been developed with the participation of stakeholders, in accordance with Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft FY 2019-20 Plan Update was circulated to representatives of stakeholder interests and any interested party for 30 days for public review and comment. All input has been considered with adjustments made, as appropriate.

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

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

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

All documents in the attached Plan Update FY 2019-20 are true and correct.

Mental Health Director/Designee (PRINT)

Signature

Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Stanislaus

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Ruben Imperial, MBA	Name: Kashmir Gill
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Local Mental Health Mailing Address: Stanislaus County Behavioral Health and Recovery Services 800 Scenic Drive Modesto, CA 95350	

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

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

Ruben Imperial, MBA

Local Mental Health Director (PRINT)

Signature

Date

I hereby certify that for the fiscal year ended June 30, 2019, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 2018 for the fiscal year ended June 30, 2018. I further certify that for the fiscal year ended June 30, 2019, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Kashmir Gill

County Auditor Controller / City Financial Officer (PRINT)

Signature

Date

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

Overview:

California voters passed Proposition 63, the Mental Health Services Act (MHSA), in November 2004 to expand and improve mental health services. Enacted into law on January 1, 2005, the measure places a 1% tax on personal income above 1 million dollars with funds distributed to counties for local allocation. The goal is to transform the mental health system and improve the quality of life for Californians living with a mental illness.

Behavioral Health and Recovery Services (BHRS) works continuously to expand and improve behavioral health services using a “help first” approach that enables community members to access services and supports before they are in crisis. In partnership with the community, our mission is to provide and manage effective prevention and behavioral health services that promote our community’s capacity to achieve wellness, resiliency, and recovery outcomes. MHSA services require six essential elements: community collaboration, cultural competence, consumer driven and family driven systems of care, a focus on wellness, recovery, resiliency, and integrated services experiences for consumers and families.

All MHSA components must be guided by the following MHSA values:

- Community collaboration - Initiates, supports and expands collaboration and linkages, especially connections with systems, organizations, and practitioners not traditionally defined as mental health entities;
- Cultural competence - Demonstrates cultural competency and capacity to reduce disparities in mental health services and outcomes;
- Client driven mental health system - Includes ongoing involvement of clients, including but not limited to implementation, staffing, evaluation and dissemination;
- Family driven mental health system - Includes ongoing involvement of family members, including but not limited to implementation, staffing, evaluation and dissemination;
- Wellness, recovery, and resiliency focus - Prevent mental health problems, increase resilience and/or promote health recovery;
- Integrates service experiences for clients and family-Encourages and provides for access to a full range of services provided by multiple agencies, programs and funding sources for clients and family members

Community Program Planning Background in Stanislaus County

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

understandable language that avoids use of excessive technical jargon and provides appropriately fluent speakers for diverse populations when needed.

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

The Representative Stakeholder Steering Committee (RSSC) is actively engaged in identifying needs, priorities, and guiding principles during planning processes. The RSSC is comprised of approximately 40 individuals representing a diverse spectrum of community interests in accordance with MHSA guidelines. In Stanislaus County diverse participants have included, but are not limited to, consumers and family members, social services, education, underserved communities, providers of health care, contract providers of public mental health services, representatives from diverse communities, law enforcement, courts, probation, faith-based community, disability serving organizations, labor organizations, Stanislaus County Chief Executive Office, Behavioral Health Department staff, Area Agency on Aging, and regional geographical areas of Stanislaus County including South and Westside of the county. The primary language spoken in these meetings is English unless other languages or methods of communication are requested.

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

On Friday, October 18, 2019, BHRS convened the Representative Stakeholder Steering Committee (RSSC) to review and provide input on these proposals and updates. The agenda included presentations and discussion on the proposals outlined in this document in addition to an update on the Suicide Prevention Innovation Project. There were 62 total participants, with 17 designated RSSC members present, with representation from consumers, families, law enforcement, District Attorney, Health Services Agency Director, County of Stanislaus Chief Operations Officer, and the Focus on Prevention/Stanislaus Homelessness Alliance Chair. The meeting was facilitated by the Interim Behavioral Health Director, with both designated RSSC and observers sharing their diverse views and questions. The RSSC comments in the meeting were supportive. No RSSC members or other stakeholders/observers provided any objections about the proposals.

