



# Stanislaus County Mental Health Board

## Annual Report

Presented to the Stanislaus County  
Board of Supervisors  
**November 6, 2012**

# **ANNUAL REPORT TO THE BOARD OF SUPERVISORS**

**November 6, 2012**

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# **ANNUAL REPORT TO THE BOARD OF SUPERVISORS FROM THE MENTAL HEALTH BOARD**

## **INTRODUCTION**

The Mental Health Board is appointed by the Board of Supervisors as an advisory body to the Board of Supervisors and the local Mental Health Director. The role of the Mental 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 needs, services, facilities, and special problems.
- Review the County annual performance contract(s) with the State.
- Advise the Board of Supervisors and the local Mental 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 Mental 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 Mental Health Board to provide an annual update to the Board of Supervisors concerning the performance of Behavioral Health and Recovery Services. It is the Mental Health Board's honor to present this information to the Board of Supervisors at this time.

The Mental Health Board is comprised of a wide range of individuals representing the diversity of the County population. There are currently 12 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. Members include four consumers (33%) and eight family members (67%). The membership includes a total of 8 members (67%) who are consumers or family members. Four members are both consumers and family members. The Mental Health Board membership includes two Latino members, one African American member and one Southeast Asian member. Pursuant to statute, a member of the Board of Supervisors is also a Mental Health Board member. Members of the Mental Health Board are appointed primarily based upon Supervisorial District; however, in an effort to bring the Board to full complement, out-of-district appointments have been used. Board members continually discuss mental health issues with members of the public and seek interested individuals willing to fill vacant positions, as they become available.

Mental 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 seven committee meetings designed to focus on more detailed components of mental health issues. Committees currently consist of Adult System of Care Committee, Older Adult System of Care Committee, Children's and Transitional Age Youth System of Care Committee, Managed Care Committee, Administrative/Fiscal Committee, Criminal Justice Oversight Committee and the Impact Committee. 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 the future direction for the Mental Health Board. The Mental Health Board also meets twice-yearly with the Advisory Board on Substance Abuse Programs to address issues around co-occurring disorders (mental health and alcohol and drug). Ad hoc committees are used when needed to address issues that arise.

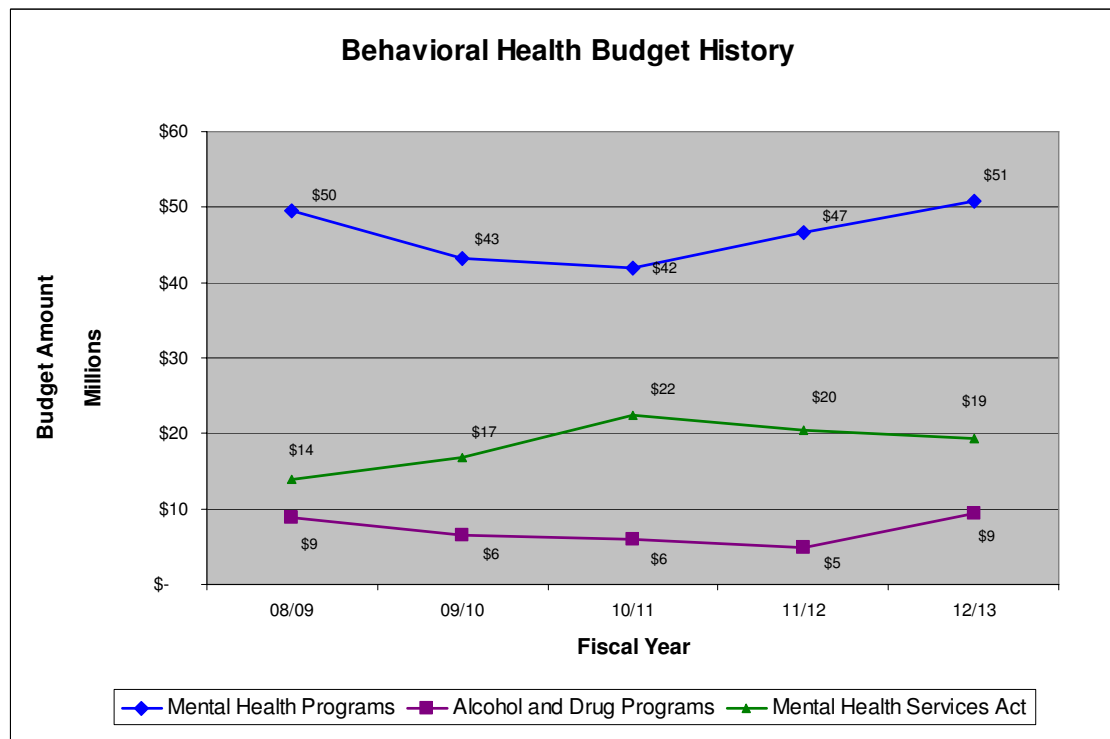
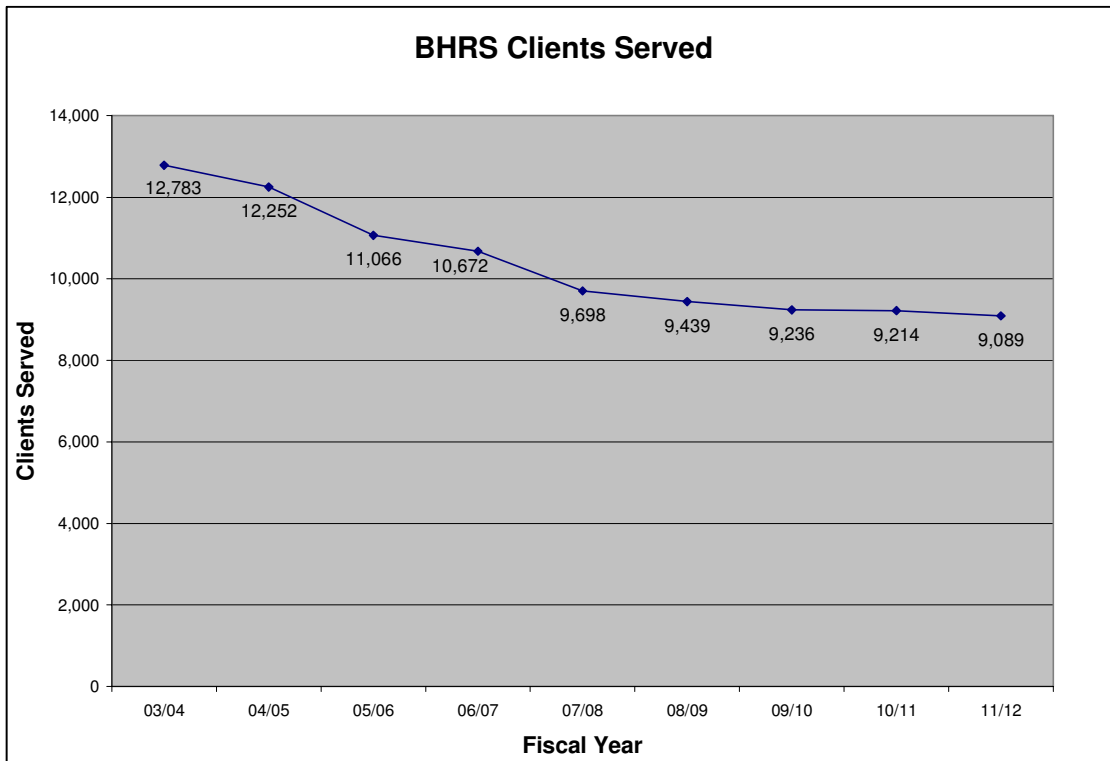
The Mental Health Board is responsible for acting as a liaison to the Board of Supervisors. The Mental Health Board is tasked with identifying issues affecting the community as it relates to mental health needs for consumers and those who advocate for them. Members of the Mental Health Board feel strongly that the needs of individuals with a 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 Mental Health Board are committed to this goal.

