



Stanislaus County Behavioral Health Board

Annual Report

Presented to the Stanislaus County
Board of Supervisors
November 2018

ANNUAL REPORT TO THE BOARD OF SUPERVISORS

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**ANNUAL REPORT TO THE BOARD OF SUPERVISORS
FROM THE
BEHAVIORAL HEALTH BOARD**

INTRODUCTION

The Behavioral Health Board is appointed by the Board of Supervisors as an advisory body to the Board of Supervisors and the local Behavioral Health Director. The role of the Behavioral Health Board is established in statute (Welfare and Institutions Code Section 5604.2) and includes the following responsibilities:

- Review and evaluate the community's mental health and substance use disorder needs, services, facilities, and special problems.
- Review the County annual performance contract(s) with the State.
- Advise the Board of Supervisors and the local Behavioral Health Director as to any aspect of the local mental health program.
- Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
- Review and make recommendations on applicants for the appointment of a local Director of Behavioral Health Services. The Board shall be included in the selection process prior to the vote of the Board of Supervisors.
- Review and comment on the County's performance outcome data and communicate its findings to the California Mental Health Planning Council.
- Submit an annual report to the Board of Supervisors on the needs and performance of the County's mental health system.

It is the duty of the Stanislaus County Behavioral Health Board to provide an annual update to the Board of Supervisors concerning the performance of Behavioral Health and Recovery Services. It is the Behavioral Health Board's honor to present this information to the Board of Supervisors at this time.

The Behavioral Health Board is comprised of a wide range of individuals representing the diversity of the County population. Currently there are 18 members on the Board, comprised of consumers of mental health services, family members of consumers, mental health professionals and others interested and concerned about the mental health system in Stanislaus County. The composition of the Behavioral Health Board meets the statutory requirements for having consumers and family members on the Board. The Behavioral Health Board membership is diverse, including three Latino members, one African American member, one Southeast Asian member, and one Dutch Caribbean. Pursuant to statute, a member of the Board of Supervisors is also a Behavioral Health Board member.

Members of the Behavioral Health Board are appointed based upon Supervisorial District. In the past, efforts to bring the Board to full complement included out-of-district appointments. This practice will be discouraged as Board of Supervisor members wish to appoint and Behavioral Health Board members wish to be appointed from the district in which they reside. However, a Board of Supervisors member may initiate an out-of-district appointment if he or she is willing to cede a vacancy in his or her district and the candidate is agreeable to this as well. Behavioral Health Board members continually discuss mental health and substance use issues with members of the public and seek interested individuals willing to fill vacant positions, as they become available. Currently, concerted efforts to recruit individuals representing the various ethnic and cultural groups in the county are being made.

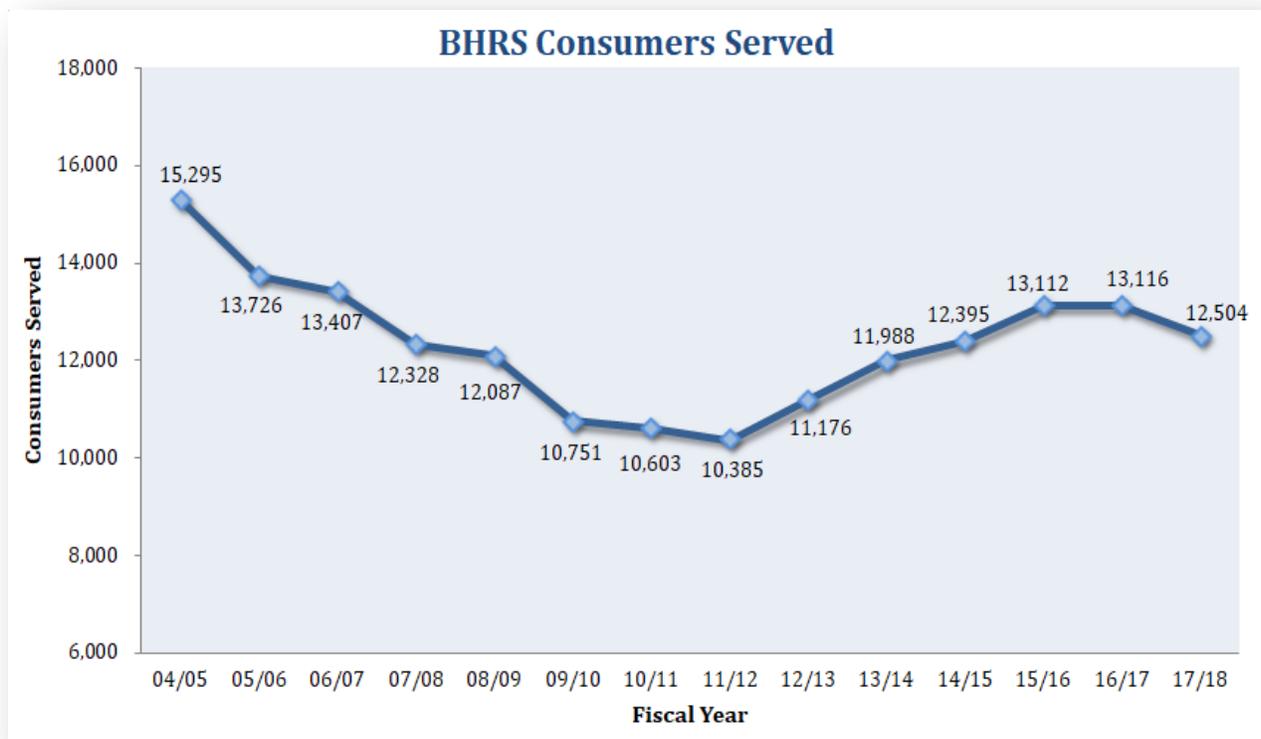
Behavioral Health Board members meet monthly in a public meeting to bring attention to mental health issues, and each member of the Board participates in at least one of six committee meetings designed to focus on more detailed components of mental health and substance use issues. Committees currently consist of the Administrative, Fiscal Management, Managed Care, Prevention and Community Education/Outreach, Impact – Department Run Services, Impact – Contract Run Services. Additionally, the Executive Committee, consisting of the Chair, Vice-Chair and Committee Chairs, meets regularly with the Director of Behavioral Health and Recovery Services and other staff members to set goals and future direction for the Behavioral Health Board. Ad hoc committees are used when needed to address issues that arise.