Local Review Process:

FY 2019-2020 MHSA Plan Update is available for 30-day public review and comment November 6, 2019 to December 5, 2019. Notifications of the public review dates and access to copies of the document have been made available through the following methods:

- An electronic copy was posted on the County's MHSA website: www.stanislausmhsa.com.
- Paper copies of the FY 2019-2020 MHSA Plan Update were distributed to Stanislaus County Public Libraries throughout the County where the report was available at resource desks.
- Electronic notification was sent to all BHRS service sites with a link to www.stanislausmhsa.com announcing the posting of this document.
- Representative Stakeholder Steering Committee, Behavioral Health Board members, as well as other community stakeholders were sent an email informing them of the start of the 30-day review, and how to obtain a copy of the MHSA Plan Update.
- Public Notices were posted in nine newspapers throughout Stanislaus County including a newspaper serving the Spanish speaking community. The Public Notice included access to the MHSA Plan Update, on-line at www.stanislausmhsa.com and a phone number to request a copy of the document.

Public Comment and Responses:

(Comments will be included at the end of the public review period)

This Plan Update includes descriptions of two new proposals, and updates on the current MHSA plan that include Prudent Reserve Assessment, Kansas House Project, and Prevention and Early Intervention.

Proposal 1— O&E 2 Supportive Housing Expansion

Background

A major challenge in Stanislaus County due to the steady growth in the number of individuals that are at risk of or currently experiencing homelessness. The most recent Stanislaus County Point in Time counts show that the average homeless population at any given time is approximately 1,900 individuals.

A September 2018 federal ruling by the Ninth Circuit Court of Appeals determined cities are not allowed to prosecute people for sleeping on public property if there is no shelter space available. This impacted cities within the jurisdiction of the Court, including all California cities, many of whom worked to create emergency shelter capacity with the least amount of barriers to entrance in order to provide practical sleeping space. In response to the Federal Ninth Circuit Court ruling, the City of Modesto initially designated Beard Brook Park as the location for individuals that are experiencing homelessness to camp outdoors. In February 2019, the City of Modesto subsequently partnered with the County, including BHRS, and other public and private sector partners to establish the Modesto Outdoor Emergency Shelter (MOES) at the Tuolumne River Regional Park as the designated location for outdoor camping. MOES will be closing in December 2019 and the proposals in this update are intended to support individuals with serious mental illness through this transition as well as our community's broader efforts to reduce and prevent homelessness.

To address this continued challenge, the Stanislaus County Board of Supervisors and the Focus on Prevention initiative provided leadership and acted as catalysts to implement evidence-based programs and innovative practices through a multi-disciplinary agency approach, with an emphasis on behavioral health treatment services as an integrated strategy. The community vision adopted in response to the health and safety impact of the homeless crisis and created through the Focus on Prevention planning process has resulted in the delivery of key components of the plan. This community stakeholder process included individuals with lived experience and family members, and individuals currently homeless or recently experienced homelessness as well as multiple agency partners serving homeless individuals and families. To date, this partnership has resulted in the following programs and practices:

- Approved the Vision for a Focus on Prevention initiative to end homelessness in Stanislaus County, which created the vision “***Through Dignity and Respect, Empowering People at Risk or Experiencing Homelessness Towards a Hopeful and Independent Life***”.
- Opened the Initial Outreach and Engagement Center in August 2017 to co-locate programs and services, **including mental health outreach teams**, focused on addressing homelessness
- Approved the joint City of Modesto and Stanislaus County Community Assessment, Response and Engagement Multidisciplinary (CARE MDT) Strategy to address vagrancy and support for individuals **in distress due to severe mental illness**, substance use disorders, and high-risk health issues in Stanislaus County

- Declared a “shelter crisis” in the unincorporated areas of the County
- Partnered to establish the Downtown Streets Program employment program for individuals experiencing homelessness
- Established and Supported the Modesto Outdoor Emergency Shelter MOES, **embedding mental health** and substance use disorder outreach services
- Created a Memorandum of Understanding for a new partnership between the County, the City of Modesto and the Salvation Army to create a new Emergency Shelter, provide an adjacent new Access Center, and other related facilities and programs at the Salvation Army’s 9th Street, Modesto, Berberian Center which will house 182 occupants

For Fiscal Year 2019-2020, BHRS proposes to contribute to the development of a new Access Center, a new Community Services Agency Division of Housing and Homeless Services (DHHS), and a new Homeless Prevention and Early Intervention Program, and expand the current Housing Support Service program. These new/expanded programs are intended to leverage Focus on Prevention efforts to serve individuals with severe mental illness (SMI) that are at risk of or currently experiencing homelessness.