Mental illness is not confined to individuals, alone. Mental illness affects family members, businesses, law enforcement, schools and the community as a whole. Those who experience serious and persistent mental illnesses are often homeless, involved in substance abuse and, oftentimes, fall into criminal activity, all of which can have an impact on many different aspects of society. This compounding effect is one reason the Mental Health Board is so concerned about mental health 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 during the tenuous budget years Behavioral Health and Recovery Services has experienced, and will continue to experience. The need to pool resources between public agencies and community agencies, as well as the need for information sharing between other Mental Health Boards remain primary objectives. Members held meetings at Doctors Behavioral Health Center and the Transitional Age Young Adult Drop-In Center this year to solicit input and encourage community involvement. The Mental Health Board will continue to seek information and work with others in the mental health community.

The Stanislaus County Mental Health Board is a member and participant of the California Association of Local Mental Health Board and Commissions. Currently, a Stanislaus County representative is an active participant in the Association.

This report will highlight some of the programs currently in place at Behavioral Health and Recovery Services. This work is accomplished through several Systems of Care mentioned earlier; the Adult System of Care, Older Adult System of Care, Forensics Services, the Children's System of Care, and Managed Care Services. Behavioral Health and Recovery Services is responsible for a budget of \$71,856,951 (\$67,023,468 for Mental Health programs). Staffing for the Department includes approximately 343 full-time staff, 69 extra help staff and 45 personal service contractors. Behavioral Health and Recovery Services served 9,089 clients last fiscal year; this amount is down from last year. The charts below show historical data on the number of clients served as well as the budget history for Behavioral Health and Recovery Services.



## **MISSION STATEMENT**

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

## **MENTAL HEALTH BOARD MEMBERS**

Karl von Spreckelsen, Chair

Jack Waldorf, Vice Chair

Supervisor Terry Withrow

Christopher Cataline

Carlos Fierros

Charles Grom

Annie Henrich

Kimberly Kennard, DSW

Chip Langman

Erin Lesan

Lynn Padlo

Ritta Sudnikoff

Catherine Szakmary

## **MENTAL HEALTH BOARD EXECUTIVE SUMMARY**

The Mental Health Board continues to act as a strong group of advocates for those in Stanislaus County in need of mental health services and supports. The Mental Health Board is an engaged and committed citizen advisory board, appointed by the Stanislaus County Board of Supervisors, who meet monthly as a full board, as well as in numerous monthly standing committees, to offer input and guidance to the Board of Supervisors and Behavioral Health and Recovery Services.

With the passage of the Mental Health Services Act (Proposition 63) in November 2004, the public mental health system in California was changed. The Act requires a restructuring of mental health services related to funding, planning, program implementation, service delivery, collaborations and reporting of outcomes. It placed into law the expectation that every county's mental health service system include community collaboration; cultural competence; client/family-driven mental health systems; a wellness focus; and integrated service experiences for clients and their families. While the Mental Health Services Act provided new funding for mental health services, existing revenues have decreased along with a steady increase in costs and an increase in the need for services. This has been described as an *adaptive dilemma*, given that county mental health departments are not able to resolve these current challenges and improve mental health outcomes through traditional strategies. What has worked in the past to avoid significant deterioration in mental health services and outcomes will no longer be enough. The Behavioral Health and Recovery Services leadership team has reached the conclusion that no matter how efficient and effective the Department, all individuals who struggle with mental health and substance abuse issues in Stanislaus County can never be served by the Department alone. The gap is too large between unmet needs and available resources.

Behavioral Health and Recovery Services has made the shift from only delivering behavioral health services for individuals in need of those services toward something very different. The Department is dedicating part of its efforts toward developing and enhancing the capacity of communities in Stanislaus County to support recovery and wellness for members of those communities who have a mental illness or an alcohol or drug problem. While Behavioral Health and Recovery Services will continue to be a provider of expert behavioral health services, especially for those most in need of assistance, the Department is increasingly collaborating to deliver outcomes and results, not services. The Senior Leadership Team has committed to the following four long term, organizational change initiatives: a focus on results, a commitment to community, leadership development and fiscal sustainability. This year, Department managers and program coordinators were provided training on and, in turn, also committed to the change initiatives. The Mental Health Board is committed to working with Behavioral Health and Recovery Services and the Board of Supervisors to support the implementation of these initiatives and to making certain that the funds necessary to maintain essential programs and services are provided.

The Mental Health Board strongly supports the Department's direction related to strengthening the community's capacity to support emotional health and wellness in Stanislaus County. With continued concerns related to declining health and social services funding overall, the Board agrees with the recognition that the County cannot provide mental health services to all who need them. As a result, the Mental Health Board strongly supports the organizational initiatives of fiscal sustainability, community capacity building, a focus on results, and leadership development.



Mental Health Board activities over the past year include the following.

- In collaboration with the Behavioral Health and Recovery Services Information Technology Department, members continue to post information regarding the Stanislaus County Mental Health Board on its website. Information posted includes agendas, minutes, the Annual Report, bylaws, mission statement, role and responsibilities, member information, a brochure on the Board, a fillable application and links to appropriate sites.
- Pursuant to AB 1234, members required to attend the Ethics Orientation for Public Officials seminar attended the training. Members unable to attend the seminar completed the training on line.
- Several members attended the Merced County Mental Health Board. As a result, Board members decided to implement a best practice and add a report from the Board of Supervisor member to the monthly meeting agenda.
- The California Institute for Mental Health provided training for the Stanislaus County and Merced County Mental Health Boards regarding Mental Health Board roles and responsibilities, sustaining an effective Mental Health Board, developing a productive approach to public input and creating a work plan. Members who attended found the information very useful.
- Two joint meetings are held annually with the Advisory Board for Substance Abuse Programs in order to continuously focus on the integration of services for mental health and substance use disorders. The two Boards continue to appoint Board Liaisons from each Board who attend the meetings of both Boards each month and report activities to each respective Board.
- The joint Mental Health Board/Advisory Board on Substance Abuse Programs meetings were held at Stanislaus Recovery Center and at Doctors Behavioral Health Center.
- The Doctors Behavioral Health Center Administrator was asked to attend monthly Mental Health Board meetings or to send a designee. A report from the Administrator was added to the agenda as a standing item. Members will be able to pose questions or concerns regarding Doctors Behavioral Health Center at this time.
- Because of the Mental Health Board's interest in continuing to have high-quality inpatient psychiatric services in Stanislaus County, two members participate on the Doctors Behavioral Health Center Community Advisory Board and report information to the Mental Health Board membership.
- Two new members, Erin Lesan and Charles Grom, were appointed to the Mental Health Board by the Board of Supervisors.
- A moment of silence was observed at the June meeting of the Mental Health Board in memory of member Francisco Alvarez who passed away.
- A number of members attended the Mental Health Services Oversight and Accountability Commission's Community Forum held in Modesto. Members joined consumers, family members, staff and community members in providing feedback to the Commission with regard to the impact of Proposition 63 funded services in Stanislaus County.