The Behavioral Health Board is responsible for acting as a liaison to the Board of Supervisors. The Behavioral Health Board is tasked with identifying issues affecting the community as it relates to the mental health and substance use disorder needs for consumers and those who advocate for them. Members of the Behavioral Health Board feel strongly that the needs of individuals with a substance use disorder and/or mental illness in Stanislaus County must be given the highest priority in terms of continued support and resources to maintain programs that currently exist within the system. Members of the Behavioral Health Board are committed to this goal.

Mental illness and substance use disorder challenges are not confined to individuals, alone. Mental illness and substance use disorders affect family members, businesses, law enforcement, schools and the community as a whole. Those who experience serious and persistent mental illness and/or substance use disorders are frequently homeless, may have co-occurring substance use issues and, sometimes, engage in criminal activity, all of which can have an adverse impact on many different aspects of society. This compounding effect is one reason the Behavioral Health Board is so concerned about mental health and substance use issues, and members urge the Board of Supervisors to continue its support of Behavioral Health and Recovery Services and the important work it does.

Collaborative efforts were a high priority during the preceding year, and remain so even as the economy is improving locally. The need to maximize resources among and between public agencies and community-based agencies, as well as the need for information sharing with other county Mental Health Boards remain primary objectives. The Behavioral Health Board will continue to seek information and work with others in the mental health and substance use disorder community.

This report will highlight some of the programs currently in place at Behavioral Health and Recovery Services (BHRS). This work is accomplished through the Adult System of Care, Older Adult System of Care, Forensics Services, the Children’s System of Care, and Managed Care Services. The Department’s Fiscal Year 2017-2018 Adopted Final Budget was \$116,370,230, an increase of 5.8% over the prior Fiscal Year. Of the total budget, \$101,266,431 was dedicated for use in mental health programs and \$13,749,810 in substance use disorder programs. The remaining \$1,353,989 was earmarked for use in the public guardian program. Total staffing for the Department, was approximately 471 full-time staff. Behavioral Health and Recovery Services served 12,504 unique mental health and substance use consumers during Fiscal Year 2017-2018. This number reflects an approximate 4.6% decrease from Fiscal Year 2016-2017. The chart below shows historical data on the number of consumers served.



- The chart above depicts the number of unique mental health (MH) and substance use (SU) consumers for each fiscal year. The number is unduplicated between MH and SU (i.e., if consumers receive both MH and SUD services, they are counted only once).
- FY04/05 through FY11/12 (first half) includes consumers served in treatment programs only
- FY11/12 (second half) through FY17/18 includes consumers served in treatment programs and participants in non-treatment programs

MISSION STATEMENT

The Stanislaus County Behavioral Health Board shall advocate for the highest possible quality of life, for the elimination of stigma through education, for removal of barriers to service, and will provide oversight and work in partnership with the staff of the County Behavioral Health Department.