Currently, BHRS has approximately 198 individuals or individuals as part of a family unit on a waitlist for various forms of housing in the continuum. Working with local public and private sector partners, BHRS is expanding the inventory of available shelter and housing options for BHRS consumers. The programs listed below are intended to leverage our community’s strategies to reduce and prevent homelessness, increase access to shelter and housing and improve coordination of homelessness programs for individuals with SMI that often face barriers and unique challenges in accessing shelter, housing, and supportive services.

O&E 2 Supportive Housing Expansion: Access Center

The new “one-stop” Access Center is designed to centralize and serve as a physical entry point and service hub for the County’s homelessness services system providing access and referrals to a wide-range of housing and supportive services, including embedded behavioral health services. The Access Center includes an emergency shelter program component that provides short- term shelter for people experiencing long- term street homelessness. The Emergency Shelter component of the Access Center project will be open on November 15, 2019. The Access Center facility is adjacent to the shelter and will be operational in January 2020. The Access Center will also serve as the Coordinated Entry for the emergency shelters on site and various other shelter locations throughout the community, including multiple existing and new shelter, transitional, and permanent supportive housing programs.

The Access Center strategy is rooted in the MHSA values of integrated service experiences for clients and family and community collaboration. The Access Center & Shelter expands collaboration by embedding outreach, early intervention and treatment services in a Homeless Access Center and emergency shelter alongside human service agencies, health outreach services, specialized homelessness law

enforcement team, and faith-based/community partners. This new Access Center team will work towards a fully integrated model of services for individuals with SMI and substance use disorders.

In Fiscal Year 2019-2020, BHRS intends to execute an Operations Agreement for priority shelter beds and access to a special accommodation section of the shelter for BHRS clients in outreach & engagement and treatment programs. The annual cost for the operation of the Access Center shelter operations is estimated to be \$3,000,000 and County agencies are currently in the process of identifying long-term funding strategies. BHRS proposes to fund a portion of the Access Center to serve clients with a serious mental illness and plans to contribute \$1,000,000 in MHSA Community Services and Supports funding in Fiscal Year 2019-2020.

Target Population	<ul style="list-style-type: none"> Individuals that are experiencing homelessness with serious mental illness with functional impairment 200 individuals will be served
Performance Measures	<ul style="list-style-type: none"> The percentage of individuals sheltered at the Access Center who are BHRS clients The total number of days BHRS clients are sheltered The percentage of BHRS clients that access support services The percentage of BHRS clients that access embedded prevention, early intervention and treatment services Average time from engagement to access to services
Services	<ul style="list-style-type: none"> Emergency shelter beds with a special accommodations space as needed Embedded access to early intervention, treatment and support services

O&E 2 Supportive Housing Expansion: Division of Housing and Homeless Services

BHRS has a need for a continuum of housing options for individuals dealing with serious mental illness. These include emergency, transitional and permanent supportive housing. BHRS has identified the deficit of housing options for BHRS clients as an unmet need that contributes to the challenge of providing integrated services toward recovery. The increased demand for placements in Institutions for Mental Disease (IMDs) and a shortage of transitional housing and Board and Care Facilities means a deficit of housing options for clients. Increased volume and length of stays in IMDs will have budget consequences due to their higher costs versus lower cost transitional housing and Board and Care Facilities.

Currently, BHRS has approximately 198 individuals or individuals as part of a family unit on a waitlist for various forms of housing in the continuum. Working with the Housing Authority of Stanislaus County and the Stanislaus County Affordable Housing

Corporation, BHRS will expand the inventory of available housing options for persons with serious mental illness who are homeless, or at risk of homelessness.

During Fiscal Year 2019-2020, BHRS will support the establishment of a Division of Housing and Homeless Services (DHHS) within the Community Services Agency. The mission of DHHS is to support the community-wide effort to address homelessness and assist with the development of one vision and one annual report card to communicate performance outcomes to the community around the efforts addressing homelessness. The vision is to assist in providing coordinated, compassionate, high quality services that strive to make homelessness rare, brief, and one time.