- The Mental Health Board co-sponsored the Mental Health Promotion Campaign. Several members attended the launch event, where the Vice Chair spoke as part of the program and other members assisted with staffing information tables.
- A presentation on AB 109, the Public Safety Realignment, was provided as well as information on efforts of the Stanislaus County Corrections Community Partnership.
- An ad hoc committee was appointed to review the Bylaws.
- A meeting was dedicated to receiving information and discussing services in the Sheriff's Office Detention Facilities for inmates with a mental illness. Captain Duncan of the Sheriff's Office and his staff provided extensive information and answered questions regarding this population in the jail as well as provided information regarding the impact of AB 109, Public Safety Realignment, and future plans for services for inmates with a mental illness.
- The Mental Health Board Chair and the staff Board Liaison presented information on the Mental Health Board to the National Alliance for Mental Illness, Stanislaus at their June monthly meeting.
- At the request of members, the White family shared their experiences with regard to their son who received services from childhood from the Children's System of Care. The young man came to the meeting on his graduation day from high school because he and his family appreciated the services received from the Department.
- An extensive overview of the Fiscal Year 2012-2013 Proposed Budget for Behavioral Health and Recovery Services was presented to the Mental Health Board in July.
- The makeup of the Board includes individuals with lived experience of having a mental illness and family members of individuals who have a mental illness. There is ethnic diversity on the Board and good community representation. Most Board meetings are well-attended by members and interested members of the public.
- Significant involvement in several public meetings related to Mental Health Services Act planning, implementation, and updates. Mental Health Board members participated in stakeholder and informational meetings and held a public hearing regarding the Annual Update for Fiscal Year 2012-2013.
- Members participated on various Quality Improvement Councils, including the Quality Measures Review Committee for services provided by Doctors Behavioral Health Center.
- Mental Health Board members attended meetings and served as members of the California Association of Local Mental Health Boards and Commissions.
- The Mental Health Board has been a supporter of several community-based events, such as the National Alliance for Mental Illness' local chapter trainings ("Family to Family", Provider trainings, and "In Our Own Voice") as well as events held in the community. All of these events are focused on the reduction of stigma and the community's inclusion of individuals who struggle with mental illness.
- A presentation on services to individuals who are homeless and mentally ill was scheduled.

- Members were recognized as part of the Behavioral Health and Recovery Services Volunteer Recognition Celebration. Those members who were not present at the event were awarded certificates and a pin at the Mental Health Board meeting.

This year's report is similar to past reports presented to the Board of Supervisors. The following pages will detail the various Systems of Care within Behavioral Health and Recovery Services and highlight some of the programs providing services to Stanislaus County. In the coming year, the Mental Health Board expects to continue to support the Board of Supervisors' and Behavioral Health and Recovery Services' strong commitment to a healthy community while working to ensure the best services possible are provided and the most accurate information is made available to the Board of Supervisors.

## **CHILDREN'S AND TRANSITIONAL AGE YOUTH SYSTEM OF CARE COMMITTEE**

**Committee Chair:** Lynn Padlo

**Budget:** \$19,136,466.

**Services:** 4,913 clients served and 118,950 services provided

### **Programming Overview and Focus**

The Children's and Transition Age Youth System of Care continues to provide services to children and youth with serious emotional and behavioral disturbance and their families throughout Stanislaus County. In most cases, these services are provided with agencies that serve children. Of the 38 Children's and Transition Age Youth System of Care programs, approximately half are operated directly by Behavioral Health and Recovery Services and half are operated through contracts with community-based agencies. Children's and Transition Age Youth System of Care teams are co-located with Child Welfare, Probation, Juvenile Hall, Special Education, and numerous school sites as well as Headstart and preschool sites, family day care providers, and Family Resource Centers.

The model of service provision for the Children's and Transition Age Youth System of Care is community-based, collaborative programming focused on keeping children and families safe, together or in the most family-like setting possible; in school; and out of the criminal justice system, as well as improving the child's and family's functioning. The core values of family involvement in all levels of services (including policy, program development and leadership), strength-based services building on family and individual strengths, and culturally competent services are consistent throughout Children's and Transition Age Youth System of Care programming.

The collaborative partnerships developed over the past 19 years have had a tremendous, positive impact on how services are provided. By working with the multidisciplinary teams, youth are able to have an integrated plan of service and access the resources of each agency. Many of the programs have shared funding, and all programs are developed in partnership with families, agencies, and staff. The ability of the System of Care programming to produce excellent outcomes is the result of these collaborations. Currently, the following Mental Health Services Act essential elements (general standards) are incorporated into the Children's and Transition Age Youth System of Care values and match well with these values: community collaboration, cultural competence, clients and family driven services, wellness recovery and resiliency focus and integrated services for clients and families.

The current focus for the Children's and Transition Age Youth System of Care is to work within the continuing extraordinary budget limitations inherent this year to continue to build collaborations, to continue the successful implementation of wraparound services, to increase staff productivity and to continue with positive programming as an alternative to hospitalization and out-of-home placement for children and youth. With the closure of the children's psychiatric unit in September 2006, programming has continued to successfully divert youth to Aspira Stabilization Program, a highly intensive, alternative in-home program, to avoid out-of-county hospitalizations. These are minors that likely would have been hospitalized without intervention. This has been a very successful alternative to inpatient programming. Similarly, three other intensive in-home services are provided, Therapeutic Behavioral Services, Home-Based Services and wraparound services. These services provide intensive services to help youth succeed at home and avoid costly and disruptive out-of-home placements.

## Accomplishments

For the last several months, the Mental Health Board Children's System of Care Committee has made site visits to a number of Children and Transition Age Youth programs. Following is a summary of those meetings:

Date of Visit	Program
December 10, 2011	Kirk Baucher School
January 24, 2012	Sierra Vista ADHD and Home Based Services
February 14, 2012	Josie's Place
March 13, 2012	Juvenile Justice
May 8, 2012	AspiraNet Modesto
June 12, 2012	AspiraNet Turlock

### Kirk Baucher School

The Children's Day Treatment Program of Sierra Vista Child and Family Services provides day rehabilitation services to children attending Kirk Baucher and Sierra Vista Elementary Non-Public Schools. The program is funded through a contract with Behavioral Health and Recovery Services and is part of the Children's System of Care in Stanislaus County.

The Children's Day Treatment Program serves children kindergarten through eighth grade identified by Behavioral Health and Recovery Services and Stanislaus County Office of Education who meet the criteria for "emotionally disturbed" and who require the level of care provided by day rehabilitation. Children are placed in the non-public school program through an Individual Education Plan (IEP) process. Mental health services are authorized by Behavioral Health and Recovery Services. The program is an integrated educational/therapeutic program with education and mental health staff working together during the program day of five hours per day.

The Day Treatment Program is a structured educational/therapeutic program with the following specific components:

A daily community meeting is held at the start of the treatment day. The community meeting is divided into age appropriate groups to provide appropriate interventions and topics. Each of the community meetings is led by a Mental Health Clinician or Rehabilitation Specialist. The meetings help the children prepare for the day by reviewing the schedule, daily events, and current issues. Specific issues related to functioning are addressed, such as behavioral goals, planning, and conflict resolution. The children are encouraged to use the time to express their opinions regarding individual issues and peer conflicts. Community meetings may be called spontaneously at anytime during the day if the staff and/or clients feel that group process would help deal with issues.

The group process is used to help clients develop the skills necessary to deal with their individual problem/issues. Groups are staff facilitated to ensure that the group provides support, feedback, and guidance. Skill building groups occur throughout the treatment day to help clients identify barriers and obstacles related to their psychiatric/psychological experiences and become better able to identify solutions and increase adaptive behaviors; structured training to provide skills for effectively dealing with peers and adults; and structured and unstructured social activities to practice skills acquired in the training sessions.

Activities in the program include expressive art, recreation, and social opportunities. Activities are designed to carry out treatment plan objectives and to enhance confidence and self-esteem. Emphasis is placed on creative expression through art, music, body movement, and drama.

Children in the Day Treatment Program receive individual counseling or psychotherapy. Formal individual sessions are scheduled once per week but individual contact may occur multiple times during the week.

Family support is an important part of the services at the Day Treatment Program. Weekly family sessions are encouraged. Mental Health Clinicians and Rehabilitation Specialists contact the families on a weekly basis to provide feedback on the children's progress and to provide family support services.