BEHAVIORAL HEALTH BOARD MEMBERS

Jack Waldorf, Chair

Mike Shinkel, Vice-Chair

Supervisor Terry Withrow

Lt. Gregg Clifton

Annie Henrich

Carlos Hernandez, Jr.

Susan Kirk

Yvette McShan

Carmen Maldonado

Vern Masse

Charmaine Monte

Jill Neifer

Officer Thomas Olsen

Frank Ploof

Jerold Rosenthal

Kathy Rupe

Virginia Solorzano

Amy Thomas

Rebecca Clover

BEHAVIORAL HEALTH BOARD EXECUTIVE SUMMARY

This has been the first full year of operation for the Behavioral Health Board since the Mental Health Board and the Advisory Board on Substance Abuse Programs were combined. The new committee structure is in place and each committee has been carrying out their assigned tasks, reaching out to the community, evaluating programs, and reviewing the performance of the hospitals, as well as the administrative functions of Behavioral Health and Recovery Services.

Behavioral Health Board meeting presentations have included both mental health and substance abuse topics highlighted in the Director's introduction. In addition, a tour of the Sheriff's Detention Center was arranged with Sheriff Christianson to learn about the facility regarding the mental health programs for inmates and released offenders, and meet program staff.

Respectfully submitted by Jack Waldorf, Chairperson.

ADMINISTRATIVE, FISCAL MANAGEMENT COMMITTEE

Committee Chair: Gregg Clifton

Senior Leader: Mandip Dhillon

The Administrative, Fiscal Management Committee (AFMC) meets on a quarterly basis and reports to the Stanislaus County Behavioral Health Board (BHB) during monthly board meetings. The committee is made up of BHB members Gregg Clifton and Michael Shinkel; BHRS Assistant Director, Mandip Dhillon; and BHRS Managers Doug Holcomb, Kara Anguiano, Jennifer Figueroa, Christi Golden, Leigh Ann Alcorn, and Patricia Ortega-Ruiz. The purpose of the AFMC is to provide oversight and assistance to Behavioral Health & Recovery Services (BHRS) and provide feedback to the County Board of Supervisors and the community with this annual report.

The committee tracked goals and results during Fiscal Year 2017-2018 from seven BHRS units, which include Accounting Services, Administrative Services, Business Office, Contracts, General Services, Human Resources/WE&T Training, and Data Management Services. The AFMC has found that each of these units within BHRS is run very well and efficiently. Each of these managers are positive, engaged, and provide valuable information during committee meetings and for this annual report.

Accounting

All budgets were prepared and submitted to CEO for BOS approval prior to deadlines. BHRS operated within BOS-approved budgeted appropriations.

	FY 2017-2018 Legal Budget	FY 2017-2018 Actuals	Change Column B - Column A	% of Legal Budget Column B / Column A
Legal Budget Unit	Column A	Column B	Column C	Column D
Behavioral Health and Recovery Services				
1501 through 1507 - Special Revenue Funds				
Total Revenue	\$ 110,872,605	\$ 106,233,508	\$ (4,639,097)	95.8%
Use of Fund Balance	\$ 7,805,561	\$ 2,121,444	\$ (5,684,117)	27.2%
Gross Costs	\$ 118,678,166	\$ 110,335,876	\$ (8,342,290)	93.0%
Net County Cost	\$ 1,980,924	\$ 1,980,924	\$ -	100.0%

(Data reported as of 8/27/18. Fiscal Year 2017-2018 actuals will not be finalized until 8/31/18.)

Gross costs were 7% lower than budget due to salary savings from intermittent position vacancies and delays Prevention and Early Intervention and various Innovation project startups. Most department revenue is received as reimbursement for services. BHRS benefitted from the receipt of additional realignment base and growth revenue earlier than it had planned, which resulted in a reduced usage of fund balance as compared to budget. Those funds were budgeted for use in Fiscal Year 2018-2019, so any fund balance savings will be carried forward to future operations.

Other notable accomplishments for Accounting Services include:

- Successfully transitioned BHRS budgets to a new two-year performance and outcomes based budget reporting format required by the CEO's Office.
- Worked collaboratively with other department staff to modify the cash equivalent policy to enhance internal control and developed a plan to spend-down the existing stock of cash equivalents. Fiscal Year 2017-2018 audit showed a significant improvement in several key areas as a result of the collaborative effort.
- Presented multiple training modules for BHRS staff on the department and County purchasing card policies to ensure continued compliance and minimal audit findings.
- Presented multiple training modules for BHRS staff on support services funds and budget, and fiscal oversight.
- Worked closely with the County's external auditors during the single Audit and preparation of the Consolidated Annual Financial Report for Fiscal Year 2016-2017, which resulted in no findings associated with BHRS operations. Continued to work collaboratively with the Auditor-Controller, General Services Agency (GSA) Purchasing, and BHRS Contracts staff to identify areas where there is a need to modify contract language, GSA purchasing policy, and internal procedure to accommodate new regulations.
- Prepared a sound fiscal plan for expansion of substance use disorder services under the Drug Medi-Cal Organized Delivery System (DMC ODS) waiver. Worked collaboratively with other Department staff in preparation for implementation.
- Worked collaboratively with other department staff in preparation for implementation of various aspects of Continuum of Care Reform (CCR).
- Successfully transitioned to the new Accela legislative management software for use in board agenda item preparation.