BHRS supports the development of the CSA DHHS as an important element of Stanislaus County's approach and capability to increase shelter and housing capacity for the homeless population with/or at risk for SMI/SED. The new CSA DHHS team will integrate BHRS housing and shelter needs within their planning process with the aim of working to increase housing units and beds for BHRS clients. The CSA DHHS will combine key County homelessness services programs and contracts and consolidate them under a singular focus. The overall costs associated with the new CSA DHHS will be \$1,467,326 annually. BHRS currently funds a portion of one position that has been transferred to the CSA DHHS from the Chief Executive Office (CEO) Focus on Prevention Team and that position has been transferred to the CSA DHHS. BHRS proposes to contribute an additional \$266,610 in MHSA Community Services and Supports funding towards the cost of salaries and benefits for the new team.

Funding Sources	Share of Cost Revenue
Community Services Agency Contribution	\$711,280
City of Modesto Contribution	\$332,447
CEO Focus on Prevention Contribution	\$ 74,572
BHRS Existing MHSA Contribution	\$82,417
New BHRS MHSA Contribution	\$266,610
Total	\$1,467,326

O&E 2 Supportive Housing Expansion: Housing Support Services

Housing support services continue to be major focuses of the Adult System of Care. Staff currently assist approximately 200 individuals and family members in maintaining subsidized supportive housing in the community. Supportive services include, but are not limited to, independent living skills such as money management, paying bills, how to get along with your neighbors, peer support, connecting to your community, relapse prevention, education and improving coping skills. Services are offered both in group and/or one-to-one settings.

Housing staff establish office hours at all housing sites. Employment services are available to current Adult System of Care consumers interested in employment, pursuing a career path utilizing the educational system, and/or accessing Department of Rehabilitation services. Most Behavioral Health and Recovery Services clients are eligible for services through our Cooperative Program with the State Department of Rehabilitation for work-related expenses. Individual services provided may consist of Job Development, Job Coaching either off or on-site, Pre-Employment skill building such as: interview skills, resume writing, and maintaining healthy relationships in the workplace.

During Fiscal Year 2019-2020, Stanislaus County BHRS will co-locate additional Housing Support staff to support clients at the Kansas House Project, Access Center Shelter, and other emerging housing projects. This expansion of BHRS' current Housing support staff team is in response to the increase of shelter beds at the Access Center and transitional and permanent support housing units. The estimated annual cost associated with the expansion of staff and supporting operating costs would be \$591,000, with one-time start-up costs of \$34,000. BHRS plans to fund the total estimated annual cost of \$625,000 with MHSA Community Services and Supports funding in Fiscal Year 2019-2020 and beyond.

Target Population	<ul style="list-style-type: none"> BHRS clients that are residing at emergency shelters, transitional housing or permanent supportive housing 200 individuals will be served
Performance Measures	<ul style="list-style-type: none"> The number of days BHRS clients are sheltered/housed The percentage of client that access support services The percentage of client that access treatment services Average time from engagement to access to services
Services	<ul style="list-style-type: none"> Supportive services include, but are not limited to, independent living skills such as money management, paying bills, how to get along with your neighbors, peer support, connecting to your community, relapse prevention, education and improving coping skills Services are offered both in a group and/or one-to-one settings

Homeless Prevention and Early Intervention Team (HPEIT)

The Access Center will co-locate an array of services. The HPEIT is a new program that will integrate prevention and early intervention services within the Access Center. This new program will serve the population that is homelessness and do not meet criteria for treatment. The HPEIT will provide outreach, engagement referrals, and brief intervention services for individuals that are homeless with the aim of recognizing early signs of mental illness and improving timely access and linkage to treatment and other support services. The target population will include adults, children, youth and TAYA residing at the Access Center and other shelters throughout the County.

Services will be provided at the Access Center include direct early intervention services, such as individual brief intervention sessions and groups, in addition to

navigating to appropriate PEI and treatment services and programs. A special focus of the HPEIT will be to strategically partner with the BHRS Treatment and Early Intervention services to ensure that individuals that are homeless and that meet criteria for services are connected through a “warm handoff” approach. The HPEIT annual cost is estimated to be \$200,000 and will be funded by MHSA Prevention and Early Intervention funds in Fiscal Year 2019-2020 and beyond. These services may be contracted as a stand-alone program or combined to expand existing agreements with a qualified treatment provider.