The program has a well defined process for dealing with crisis. Mental Health Clinicians and Rehabilitation Specialists are available continuously throughout the day to provide for crisis counseling and support. Clients who present a possible danger to self or others are assessed and referred to the Behavioral Health and Recovery Services Community Response Team, when appropriate.

Case management is provided to help the children and their families access community resources. Staffing ratios require a minimum of one licensed waived staff person for each 10 children in the program. The Children's Day Treatment Program exceeds staffing requirements due to the age of the children and the intensive needs that the client population presents. The Program has the capacity to treat approximately 60 children at a time.

#### Sierra Vista Attention Deficit Hyperactivity Disorder and Home Based Services

The Attention Deficit Hyperactivity Disorder (ADHD) Program provides mental health, case management, and medication services to children ages 2 to 18. The program provides treatment focused on symptom reduction; improved overall functioning of the child in the home, school and community environments; and improved functioning of the family to assist the child in sustaining gains made in treatment.

Children with issues related to Attention Deficit Hyperactivity Disorder are open to the program for services. However, it is common for children with a primary diagnosis of Attention Deficit Hyperactivity Disorder to have another disorder. It is also very common for these children to have issues related to their home environment. The program works with children across a range of severity levels up to and including children with serious emotional disturbance. Additionally, many of the children's caregivers have significant mental health issues. Many of the children have been exposed to environmental stress as a result of behavior problems, domestic violence, caregiver mental health issues, or caregiver drug use and abuse. The Attention Deficit Hyperactivity Disorder Programs address these complex issues by offering flexible, individualized treatment plans. This enables the program to use resources efficiently, thereby providing each child with the level of services required to address problems.

The program provides multi-model treatment, including individual counseling, group counseling, family counseling, school collaboration and support, medication services, parent education, and case management. The program uses a strength-based, solution-focused method to meet the needs of children and families in a brief and successful manner.

Medication services are provided to clients when they need additional services to assist them in being successful. Clinical staff have ongoing access to medical providers to collaborate about client care, progress, and successful transition and termination. This enables the program to provide the best possible treatment to each individual client and family.

The Home Based Services Program at Sierra Vista Child and Family Services is an intensive, family-focused, in-home program funded through a contract with Stanislaus County Behavioral Health and Recovery Services. The primary objective of the Home Based Services program is to reduce the risk of out-of-home placement and psychiatric hospitalization for the children and families involved in the mental health system. The services are intensive in that two service providers work with each family, and there are multiple contacts per week in the home, school, and community settings. In addition, the program offers a 24-hour, seven-day a week crisis intervention line.

Case managers, clinicians, or social workers refer a family for Home Based Services. After identification, a family is provided with an assessment to determine if they are appropriate for the program. Once services begin, a family is connected with a mental health case manager. Since it is common for these families to be involved with multiple agencies and service providers, a Behavioral Health and Recovery Services case manager assists in keeping services linked. Interagency collaboration and communication are stressed to help ensure cohesive services. Home Based Services holds monthly case reviews in order to assist with the collaboration and coordination of services. During these meetings, discussions are held to evaluate goals, measure progress, and identify needs. Case managers, clinicians, and other agency representatives are routinely invited; attendance has been positive. Ongoing communication with collaborating service providers and discussions with family members assist with the planning and decision making vital to the family-strengths approach.

### Josie's Place

The Children's System of Care Mental Health Board Committee met with staff members, peer counselors and several Young Adult Advisory Council members to discuss services at Josie's Place offered to Transitional Age Youth, ages 16 to 25, in Stanislaus County.

Descriptions of the multi-level programming at Josie's Place were given to the committee, including Josie's Drop in Center, Josie's Service Team and Josie's TRAC program.

Peer support counselors discussed the Drop in Center philosophy, including socialization outings/coping skills, aid with work and Independent Living Skills programming as well as peer led support groups that are available to all members. Focus on leadership skills for transitional age youth was discussed as a way to bring the youth aboard to advocate for their own needs.

The service team collaborates with housing, employment, Community Services Agency Eligibility, Leaps and Bounds, Stanislaus Recovery Center and First Step. Josie's Place offers case management, therapy, medication support and wide variety of groups to support all consumers.

Josie's Place Telecare TRAC team and Josie's Place Service team are integrated and work together to act as a continuum of care for the transitional age youth in Stanislaus County.

## Juvenile Justice

Juvenile Justice Behavioral Health is comprised of four different programs that work collaboratively in the best interests of clients and families. All outpatient referrals are from Juvenile Probation.

The Juvenile Justice Outpatient program typically serves between 70 to 90 minors and their families. Individual, family, and group treatment are provided. The majority of minors served struggle in a school setting. Staff work collaboratively with school sites, attend meetings and advocate for clients to be in the least restrictive educational setting. The majority of interactions and treatment are conducted in homes, schools, or in the community at locations that are convenient for families. With client permission, staff communicate with Probation Officers and attend court dates as requested.

The Full Service Partnership program is funded through the Mental Health Services Act. This program has a census of 25 and works with minors and their families. The motto of this program is "Whatever It Takes". The program also runs an Aggression Replacement Training group that is eight weeks in length. The clients that make up this program are families that have not been engaged in many services in the past, ethnically and racially diverse families, and families who have been involved in aggressive/violent crimes. This program has 24-hour a day/seven day a week crisis coverage for families.

Juvenile Drug Court is a partnership between Juvenile Probation and Behavioral Health and Recovery Services. A Probation Officer is assigned to the program. The program serves between 25 and 35 minors. There are four phases in Juvenile Drug Court with different requirements as clients progress through the phases of the program. Clients attend Drug Court groups and meet individually with a counselor. Clients of the program are drug tested twice a week and must attend school regularly, complete community service, and follow all terms and conditions of their probation. Some clients are also referred to the Aggression Replacement Training group. A psychiatrist is available for appointments or consultation.

Juvenile Justice Behavioral Health staff also work with Juvenile Hall staff. All minors booked into Juvenile Hall are screened by Behavioral Health and Recovery Services staff. Staff respond to any mental health crises that arise at Juvenile Hall. Mental Health professional staff also respond to any concerns raised by Juvenile Hall staff. Mental Health Clinicians work collaboratively in treatment planning for difficult minors and work closely with the in custody medical team. Staff also provide 24-hour a day/seven day a week coverage for mental health crises.

## AspiraNet Modesto

Stanislaus Wraparound services are a strength based, family centered, individualized program offering opportunities for youth to remain in or return to a family setting. Children referred to the program are at risk of group home placement. Referrals are made through an interagency screening committee comprised of the Community Services Agency, Probation, and Mental Health. The AspiraNet Wraparound program responds promptly to all referrals and collaborates with community partners throughout the treatment process. The Wraparound program is a planning process that walks the family through a series of steps and family centered phases. The ultimate goal is to keep children with birth families, with relative care givers, or with foster families by providing intensive, comprehensive, integrated and creative treatment intervention and support services.



The wraparound treatment team works closely with the family and other support networks to prevent a higher level of care or placement. This program continues to be successful in reaching the goals and treatment plans of clients. The number of referrals has increased significantly over the past few months, and the wraparound program continues to adapt staffing requirements to meet the demands of the community. Forty-eight clients were served last fiscal year.

Modesto Outpatient Clinic services are provided to children (birth to 18 years of age) and families who are Medi-Cal or Healthy Families insurance beneficiaries. The clinic also accepts private insurance and provides services on a sliding scale. Clinicians provide necessary treatment for identified problems. Treatment includes individual, family, group, and/or couples therapy. Clients are provided with case management and psychiatric services, as needed. The goals of treatment include strengthening family relationships, building communication, reducing conflict, increasing coping skills, providing hope, improving parenting skills, improving school behaviors, and treating issues such as Attention Deficit Hyperactivity Disorder, depression, anxiety and trauma. Clients are discharged upon successful completion of their treatment goals.