Contracts

BHRS Contracts supports the department by drafting, amending, renewing and terminating agreements, leading the Request for Proposal process, managing State contracts, conducting contract monitoring in line with all State and Federal regulations, advising on and drafting Memorandums' of Understanding and Inter-agency agreements, along with initiating and drafting contract related Board of Supervisor Agenda Items. In addition, the Contracts team serves in an advisory role to Senior Leadership and program staff in developing new contracts, researching contractual issues or questions and being the subject matter experts for all county agreements and

related processes. Over the past fiscal year, the Contracts team has had many accomplishments in supporting BHRS.

- Ninety contracts went to the Board of Supervisors on June 5, 2018, for approval to renew for Fiscal Year 2018-2019 totaling \$55,912,860. Contracts worked with GSA Purchasing and County Counsel to streamline renewal this year by amending current agreements to extend rather than redrafting all 90 agreements.
- Contracts facilitated the process for initiating 11 Request for Proposals in Fiscal Year 2017-2018. The committee was invited to a mandatory pre-conference held at the site for the Psychiatric Health Facility/Crisis Residential Unit RFP. Lt. Clifton, Contracts, and General Services were all present with the interested contractors and program team for the site visit walk through and informational conference.
- The Contracts team launched a survey to evaluate the new contract monitoring process that was piloted in Fiscal Year 2016-2017. Results were evaluated and an updated process was presented to Senior Leadership in April 2018, taking into consideration feedback from the survey and updated State & Federal contract monitoring compliance. The updated monitoring process was approved and implemented for Fiscal Year 2017-2018 monitoring cycle that occurred in May 2018.

Business Office

BHRS Business Office team supports the department through maximizing revenue by identification of correct pay sources, timely and accurate billing and research and follow-up on claims for mental health and substance use disorder services. Mental health Medi-Cal is billed three months in arrears to eliminate excess voids and errors in claiming.

- A new Staff Services Coordinator was hired in February 2018.
- In Fiscal Year 2016-2017, \$38 million in mental health services was claimed to Medi-Cal with a 1.5% denial rate. \$7.3 million in substance use disorder services was claimed to Medi-Cal with a 1% denial rate. Due to the department claiming schedule and the Medi-Cal timeline for resubmitting denials, the reported claim data is one year in arrears.

Human Resources / Workforce Education and Training

BHRS Human Resources team supports the department through staffing strategies, recruitment and retention efforts, employee and labor relations, employee orientation and injury/illness management.

The Workforce Education & Training (WE&T) is a component of the Mental Health Services Act (MHSA) and focuses on the educational and training capacity of the

mental health workforce, with the goal to further develop a diverse, skilled workforce; as well as continuing to build collaboration with community partners. Two examples are the continued efforts to expand volunteer participation and partnership with Modesto Junior College to support their California Association of Social Rehabilitation Agencies (CASRA) program.

Other accomplishments of the HR team are as follows:

- HR reviewed budget and staffing strategies, including renewing, evaluating, and updating approximately 30 Personal Service Contracts.
- HR supports the County's effort for staff to identify their ethnic category (ies).
- The Mental Health Coordinator, Behavioral Health Coordinator and Conservator Investigator Supervisor classifications were established as part of the Reclassification Study conducted by CEO HR, resulting in promotions effective on July 9, 2017, for the incumbents.
- Nurses' union negotiations.
- The Probationary Review Committee was reinstated in an effort to support new employees and their supervisors.
- Electronic timecard process was expanded.
- Upgraded the Electronic Health Record system and provided training to over 650 staff, including contractors.
- Released new PeopleSoft upgrade.
- CNA Union negotiations have been completed.
- HR worked on data requests for SEIU and AFSCME Union negotiations.
- Completed department-wide survey.
- Prepared data for MHSA annual report for Fiscal Year 2016-2017.
- BHRS Intranet training link was expanded to include addition information regarding the BHRS training schedule.
- Completed department-wide survey as a follow-up to the 2014 survey regarding HR customer service.
- HR provided training and updates at the BHRS Clerical Meeting.
- Completed 28 Personal Service Contracts.