Target Population	<ul style="list-style-type: none"> Adults, children, youth and TAYA residing at the Access Center and other shelters throughout the County 100 individuals will be served annually or a case load standard of 30 per FTE
Performance Measures	<ul style="list-style-type: none"> The percentage of clients that access support services and/or treatment services The percentage of clients that access early intervention services % of individuals with reduced symptoms and/or improved functioning or support % of individuals with increased wellbeing Average time between referral and engagement to appropriate mental health resource #/% of individuals linked to appropriate mental health resource successfully
Services	<ul style="list-style-type: none"> Services will include direct early intervention services, such as individual brief intervention sessions and groups, in addition to navigating to appropriate PEI and treatment services and other support services.

Proposal 2: New General System Development Program (GSD) 11 - Therapeutic Foster Care (TFC)

A new requirement was established by Assembly Bill (AB) 403 and Continuum of Care Reform (CCR) legislation January 1, 2017. This unfunded mandate created a new service model to allow for provision of short-term, intensive, highly coordinated, trauma-informed and individualized Specialty Mental Health Services (SMHS) activities to children and youth up to age 21 in foster care who have complex emotional and behavioral needs. Children who are placed with trained, intensely supervised, and supported TFC parents will receive intensive and frequent mental health support in a family environment.

TFC foster parents will work under the supervision of a TFC Service Model Agency (TFC Agency) who will recruit, train and oversee TFC parents. Specifically, TFC parents will provide TFC services under the direction of a Licensed Mental Health Professional (LMHP) who is able to direct services and is employed by the TFC

Agency. In response to the new requirement, BHRS, the Community Services Agency (CSA), and the Probation Department have been working collaboratively to implement the new services. CSA and Probation are responsible for identifying potential TFC homes and placing children in those homes. BHRS is responsible for providing, or arranging for, SMHS for Medi-Cal beneficiaries that are residents of Stanislaus County. SMHS are partially reimbursable by Medi-Cal, but require local matching funds.

BHRS is recommending that the unfunded mandate of TFC, given by the CCR, be funded with MHSA CSS funds through the creation of a new General System Development (GSD) program within the CSS component in Fiscal Year 2019-2020 and future fiscal years. At this point, BHRS is proposing to serve up to 4 children/youth at one time, with expected turnover during the year. BHRS anticipates that the number of children/youth served, and corresponding net cost, will increase in future fiscal years. For Fiscal Year 2019-2020, the total cost of TFC services for 4 children/youth is estimated at \$128,000, funded by \$64,000 in Medi-Cal Federal Financial Participation (FFP) and \$64,000 in MHSA Community Services and Supports funding. Funding for future fiscal will be identified during the next 3-Year Planning process.

Estimated fiscal impact in FY 2019-2020 (new funding):

Fiscal Year 2019-2020 MHSA Funding Recommendations	Estimated FY 2019-2020 Net Cost in MHSA Funds
BHRS Contribution to Access Center and Emergency Shelter	\$ 1,000,000
PEI – Homeless Intervention Program	\$ 200,000
BHRS Contribution to CSA Division of Housing and Homeless Services	\$ 267,000
Increase in BHRS Housing Support Services Program	\$ 625,000
Therapeutic Foster Care Program	\$ 64,000
Total New/Expanded MHSA Initiatives	\$2,156,000

MHSA PLAN UPDATES

Prudent Reserve Assessment

Establishment of a Prudent Reserve within the local Mental Health Services Act (MHSA) fund is required by statute and designed to sustain existing MHSA programs in the event of an economic downturn or during a period of volatile MHSA fund collections. As of 6/30/2019, Stanislaus County BHRS' has an established Prudent Reserve of \$500,000. Recent guidance from the Department of Health Care Services (DHCS) have changed the requirements for the Prudent Reserve.