Aspiranet Stabilization Program (ASP) is a crisis-based stabilization program that serves children and youth ages birth to 18 who are Medi-Cal beneficiaries or are uninsured. Referrals are made through the Community Emergency Response Team and from the Behavioral Health and Recovery Services hospital liaison for children who are being discharged from inpatient hospitalizations outside of Stanislaus County. The goal of the program is to prevent current and/or further psychiatric hospitalizations by providing intensive services. Services include individual and family counseling in the home, school, or office settings. Staff have quick access to psychiatric services and respite care, as needed. Treatment plans are developed with the client, family, and current providers to decrease at-risk behaviors by increasing the use of coping skills and establishing a support network. Services are provided as often as required to ensure the safety of clients, including 24 hour on call services. Services are authorized for up to 30 days, at which time clients will be connected to a long-term provider to continue with ongoing mental health treatment and medication, if needed.

Risk Assessment serves youth served by Modesto City Schools who are determined to be a danger to themselves or others. Risk assessment staff respond to the identified school as needed to assess the risk level of the student. A collaborative decision is made that includes school staff, the student, and the student's parents. If the student is not determined to be at risk, he/she is connected with resources that meet their needs. If he/she is found to be at risk, the Modesto Police Department is contacted to establish a 5150 hold and transport the client to Doctors Medical Center for further evaluation. Risk assessment staff contact the Community Emergency Response Team to collaborate on the desired treatment for students. When needed, Risk assessment staff will follow up with the student and family to ensure ongoing safety. Approximately 40 to 50 students are served each year.

#### AspiraNet Turlock

The Aspiranet Outpatient Clinic provides outpatient individual and family counseling as well as psychiatric services to children ages birth to 18 years who are Medi-Cal or Healthy Families insurance beneficiaries. Children and families are self-referred or referred by other agencies, including schools, Child Welfare, primary care physicians, medical clinics, Turlock Family Resource Center, Courts and other counseling agencies. Services are provided to children and families in English, Spanish or Assyrian.

Therapeutic Behavioral Services is an intensive, short-term home based program provided in conjunction with specialty mental health services focused on decreasing problematic behaviors that put a child at risk of being placed in a higher level of care (psychiatric hospitalization, foster care or group home), loss of home or school placement, or to support the child in transitioning to a lower level of placement. Therapeutic Behavioral Services provides services to children up to 21 years of age who are Medi-Cal beneficiaries. Therapeutic Behavioral Services are provided in English or Spanish.

Parent Child Interaction Therapy services focus on strengthening the parent/child relationship and decreasing problematic behaviors in children, including defiance and tantrums primarily for children up to 7 years of age, although the treatment can also be adapted to older children as well. Parents are coached by staff through the use of a listening device and a two way mirror.

## **Accomplishments**

The Passages Wilderness Program is an adventure-based wilderness experience that provides a safe environment for children and youth to engage in various therapeutic activities. The goal of Passages is to assist participants in building trust, helping others, taking responsibility for themselves, increasing self-esteem, and helping participants overcome fears. Week long sessions are held in the high Sierras during the summer. Activities include group activities, challenge courses, a high ropes course, wilderness skill building, day hikes and overnight backpacking trips. The Passages Wilderness Program is staffed jointly by Behavioral Health and Recovery Services staff and camp personnel. Camp personnel provide the expertise in the wilderness programs and leadership development, while Behavioral Health and Recovery Services staff are on site to provide support, therapeutic intervention, group facilitation and to participate with clients in daily camp activities. A clinical environment is creatively woven into daily camp activities, enriching the experience for the youth and assisting them on the road to emotional recovery. Two sessions in the months of July and August served 32 children.

The Youth and Family Services program continues to provide family-focused comprehensive outpatient mental health assessments and treatment for the children and families. This year, Youth and Family Services successfully implemented a Pediatric Consultation Clinic, a community capacity building project, whereby primary care physicians can refer patients under the age of 18 for a psychiatric consultation and receive feedback on prescribing medications and other mental health related recommendations.

Josie's Place Drop-in Center is a bustling center of activity with diverse transition age young adults interacting with the culturally diverse staff that includes African American, White, Hispanic, and Asian individuals. Outreach to and participation from lesbian, gay, bisexual, transsexual and questioning youth is present in the social environment.

Josie's Place is a membership-driven "clubhouse" model program that has service teams in the center, including Josie's Place Intensive Services and Supports, a Full Service Partnership called Josie's TRAC operated by Telecare Recovery Access Center. Services are offered in English, Spanish, Laotian, and Thai. Seeking Safety groups as well as Aggression Replacement Training groups are offered as part of the array of services at the Center.

In Fiscal Year 2010-2011, two youth with lived experience as a consumer or family member, were employed at the Center. They continue to conduct groups to support youth. The groups go on outings and support each other around the development of social skills and related coping skills. The groups are open to both youth who receive mental health services and those who use the drop in center for support.

## **Changes and Challenges:**

- Maintaining programming while facing large deficits and continuing to serve families with multiple needs
- Increased severity of the emotional problems youth and families served by the Children's and Transition Age Youth System of Care face the second generation of youth affected by birth or life in substance abusing families, and finding effective tools for the treatment of the youth and families
- Adoption of more Evidenced Based Practice research and training to enhance programming
- Continue to more fully utilize outcome data to guide service delivery
- The mandate to provide Education Related Mental Health Services (formally called AB 3632) was shifted across the State from mental health departments to education. This transition began in Stanislaus County in October 2010. This past transition year, the Legislature provided counties with one-time funds to support the transition of services to education. In Stanislaus County, Behavioral Health and Recovery Services was able to maintain the status quo for this population of clients. With the support of both Special Education Local Plan Areas via an interim Memorandum of Understanding, services will continue.

## **Priorities and Outcomes**

The Children's and Transition Age Youth System of Care evaluates its performance in a number of areas. Outcome data guides the System of Care in the development of strategies for successful service provision. With 16 years of data collection experience, there is a wealth of information including the following:

### Out of County Hospitalizations of Minors

AspiraNet Stabilization Program served 142 clients. All clients were referred to prevent hospitalizations or to prevent re-occurring hospitalizations upon discharge from a psychiatric inpatient hospitalization. During this timeframe, six clients required hospitalization (four of which were referred upon discharge from a psychiatric inpatient hospitalization). Prior to services, the 142 clients may have required admission to a psychiatric unit in order to stabilize high risk behaviors that put them at danger to themselves or others.

### Transition Age Youth Services

The following are outcome data for Josie's Place Drop-in Center:

- 900 members have joined Josie's Place since 2006
- 359 individual members participated
- 10% of members who participated were African American
- 90% of youth stated in the annual satisfaction survey "staff believed I could change"
- 87% of youth stated in the annual satisfaction survey "I am better able to do things that I want to do"

- Youth in leadership roles participated in three statewide conferences:
  - Unconvention in Los Angeles
  - LGBTQ Conference in San Francisco
  - Children's Services Conference in Pacific Grove

#### Client Satisfaction

Youth are overall satisfied with our services at a rate of 80% and their families are overall satisfied with our services at a rate of 84%.

#### Ethnicity of Clients

The Children's and Transitional Age Youth System of Care served the following diverse client families during the calendar year 2011:

##### Race:

- African American: 2.4%
- Asian: 3.5%
- Native American: 1%
- Other: 0.5%
- Caucasian: 34.1%

##### Ethnicity:

- Hispanic: 56.9%

## ADULT SYSTEM OF CARE COMMITTEE

**Committee Chair:** Chris Cataline

**Budget:** \$13,479,057

**Services provided:** 3,580 **individual** clients served and 84,512 services provided

### Program Overview

The Adult System of Care (ASOC) continues to experience great changes. Budget reductions in the Adult System of Care continue to impact services to adults with a serious mental illness for the sixth consecutive year.