- Provided data for the Network Adequacy Reporting (NACT) requirements of the State.
- Training Coordinator coordinated the effort to use existing PeopleSoft technology to track staff training attendance and the expanded feature to notify supervisors of staff compliance with training requirements.
- Lynda.com protocol was developed as an instrumental expansion of online trainings offered to BHRS staff in collaboration with CEO HR/Learning Institute.

General Services

BHRS General Services supports the department through procurement of goods and services, delivery of interoffice mail and supplies, and coordinating the maintenance and repairs of facilities and grounds. BHRS General Services is proud of the everyday work and the many accomplishments made during Fiscal Year 2017-2018. These include:

- Renovation of the Genesis Program including relocating the dosing room. This renovation expands the size of the waiting room and will improve the customer experience. It will also make it easier for the program to expand services when needed.
- Relocation of High Risk Health and Senior Access Team to the 500 N. 9th Street campus. This location provides more space and is better suited for the services and activities that are offered by this program. Additionally, the program will benefit from being co-located with other BHRS programs.
- BHRS General Services partners with County General Services.
- Successfully negotiated a 5-year lease with the property owners of 500 N. 9th Street.
- Relocation of document storage to 800 Scenic. This allows for more efficient access to documents that may be needed for billing, audits, and reviews. Furthermore, it reduces the man hours needed to purge, transfer, and retrieve these documents.

Data Management Services/Performance Measures (DMS/PM)

BHRS DMS/PM provides IT support to the department as well as department outcomes. DMS/PM is responsible for hardware and software of the Electronic Health Record (EHR), local area network, VoIP system, outcomes, and state reporting including, consumer perception surveys and other department surveys. DMS/PM is proud of the everyday work and the many accomplishments made during Fiscal Year 2017-18. These include:

- Upgraded the Electronic Health Record system to the latest version available.

- Under the guidance of the Office of Emergency Services (OES) and with the full support of Strategic Business Technology (SBT) and collaboration among departments, BHRS was able to ensure critical systems got restored in a timely manner after the cyber-attack.
- Upgraded all desktops to Windows 10 Operating System.
- Upgraded the CommVault backup system.
- Upgraded the Sophos antivirus system.
- Administered two consumer perception surveys, one in November of 2017 and one in May 2018. These surveys are a State requirement with optional participation from the consumers.
- Expanded the use of smartphones for staff that work in the field.
- Started the transition from individual MiFi devices to smartphones hotspot use. This process simplifies the steps staff needs to take to be able to connect to the County network when working in the field.

The Administrative, Fiscal Management Committee is pleased to provide this annual report detailing the efforts of Behavioral Health and Recovery Services managed units and accomplishments. This committee believes that BHRS is striving for excellence while adhering to Board of Supervisors priority; “Efficient Delivery of Public Services.”

Respectfully submitted by Gregg Clifton, Chair

MANAGED CARE COMMITTEE

Committee Chair: Jack Waldorf

Senior Leader: Monica Salazar

The Managed Care Committee reviews state audits, the Annual External Quality Review Organization and the Triennial Medi-Cal Systems Audit. Both audits review access, services provided, quality of care, BHRS internal processes, consumer participation, and other areas of the department.

The committee's primary focus is to analyze various aspects of the county's contractual relationship with Doctors Behavioral Health Center, the county's Psychiatric Health Facility, and the Crisis Stabilization Unit. This includes trends and percentages of denied days and appeals, access, and re-hospitalizations. It also includes the impact of AB 109, the number and percentage of uninsured patients, and a comparison of the lengths of stay for insured and uninsured adult and child patients. In addition, the committee analyzes the impact of two managed care plans, the Health Plan of San Joaquin, and Health Net, that are responsible for providing services to individuals covered by Medi-Cal that have mild to moderate mental illnesses.

The chairperson of the Managed Care Committee also serves as a Behavioral Health Board representative on the Doctors Behavioral Health Center Advisory Board, where the committee's analyses are also considered.

Respectfully submitted by Jack Waldorf, Chair

PREVENTION AND COMMUNITY EDUCATION/OUTREACH COMMITTEE

Committee Chair: Jill Neifer

Senior Leader: Kevin Panyanouvong

“We live in a world in which we need to share responsibility. It’s easy to say, ‘It’s not my child, not my community, not my world, not my problem.’ Then there are those who see the need and respond. I consider those people my heroes” (Fred Rogers).

On behalf of the Prevention and Community Education/Outreach Committee I would like to thank everyone who has supported our advocacy for the highest possible quality of life, the elimination of stigma through education, the removal of barriers to service and working in partnership with the staff of the County Behavioral Health Department. The Behavioral Health Board is comprised of the merging of the Mental Health Board and the Substance Abuse Board. We have come together to learn, create solutions, give hope for the community and champion for the men and women on the front lines of the community in which we live. We have shared Mental Health First Aid USA with others in hopes to alleviate and make progress in our current epidemic of Mental Health & Substance Abuse. We can and must do better together!