Pursuant to the Department of Health Care Services (DHCS) Information Notice 19-017, each County is now required to establish a Prudent Reserve that does not exceed 33% of the average Community Services and Supports (CSS) revenue received for the Local Mental Health Services Fund (LMHSF) in the preceding five years. Each county must reassess this amount every five years. Counties must electronically submit its calculation of the maximum Prudent Reserve level and submit a completed MHSA Prudent Reserve Assessment/Reassessment form and the calculation of the maximum Prudent Reserve level to DHCS by June 30, 2019. Counties must also include the calculation of maximum Local Prudent Reserve Level and the completed Mental Health Services Act Prudent Reserve Assessment/Reassessment form in its FY 2019-2020 Annual Update. BHRS performed the Prudent Reserve Assessment calculation and has determined that the current Prudent Reserve Level of \$500,000 is within the 33%, and no additional action is required at this time. BHRS submitted the documentation to DHCS prior to June 30, 2019.

DHCS is also in the process of issuing regulations that will require Counties to establish a minimum prudent reserve of at least 23% of the average CSS revenue received for the LMHSF in the preceding five years. In anticipation that the minimum Prudent Reserve requirement will become effective in Fiscal Year 2019-2020, BHRS has been proactive and performed the Prudent Reserve Assessment calculation and has determined that the current Prudent Reserve level does not meet the minimum proposed requirement. Once the new regulation becomes effective, BHRS will transfer \$3,182,769 in CSS funds to the Prudent Reserve, taking the total Prudent Reserve to \$3,682,769.

Other Fiscal Year 2019-2020 Recommended Actions	To Meet Prudent Reserve Minimum (23%) Requirement
Transfer of CSS Funds to Prudent Reserve	\$ 3,182,769

Kansas House Project / No Place Like Home Funding

In 2013, the County committed \$3.7 million to another project utilizing Mental Health Services Act – Housing Funds (MHSA – Housing), a portion of the funds were designated for a Capitalized Operating Subsidies Reserve (COSR), to the Bennett Place Housing Project. This housing project is a long-term affordable supported rental housing complex with 18 units, a community center, laundry area and living quarter for an on-site manager. All tenants at Bennett Place are covered by the Shelter Plus Care program administered by the Housing Authority and the COSR, which was set aside for operational expenses, is no longer needed. The California Housing Finance Agency (CalHFA) has confirmed there is \$1.2 million in the Bennett Place COSR which can be repurposed to another permanent supportive housing project such as the Kansas House Project.

On August 13, 2019, (Board Resolution No. 2019-0511), the Board of Supervisors authorized the Interim Director of Behavioral Health and Recovery Services, to apply

for, sign and accept funds in the approximate amount of \$2.3 million, including the submission of all documents required to secure funding for the No Place Like Home Program Noncompetitive Allocation Program (NPLH Noncompetitive Funds). The NPLH Noncompetitive Funds must be used to finance capital costs for multifamily rental housing, including shared housing and scattered-site housing. Eligible costs include, but are not limited to, acquisition, design, construction, rehabilitation, or preservation, and the ability to capitalize operating subsidy reserves for NPLH-funded units. On October 1, 2019, the Board of Supervisors approved allocating \$2.3 million in NPLH Noncompetitive Funds be used to fund the Kansas House Project. BHRS has requested the return of \$1.1 million in unencumbered COSR funds from the Bennett Place project, currently held by CalHFA, to be used towards the Kansas House Project.

The Housing Authority of the County of Stanislaus (Housing Authority), Stanislaus County and the City of Modesto have an opportunity to partner in the acquisition and rehabilitation of an existing motel, located at 722 Kansas Avenue, Modesto (Kansas House) which would result in 103 permanent supportive housing apartment units. Both interior and exterior renovations will take place on the site including ADA improvements, lighting, fire sprinklers, window replacement, electrical and plumbing upgrades. Each room will be equipped with a kitchenette, a washer/dryer combo unit and twin-over-futon convertible couch and bed set.

The Kansas House will be owned and operated by the Housing Authority and will provide permanent supportive housing for approximately 200 individuals who are homeless or at risk of becoming homeless. Placement will be based on referrals by service providers and residents may include single men and women, partners, and single parents with a child or adult siblings. The Housing Authority will provide on-site management, and intensive case management will be provided by BHRS and CSA. CSA will provide outreach, engagement, and navigation for families with children to foster housing stability, connections to temporary assistance to meet their basic needs, and supportive services. Additionally, CSA will provide an outreach staff to assist all residents with connecting to public assistance and programs offered by CSA. BHRS will provide case management services to ensure housing stability and access to mental health and Substance Use Disorder (SUD) treatment. BHRS will also provide supportive services which includes peer support, independent living skills and assistance with community inclusion. Additionally, Workforce Development will assist individuals in obtaining employment in order for these individuals to become self-sufficient.