The overall capacity of the regional service system remained unchanged from the previous fiscal year in terms of mental health services. There continue to be two Regional Teams, one in Turlock and one in Modesto. Medi-Cal recipients and other high-risk individuals have priority with regard to receiving services. Referrals to alternative community providers are being made for those consumers who cannot be served. Efforts to collaborate with community-based organizations are critical in this time of reduced services. The Integrated Dual Diagnosis Treatment approach continues to be utilized at regional service locations in Modesto and Turlock and also at partnership locations. Integrated alcohol and drug treatment in the Adult System of Care locations has been severely reduced with only two outpatient groups being provided this fiscal year.

### StanWorks Behavioral Health Services

StanWorks Behavioral Health Services is fully integrated into the Adult System of Care. These services are provided in partnership with the Community Service Agency at the Hackett Road and Turlock sites. Service delivery at this site has been changed to a Brief Treatment Model with all Mental Health Clinicians receiving training and supervision in the model. The Alcohol and Drug program has refocused on treatment along with monitoring treatment at First Step and Stanislaus Recovery Center. During the last year, the program has provided training and information to all Family Services Specialist units at Community Services Agency, which has resulted in an increase in referrals for services.

### Mental Health Services Act

Mental Health Services Act programs in the Adult System of Care are fully implemented and operational. Telecare has two adult programs: Westside Shop and Partnership Tract. These programs provide Assertive Community Treatment, Intensive Outpatient and Wellness Level care to adults who are homeless and have a serious mental illness. The program provides continuous street outreach to underserved adults. Outcomes are listed below:

#### Housing: Target 70% reduction in homeless days:

Outcome:	<i>12mo Prior</i>	<i>*(Normalized) current year</i>	<i>% of reduction</i>	<i>** Actual day's</i>	<i>% of reduction</i>
Partnership TRAC	3747	414	89%	508	86%
Westside SHOP	2072	213	90%	380	82%

Incarceration: Target 36% reduction:

Outcome:	<i>12mo Prior</i>	<i>*(Normalized) current year</i>	<i>% of reduction</i>	<i>** Actual day's</i>	<i>% of reduction</i>
Partnership TRAC	225	21	91%	26	88%
Westside SHOP	262	38	85%	67	74%

Hospitalizations: (this data not required by contract):

Outcome:	<i>12mo Prior</i>	<i>*(Normalized) current year</i>	<i>% of reduction</i>	<i>** Actual day's</i>	<i>% of reduction</i>
Partnership TRAC	225	21	91%	26	88%
Westside SHOP	262	38	85%	67	74%

Target Achieved (total reduction of 85% or 1272 days)

Housing and Employment

Housing and employment 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. The supportive services programming currently utilizes the Solutions for Wellness Psycho-Educational Program to empower and inspire people with psychiatric disabilities to live a healthy lifestyle. Other supportive services include, but are not limited to, independent living skills, relapse prevention in collaboration with medical care providers, education and coping skills; these are key areas of service as well. The Adult System of Care has served 115 individuals and/or families in the Permanent Housing Program, with 19 current vacancies for 134 permanent housing slots. Sixty-nine individuals and/or families were served in the transitional housing program, of which 18 moved into some kind of permanent housing during the fiscal year.

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. Behavioral Health and Recovery Services has operated the Employment Program since July 2009. Some Behavioral Health and Recovery Services clients are eligible for services utilizing Federal funds through the State Department of Rehabilitation for work-related expenses. The number of consumers who were employed in the community during this fiscal year is 29. There were 13 permanent placements and 16 temporary placements. This is a decrease from last fiscal year due to the program dealing with staff shortages. This program operated with about 50% of the usual staffing for four to six months.

Garden Gate Respite Center

The Garden Gate Respite Center is primarily designed to aid local law enforcement and the Stanislaus Homeless Outreach Program by providing emergency supervised shelter for adults with a serious mental illness who, if left on the street, would be subject to victimization or misdemeanor arrests or citations.

### Wellness Recovery Center

The Wellness Recover Center (WRC) provides a way for consumers who are improving in their recovery to move to a less intensive service level, yet remain connected to the service for needed supports. The program offers services for adults with serious and persistent mental illness who are seeking recovery through self-management and peer support. Medication services are also provided to those consumers who no longer need intensive case management or other services usually provided through regional service sites. Wellness recovery efforts rely on consumer volunteers and provide opportunities for consumers to help support others. The peer facilitated groups and activities are free of charge. During this next fiscal year, Wellness Recovery Center will be going through a reorganization process to increase the impact of peer recovery support in the community.

### Modesto Recovery Services and Turlock Recovery Services

Modesto Recovery Services (MRS) and Turlock Recovery Services (TRS) have developed a wellness recovery level of care component linked to the Wellness Recovery Center in Modesto. Wellness recovery components are also being added to all Adult System of Care programs. Wellness Recovery staff coordinate monthly wellness celebrations for consumers and family members to share recovery successes. Mental Health Board members have attended these celebrations.

### Psychiatric Consultation Clinic

The Psychiatric Consultation Clinic has provided a valuable support to community physicians by having a Behavioral Health and Recovery Services psychiatrist assist primary care physicians requesting support in prescribing psychotropic medications. A written report is sent to the primary care physician and phone contact between the primary care physician and the psychiatrist is available when needed. A permanent replacement psychiatrist has been found for this clinic, and it is once again accepting referrals.

### Integrated Service Agency

The Integrated Service Agency (ISA) is a transitional program. Consumers meeting criteria are referred to the program through the Adult System of Care and move through the program over a course of several months to two years. Once consumers have achieved and maintained their goals related to housing and appear able to sustain a level of stability without intensive services, they are offered less intensive services provided by the Adult System of Care. This program continues to be very successful in transitioning individuals from State Hospitals and locked facilities into the community. Through close collaboration with Behavioral Health and Recovery Services and the Public Guardian's Office, Stanislaus County continues to have only 41 clients in locked facilities. Close monitoring will need to continue because of a recent change in billing of psychotropic medications to the County instead of to Medi-Cal.

### **Ethnicity of Consumers**

Ethnicity of individuals served by the Adult System of Care is as follows:

<u>Ethnicity</u>	<u>Number of Consumers</u>	<u>Percentage</u>
American Indian/Alaska	41	0.9%
Asian/Pacific Islander	133	2.9%
African American	262	5.7%

<u>Ethnicity</u>	<u>Number of Consumers</u>	<u>Percentage</u>
Filipino	36	0.8%
Hispanic	1469	32.2%
White	2494	54.7%
Other	33	0.7%

## **Priorities**

Priorities for the Adult System of Care include the following:

- Continue to maintain a collaborative relationship with psychiatric hospital staff following the transition from Behavioral Health and Recovery Services to Doctors Medical Center.
- Partner with Modesto Junior College and California State University, Stanislaus by providing Mental Health First Aid and Friends are Good Medicine training on their campuses.
- Focus on developing successful measures to help individuals transition into the community for psychiatric care when specialty mental health services are no longer needed.
- All Adult System of Care line staff will participate in training on the Behavioral Health and Recovery Services Transformational Elements, i.e., Leadership Development, Results Based Accountability, Fiscal Sustainability and Community Capacity Building.
- All Adult System of Care staff will complete the California Brief Multicultural Competence Scale three-day training.
- The continued development of Mental Health Services Act supportive permanent housing projects. Bennett Place Senior Apartments (18 units) is currently in the planning stage. In addition, other development partners are being sought to utilize the remainder of Mental Health Services Act housing funds.
- Continue work on creating fidelity measures for all Evidence Based Practices used in the Adult System of Care.
- Results Based Accountability outcomes for two Adult System of Care contractors will be specified by working with the Outcomes Manager during the next fiscal year.
- Integration of all components of the Electronic Health Record will be a central focus.
- Develop a system to manage the huge increase in psychiatric hospitalizations/discharges by looking at “front door” (Crisis Residential) and “back door” (discharge follow-up team) options.
- Maintain productivity at all Adult System of Care programs that bill Medi-Cal at 55% or higher.