The coordinator of Prevention & Early Intervention, Luis I. Molina states, “it is up to each one of us to be ambassadors of well-being and begin taking an active stance to end stigma. We must contribute to increasing awareness about the effects of stigma and what we can do to change the trajectory of those living with the pain of mental health conditions. Remembering that it is not the job of other, but rather of each of us, to begin normalizing the conversation about mental health while bringing understanding, support and always leading with love and dignity.”

On Friday, April 27, 2018 the committee attended the Stanislaus County Behavioral Health & Recovery Services **1st Annual Mental Health Awareness Month Kick Off Event**. Their mission was “Changing minds about mental health; one conversation at a time.” The event is something this writer will never forget; everything was LIME GREEN, music was playing, people were dancing, and smiles were abundant. We as a committee were so proud to be a part of the solution our community needs. The power of connection and relationships is profound. It breaks down walls and creates a safe environment for collaboration and growth for everyone involved. There are no words to express our gratitude and pride for the work of Behavioral Health and Recovery Services to step forward and be the pioneers for Mental Health and Wellness in our County. Well done!

Accomplishments

Delivering the ABC’s of Local Advocacy

On October 3, 2017 some committee members attended a workshop on advocacy, we learned about stakeholder participation, processes, action planning and delivery. We were surprised to see so many consumers of mental health and not enough social service professionals in attendance. What we have learned is that champions are

essential in any endeavor and the most effective champions are visionary, practical, relentless and kind. We need to keep educating; strategizing and sometimes letting things go for the common good. This work is meaningful and needs to be done. We all need to be advocates!

Mental Health First Aid

In 2017-2018 several of the Board Members attended Youth Mental Health First Aid and Mental Health First Aid USA. The classes for the Mental Health First Aid trainings were facilitated by Bernadet Betyaghoub, Melissa McCay & Jennifer Baker. In sharing our new-found knowledge of Mental Health First Aid we found that most people did not know the courses even existed. As a society, we think of health care as taking care of the physical body such as BLS, Basic Life Support. It is important to note that Basic Mental Health First Aid Training is needed in our respective homes, work places and communities. We recommend everyone to take these courses, study the books, encourage wellness within yourself and with everyone you meet. "Mental disorders were once thought to affect very few, but today we know the opposite is true. Many people with these conditions lead full, productive, and satisfying lives. Despite living with a diagnosis such as substance use disorder, eating disorder, depression, bipolar disorder, or schizophrenia, people go to work, vote, own homes/businesses, and contribute to their communities. Even as negative myths abound, there is HOPE and renewed optimism regarding the outcomes of living with mental health challenges." (Mental Health First Aid USA). Hope is contagious, it tells you, "You're going to be happy, said life, but first I'll make you strong." (Hope Dealer)

Outreach & Engagement Center

Several committee members had the privilege to meet with Housing and Support Services Manager Jeanette Fabela & staff from Outreach & Engagement Center [OEC] 825 12th St. Modesto, Ca. 95354. The Behavioral Health and Recovery Services utilizes the OEC to assist 70-90 Homeless people per month. Their primary purpose is to engage and support the homeless in the community to seek services and ultimately obtain permanent housing. The program is successful! We observed the clients happy, connected and full of optimism. The site could use some additional case management/whole person coordination and **housing** for clients. There is a need for a clinician on site and more peer support. Each client is unique and may receive referrals from Community Service Agents, Behavioral Health, Telecare & Homeless Court. We had an opportunity to witness hope in action, the dedicated individuals that work at OEC are doing a phenomenal job! There is much work to be done in our community. The homeless population are craving for connection, friendship and hope. Some have no family support of any kind and many have significant trauma related histories that create distrust in asking for help. In looking at our lives, where would we be if we had no support? No place to call home? Our basic needs of food, shelter and clothing lacking? Everyone needs someone to believe in them and support them along the way. I challenge us all to reach out and spend time getting to know the homeless population, establish a connection, listen to their stories, break bread with them and be a part of something greater than ourselves. Help to make a positive change in a life.

Celebrate Recovery/Wellness Events

Committee members attended a Celebrate Recovery event in 2017 which was a graduation ceremony for clients in conservatorship. They played a positive message video by Matchbox 20 music that obviously touched the attendees. In July 2018, several members attended Celebration of Wellness. Co-founder, Jim Hurley, spoke about history of the Celebration of Wellness and recognized consumers, contractors, providers, sponsors, staff and volunteers. People were happy and engaged while listening to great music.