Operating expenses for Kansas House will be covered by project-based vouchers through the U.S. Department of Housing and Urban Development. The vouchers contain family obligation rules which require residents to be law-abiding or face eviction. While there is no time limit on how long an individual can reside at the Kansas House, it is anticipated that most individuals will be ready within one year to move up the housing continuum into an affordable or market rate apartment.

Prevention & Early Intervention Child & Youth Resiliency

The Prevention and Early Intervention (PEI) “Youth Leadership and Resiliency Programs” will be revised to Child & Youth Resiliency in order to be aligned with Senate Bill 1004 (Wiener), which mandates PEI funding priority areas be children, youth, and transitional age youth as of January 1, 2020. The target population will be children and youth ages 25 and younger. No changes to the funding amount will be made. The Child and Youth Resiliency annual cost is estimated to be \$240,000 and will be funded by MHSA Prevention and Early Intervention funds in Fiscal Year 2019-2020 and beyond.

Under PEI Child & Youth Resiliency, BHRS is supporting and partnering with the Stanislaus County Juvenile Probation Department (JPD) in the development of the Youth Assessment Center Pilot (YACP) Program. The YACP will serve youth in the juvenile justice system with low criminal offences with the aim of preventing youth and their families from formally entering into the justice system by providing effective community-based prevention services. Services will include evidence-based programs, intensive case management, accessible mental health services for youth ages 25 and younger including their caregivers and intentional community engagement opportunities. The YACP aligns with the goals of the approved PEI Prevention Program and the new SB 1004 priorities. Based on Juvenile Probation Department data, the YACP focus area will be South and West Modesto. The YACP’s initial one-year cost is estimated to be \$150,000 and will be funded within the approved MHSA Prevention and Early Intervention Prevention budget. Funding beyond the initial year pilot program will be determined once the initial year of outcomes are reviewed and it is determined to be an effective intervention.

Prevention & Early Intervention Community Faith-Based Mental Health Prevention Program

PEI has continued to develop partnerships within the faith/spirituality community to implement Prevention Strategies to reduce risk factors for developing a potentially serious mental illness and to build protective factors. This strategy was an approved strategy in the original MHSA PEI Plan as the Faith & Spirituality Initiative/Community Capacity Building Initiative and supported several small-scale training and educational efforts over the last several years. A new Community-Based Mental Health Prevention program is proposed that would include outreach, stigma reduction/education, and formal training to faith-based leaders and their members. The program will be inclusive to engaging multiple faith denominations in Stanislaus County and will have an emphasis on developing/strengthening recovery supports in non-traditional faith/spiritual settings. The Community Faith-Based Mental Health Prevention Program annual cost is estimated to be \$150,000 and will be funded by MHSA Prevention and Early Intervention funds in Fiscal Year 2019-2020 and beyond.

Prevention & Early Intervention Afghan Path Towards Wellness Early Intervention Program

PEI has partnered with The International Rescue Committee (IRC) to deliver the Afghan Path Towards Wellness (APTW) curriculum under the Early Intervention category of Prevention and Early Intervention. APTW is a specialized program for women in the Afghan refugee and Special Immigrant Visa (SIV) holder population to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Services are designed by employing health and wellness promoters that reflect the culture and language of the Afghan community and include

outreach & engagement, screening for emotional distress, social adjustment support groups, peer support and timely referrals to all levels of behavioral health services. The Afghan Path Towards Wellness Early Intervention Program annual cost is estimated to be \$95,000 and is being funded by MHSA Prevention and Early Intervention funds in Fiscal Year 2019-2020 and beyond.

Conclusion

Proposed new programs and updates to existing programs are offered for review. Stakeholders are invited to provide comment. Substantive comments will be included in the final FY 2019-2020 Plan Update document, which is tentatively scheduled for Stanislaus County Board of Supervisors (BOS) consideration on December 10, 2019. Following BOS approval, the FY 2019-2020 Plan Update document will be submitted to DHCS.

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