## **Outcomes and Accomplishments**

- The Adult System of Care developed a comprehensive LOCUS training and all Adult System of Care staff received training.



- Adult System of Care staff participated in training through the Telecare Medical Director in the area of creating a culture of recovery.
- Modesto Recovery Services continued a Dual Diagnosis Treatment Tract that includes alcohol and other drug group treatment and mental health treatment focusing on how the two issues influence each other. In addition, four Behavioral Health Specialist staff who have significant alcohol and other drug treatment experience work with dually diagnosed clients. These groups started in October 2009. Twenty graduates of the program have maintained sobriety after receiving these services.
- The Ninth Street Mental Health service site provides a number of programs at a single site. The site also houses the National Alliance on Mental Illness (NAMI) and the Consumer Network. Collaboration is a natural outcome of this setting. A process has now been developed that allows consumers from any of the four programs on site to participate in groups given by any other program. With the shrinking of resources available to consumers, this increases available treatment opportunities. It also has reduced duplication of topics, thus, increasing the breath of treatment. In some instances staff from two programs run groups together building on individual expertise.
- A substantial housing grant was received and implementation has begun. Behavioral Health and Recovery Services staff continue to work with community partners to secure increased Housing and Urban Development funding so that construction can begin.
- The productivity monitoring project continued with the goal of 55% productivity level for Adult System of Care staff. In June 2011, productivity for the three Regional Teams was as follows: Wellness Recovery 55%; Modesto Recovery Services 56% and Turlock Recovery Services 56%.
- The Homeless Outreach Team, which focuses on outreach and engagement with individuals who are homeless and partners with other agencies serving individuals who are homeless, has been fully implemented. This outreach process has been increased as the PATH Grant focus has changed to actual engagement with individuals who are homeless. Coordination of all outreach efforts will be important during this next year.
- Behavioral Health and Recovery Services Adult System of Care had 862 consumers participate in the semi-annual Mental Health Statistics Improvement Program (MHSIP) State Satisfaction Survey. Overall, 82% of responses were favorable.
- The Adult System of Care finalized a CO-OP agreement between Behavioral Health and Recovery Services and the State Department of Rehabilitation as another resource for consumers.
- Behavioral Health and Recovery Services employment and housing services completed the process to become certified through the California Association of Rehabilitation Facilities to allow continued work with California Department of Rehabilitation. Staff will be gearing up for the re-certification process that will happen in early 2014.
- Clients from outlying areas, i.e., Patterson, Oakdale and Ceres, with transportation problems have been successfully accommodated by the addition of a full-time driver who coordinates transportation for clients for medication appointments and treatment services. Turlock Recovery Services has recruited and trained two volunteer drivers, which has increased accessibility for consumers.

## **Future Challenges and Changes**

- The reorganization of the State Department of Mental Health into four existing State Departments and one new one, Department of State Hospitals, continues to be a challenge as new procedures and personnel are put in place.
- The redesign of Realignment Funds in the State Budget for Fiscal Year 2013-2014 could have significant impact on the Behavioral Health and Recovery Services Budget.
- The current economy and high unemployment rates continue to affect the employment of individuals with severe mental illness.
- Impact of Health Reform regarding Integrated Behavioral Health/ Physical Health programs can bring numerous benefits to residents of Stanislaus County.
- The Adult System of Care continues to focus on integrating Physical and Mental Health services and creating Health Homes for all individuals.
- Integration of the four Behavioral Health and Recovery Services Transformational Elements at the treatment team level by translating the concepts into examples that are familiar to those systems is a challenge.

## **PREVENTION AND EARLY INTERVENTION (PEI)**

The Prevention and Early Intervention (PEI) program was the third component of the Mental Health Services Act (MHSA) Plan to be approved and funded in Fiscal Year 2009-2010. Extensive community planning built on lessons learned from earlier processes involved over 500 people, many of whom had not previously participated in Mental Health Services Act stakeholder processes.

The presence of prevention and early intervention as a separate component of the Mental Health Services Act represents the biggest change in mental health planning and funding that has occurred in over twenty years. Services may not appear to be conventional mental health services due to their emphasis on prevention and informal networks support. However, this component of the Mental Health Services Act has the greatest potential to reduce other costs such as costly and longer-term mental health treatment, special education, welfare supports, and criminal justice costs, as well as decrease the disparities in accessing services for unserved and underserved populations.

Prevention and Early Intervention approaches are transformational in the way they restructure the mental health system to embrace a “help-first” orientation. The approaches address a core set of risk factors that target the initial onset of mental health problems by strengthening and improving conditions of well-being. Potential negative outcomes can be dramatically reduced for all age groups. To further distinguish the intent of Prevention and Early Integration programs, the goal is to engage persons prior to the development of serious mental illness or serious emotional disturbances or in the case of early intervention, to alleviate the need for additional mental health treatment or years of extended treatment.

Stanislaus County has eight Prevention and Early Intervention projects that include 18 programs. Many of the programs have more than one contracted agency to implement the program in communities around the County. Each type of program has a unique approach that incorporates community-based interactions with services recipients that strive to include Mental Health Services Act values of cultural competency, community collaboration, wellness, recovery/resiliency, client/family driven services, and an integrated experience of the service.

### **Accomplishments**

Accomplishments of the past year include:

#### A Focus and Commitment to Results

Behavioral Health and Recovery Services has established a priority that all Prevention and Early Intervention programs develop results of services. All Prevention and Early Intervention programs have adopted the Results Based Accountability framework as a tool to guide program actions and strategies toward a set of results from the inception of a program. By “results”, Behavioral Health and Recovery Services measures “How much did we do?”, “How well did we do it?” and “Is anybody better off?” because of Prevention and Early Intervention programs and services. In Fiscal Year 2011-2012, all Prevention and Early Intervention programs have submitted the first full year of data, and Behavioral Health and Recovery Services has initiated a process to use this data to assess the impact of services and improve program performance. At the time of the development of this report, a full analysis of the number of individuals served through the Prevention and Early Intervention system was not complete. We anticipate a preliminary report by December 2012.

### Full Implementation of the Prevention and Early Intervention/Community Capacity Building Initiative

Full implementation of 17 new Prevention and Early Intervention programs and initiatives was accomplished this year. Services include early intervention services for older adults; mental health services in primary care rural clinics; early psychosis intervention services for youth, ages 16 to 25; youth leadership initiatives; community capacity building initiatives and many other prevention services developed to create a "help first system."

### Health/Behavioral Health Integration Project

Mental Health Clinicians were embedded in primary care rural clinics. The focus of the program is to connect individuals experiencing the onset of mental illness with mental health services and community supports through primary care clinics within their respective communities. Program sites include Turlock, Hughson, Ceres, Newman, Patterson, and West Modesto. An initial evaluation of the program has shown success in reaching the goals of the program, i.e., increasing access to underserved and unserved populations and improving behavioral health outcomes. The program served 2,449 individuals, with 70% having no prior connection to the county mental health treatment system. This is an indication that the program is increasing access to underserved and unserved populations. In addition, just under 60% of the time, patients showed improvement in behavioral health measures from one visit to the next.