Modesto Jr. College [MJC] - Mental Health an Awareness Event

On March 29, 2018 several Board Members attended the MJC college Mental Health and Awareness event. We spoke with students and encouraged education, wellness and perseverance to obtain their personal goals. We enjoyed listening to their stories. The Prevention & Early Intervention [PEI] coordinator, Luis I. Molina was on site engaging and supporting every person he encountered. We learned a great deal by quietly watching him as he shared information to treatment services within Stanislaus County. "A leader is someone who demonstrates what is possible" (Mark Yarnell).

RaPP

In February 2018 BHRS member Carlos Hernandez attended the Resiliency and Prevention Program [RaPP] at Bret Hart Elementary. RaPP is a school and community-based program that enhances internal strengths and resiliency. It helps inform our youth of the negative effects that substance abuse and violence can inflict into lives. The instructor opened the floor for students to start sharing personal experiences and thoughts. Children began interacting and providing insight such as "not having control over parent's separation, life, death, family choices, parent arguments, neighborhood shootings and homelessness. Children seemed happy and open to sharing their ideas. After training, the instructor asked the attendees, "what is special in your life?" One child shared that she has a necklace that is very special to her because it reminds her of her friend that passed away. Another child shared that the bear (that she happened to be holding) was purchased by her mommy on a Las Vegas trip.

The empowering program educates and engages children to express their feelings. As the children continued sharing ideas," memories of my own childhood inundated my head", stated Carlos Hernandez. "Growing up in a Latino household with parents that were monolingual speakers (Spanish speaking only), I was always told that family matters should never be discussed outside of the family. Thus, growing up with a longing to talk about the issues at home. I found a lot of similarities in some of these children's childhoods and mine."

In Conclusion, Carlos was fascinated with the program and enthused that the RaPP is providing this program to children that are dealing with tough issues such as bullying, broken homes, peer pressure, etc. He believes this program will help the children understand and communicate about situations that have been labeled "private" by families. Thus, opening a dialog with their parents leading to building a stronger bond and relationship within families increasing the likelihood of internalization of their parents.

Community

Healthy communities are the direct result of collaboration, prevention, interventions and strengthening families and relationships. We all want what is best for the future generations. It is up to each one of us individually and together to charge on and challenge ourselves to be a better neighbor, parent, worker, leader and friend. "Small acts, when multiplied by millions of people, can transform the world" (Howard Zinn).

Volunteers

We would like to recognize Carmen Maldonado for her tireless work and service to the community in which we live. Carmen can always be found breaking bread, volunteering, sharing her advocacy in public service and in the board room. Carmen your leadership and willingness to serve is a true example for us all. Thank you for helping us learn through your heart of compassion and humility. "The heart of a volunteer is not measured in size, but by the depth of the commitment to make a difference in the lives of others." (Unknown)

Goals and a Future for All

Expressing our goals, hopes and dreams for advocating, educating and engaging the community has been a challenge. A challenge that has come with many tears, laughter and perseverance. We must encourage one another to press on and assist each other by partnering together for the common welfare of our community and each-other. When we partner together, we gain support not only for our goals and visions for the community, but for each-other. As individuals, family members, employees, community members and government we need to ***cheer for each-other and build a community*** which is all inclusive. With intentional kindness, involvement, smiles, respect and resolving of conflict we can strive to be a healthier and more prosperous community. We can choose respect and forgiveness over revenge. Through collaboration and important discussions, we can seek resolutions and create solutions. We are in this together! Our goals and hopes are that you will ***cheer for the community*** with us, smash stigma, volunteer, get involved, break through the indifference and choose to leave a legacy of love and service for future generations to come.

Plans for this coming year

Community engagement is deep-rooted in relationship building. Our plans for this year are to reach out in the poorest areas of Stanislaus County and develop sincere relationships with the mentally ill, those suffering from addictions and homelessness. We will continue to share Mental Health First Aid and engage in conversations that spark curiosity with this important topic. We look forward to participating in Stanislaus County's Opioid Safety Coalition and educating the public on the dangers of opiate abuse and the courageous life of recovery. We hope you will join us as we continue to discover the amazing journey of life through those less fortunate and find yourself as you help us help others.

Respectfully submitted by Jill Neifer, Chair

IMPACT- DEPARTMENT RUN SERVICES COMMITTEE

Committee Chair: Vern Masse

Senior Leaders: Debra Buckles and Pam Esparza

When the Mental Health and Substance Use Disorder Boards merged last year, the Department Run Services Impact Committee was created to assess the impact on these programs. The committee invites department run programs to present information regarding their program and the committee conducts a site visit. During site visits, committee members receive further information about the program and are able to see services being provided. Also, during the site visit a standard questionnaire with questions regarding number of consumers served, any overlap of services with other programs, and other questions regarding how a program could be improved are asked. If possible, committee members talk with consumers regarding their experience and satisfaction with the program. If there appear to be corrections needed or ways the program may be improved, committee members follow up with BHRS management.

During FY17/18 the committee had presentations by and/or visited the following programs: Co-Occurring FSP, Wellness Recovery Center, Modesto Recovery Services Wellness, Housing and Employment, Family Advocates, Josie's Place Drop in Center, Stanislaus Recovery Center, High Risk Health/Senior Access Team, and Juvenile Justice.

All programs provided needed services with dedicated staff. Several programs reported difficulty hiring staff due to salary competition with non-profits and other counties. Housing for at risk consumers was a common problem. Some program staff had to rely on outdated cell phones in the field. Consumers sometimes had transportation difficulties getting to programs that were located outside downtown Modesto. On the other hand, consumers living outside of Modesto had difficulty getting to programs if they did not have their own transportation.

Respectfully submitted by Vern Masse

IMPACT – CONTRACT RUN SERVICES COMMITTEE

Committee Chair: Frank Ploof

Senior Leaders: Dawn Vercelli and Shannyn McDonald

This is the first full year of the committees operation from July 1, 2017, to June 30, 2018. The committee continues to meet on the second Wednesday of the month 4:00-5:00 p.m.

During the year the committee lost one member, Tony Flores, and had two more join, Rebeca Clover and Amy Thomas. Annie Henrich and Frank Ploof continued as co-chairs. Also included were two senior staff members, Shannyn McDonald and Dawn Vercelli, as well as an administrative support person, Sandy Martinez.

Last year we adopted a two part strategy. First, staff selected contractors who would give the committee an overview presentation of their services and second, after the presentation, we would select one or more programs to follow-up on with site visits. This strategy worked well for us and we continue to refine it as we operate. For example, we will not perform another site visit until the most recent site visit report is completed. This step keeps the action and paperwork aligned much better. After all, who wants to write a report!

During the last reporting period we reported that we had presentations from Telecare and Turning Point and a site visit to Telecare. Next up was a site visit to Turning Point that occurred in late October.

In writing the report for our Telecare site visit more questions for Telecare were generated by our team, which were answered and resolved at a later time.

The site visit report with Turning Point was written without any further discussion needed.

We had one other contractor presentation during the year but did not choose a site visit at this time. The contractor was Central Star Behavior Health, an FSP program. Central Star is a new program providing services to underserved children and youth ages 6-17 and families who have a mental illness, have been hospitalized (or at risk), and those who need individualized mental health services and linkages to services. They have 24 slots of capacity with three clinicians providing regularly scheduled support. Additional support is provided by psychiatrists, psychologists, and the therapists as required. A site visit to Central Star is being planned for early 2019.

Some of the issues our committee faced in doing its work are probably fairly common but nonetheless affect productivity. With four members living in different communities and with different agenda's (3 retired and 1 working), it's sometimes hard to all be on the same page for standard meetings as well as site visits. Couple with staff availability and contractors for site visits, can lead to less meetings and longer times to schedule

them. Thus our team only met 8 times and had one site visit. For the coming year we will attempt to do at least 4 site visits.

Note that not much has changed from our report of last year regarding program challenges. We reported: “Challenges that were discussed seem to be common across many organizations in the valley. There is an acute shortage of professional level staff which in our case is clinicians, psychiatrists, and medical doctors. Other challenges are the shortages of housing for our homeless clients, the difficulty of working with homeless people due to irregular contact, taking medications as prescribed, and co-occurring issues. Lastly is a shortage of psychiatric beds not only locally but nationwide.” We would like to suggest that the County convene a task force to study and recommend actions to be taken to hire and retain staff if not already doing so. As an example some organizations declare that certain skills are so critical that they are able to fast-track hiring as well as hire people in at higher salaries and then taper over so many years to be aligned and/or offer hiring bonuses. Many of other issues mentioned such as homelessness and housing are already being worked on and it’s important for BHRS to continue its involvement.

Our committee continues to learn about services provided to BHRS program clients and how they fit into the overall systems of care. If nothing else the committees serve as an excellent educational tool for board members who have no or little experience with BHRS.

The five new BHRS committees have now been in operation for about 18 months since the merger of the ABSAP and BHRS Boards. We believe we should now have a review of these committees to understand what’s worked well and what isn’t and make adjustments as needed.

The committee thanks all department staff and contractor staff for participating in this exciting work over the last review period and are looking forward to a continued positive relationship.

Respectfully submitted by Frank Ploof, Chair