### Community Capacity Building/Asset-Based Community Development

In partnership with the District Attorney's Office, Modesto City Schools, the Modesto Police Department and the Stanislaus County Sheriff's Department, in Fiscal Year 2010-2011, the Prevention and Early Intervention Program initiated an exploratory effort to establish a community capacity building project in the gang injunction area of South Modesto as a way of sustaining community change efforts. The project goal is to identify, convene, train and support community members to build their capacity to act on their own behalf as the gang injunction creates a safer environment for community change efforts. An emerging group of residents has formed the "Manos Unidas" (Hands United) Collaborative and is currently undergoing training on behavioral health community capacity building and results based accountability. In addition, Manos Unidas is developing partnerships with service providers, the faith-based community, schools, and law enforcement. The intent is strengthening the capacity of the local community collaborative, focusing on promoting and improving emotional health and wellness. The group's leadership and participation has strengthened, with the group acknowledged with a front-page *Modesto Bee* article highlighting their work in the community.

In addition, Behavioral Health and Recovery Services released Request for Proposals for community capacity building projects focused on improving behavioral health outcomes in the communities of Grayson, West Modesto, South East Stanislaus County, and South Modesto. Community leaders and residents were encouraged to collaborate with a nonprofit organization to submit proposals for strategies that they can act upon to improve behavioral health outcomes in their respective neighborhoods. Funding for the proposal submissions was set at \$10,000 per project with the intention that monies would be used to seed community led projects and not fund programs or services. At the time of this report, Behavioral Health and Recovery Services is conducting a review and scoring process with the intent of fully funding nine community projects in Fiscal Year 2012-2013.

### Promotores/Community Health Worker (P/CHW)

Behavioral Health and Recovery Services fully funded nine communities to implement the Promotores, community health worker, program providing support and technical assistance to first develop a scope of work based on individuals that had years of experience working within culturally diverse and ethnic communities. The nine Promotores, community health workers, convened multiple times over the fiscal year to develop a plan and scope of work based on their years of experience working within the specific communities. In addition, the Promotores, community health workers, convened residents within their community and developed multiple projects that focused on improving behavioral health and well-being for their communities. Projects included peer-led support groups, community behavioral health events, mental health training, dance therapy groups and many other community led efforts and events. The nine Promotores, community health workers, were also trained by the California Institute of Mental Health (CIMH) in the Mental Health 101 and Promotora 101 training curriculum.

### The Mental Health Promotion Campaign (MHPC):

The Mental Health Promotion Campaign (MHPC) is a countywide multimedia campaign that helps families, educators, healthcare providers and young people recognize mental health problems and seek or recommend appropriate services. In partnership with Imagen, LLC, a locally-based public relations and marketing firm, Behavioral Health and Recovery Services launched the Stan-Up for Wellness Campaign in April 2012. The goals of the Campaign are to increase the public's awareness of behavioral health concerns and to provide information on how to develop and maintain emotional wellness and resiliency both individually and as a community.

Below is a complete list of PEI programs currently being implemented:

PROJECT		PROGRAM		CONTRACTOR / STAFF
1	Community Capacity Building	1	Asset-Based Community Development	2 staff + 9 community efforts awarded for small behavioral health improvement projects
		2	Promotores	Nine Community Health Outreach Worker/Promotores projects: Newman, Patterson/Grayson, Turlock, Ceres, West Modesto, North Modesto/Salida, Riverbank, Oakdale, and Hughson.
2	Emotional Health, Awareness, Support	3	Mental Health Promotion Campaign	Imagen Public Relations
		4	Friends Are Good Medicine	<ul style="list-style-type: none"><li>• 1 FTE</li><li>• 150 peer support groups identified and documented on an online and printed directory</li></ul>
3	Adverse Childhood Experience	5	Teaching Pro-Social Skills	1 Mental Health Clinician .5 Youth Group Facilitator
		6	Child Sexual Abuse PEI	Debra Johnson, Ph.D. <ul style="list-style-type: none"><li>• Expanding early intervention services for Spanish-speaking population</li><li>• Established a 24 hour/7 days a week hotline</li></ul>

PROJECT		PROGRAM		CONTRACTOR / STAFF
		7	Early Psychosis Project (E.A.S.T. model)	Sierra Vista/Center for Human Services
4	Child / Youth Resiliency	8	Youth Leadership & Resiliency	1Center for Human Services – Patterson/Grayson 2 Sierra Vista – The BRIDGE 3 Sierra Vista - Hughson 4 West Modesto King Kennedy Collaborative-Project Uplift Youth leadership Summit with over 300 in attendance
		9	Children Are People	BHRS program implemented in partnership with Modesto city schools and community development projects
5	Adult Resiliency & Connectedness	10	In Our Own Voice (Anti-Stigma)	National Alliance on Mental Illness
		11	Arts for Adult Resiliency & Connectedness	No responses to an RFP. Not currently being funded.
		12	Faith/Spirituality Resiliency & Connectedness	Restructuring program as Recovery Modesto -- faith-based collaborative focused on increasing behavioral health supports within faith based community
6	Older Adult Resiliency & Connectedness	13	PEARLS	Aging & Veterans Services
		14	Senior Peer Counseling	Aging & Veterans Services
		15	Senior Center Without Walls	Aging & Veterans Services
7	Health/Behavioral Health Integration	16	Mental Health Clinician Imbedded with Community Health Center	Golden Valley Health Services Agency
8	School/Behavioral Health Integration	17	School Assistance / Consultation	Center for Human Services Sierra Vista Fully implementad school behavioral health consultation model focused on strengthening capacity of school staff to adjust behavioral health issues
		18	Parents and Teachers as Allies	National Alliance on Mental Illness

## Challenges

- Behavioral Health and Recovery Services has committed to developing program performance measures for all programs to assess impact and develop strategies to improve program performance. In developing the infrastructure and expertise to analyze this data, the reality of assessing the impact of prevention services continues to be a challenge. However, our partners and staff service providers continue to find innovative and practical ways to assess the impact of services and measure program performance.
- Educating the service system and the public on the intention of prevention and early intervention services distinct from mental health treatment services.
- Training and skill building in the area of prevention and early intervention for new program staff and community partners.

- Some PEI programs experienced low numbers of people served due to various reasons associated with startup programs and lack of knowledge and information about services.

### **Priorities and Outcomes**

- A priority for Fiscal Year 2012-2013 is the continued development of program performance measures and tools that assess the impact of improvement in behavioral health outcomes for program participants. Behavioral Health and Recovery Services will seek out support and expertise from other counties and evaluation partners to develop and implement proven methods of assessment and evaluation.
- Continue to support community capacity building efforts focused on improving behavioral health outcomes by fully funding nine community behavioral health projects and providing community behavioral health leadership development training and support.
- Develop formalized process using both qualitative and quantitative data to assess and improve program performance as well as the allocation of resources.
- Develop strategic marketing/outreach and collaborative partnerships effort to increase community awareness and increase access to Prevention and Early Intervention Programs and services, specifically for programs with low participation rates.

# Improving Modesto's south side an inside job

By Rosalio Ahumad

last updated: July 24, 2012 07:31:36 PM

Law enforcement isn't the entire answer for a troubled neighborhood.

Manuel Rivera says efforts to improve his south Modesto community must build on its strengths. And the efforts have to come from residents. Pride of ownership is the key to lasting change, he says.

"Everybody here has something positive to offer," said Rivera, a spokesman for Manos Unidas, a group designed to improve this south Modesto area west of Crows Landing Road. "We focus on what's going right with the neighborhood."

For decades, this neighborhood has been plagued with gang violence, drug dealing, theft and vandalism. These problems have caused the rest of the city to overlook the hardworking families and talented residents who call the area home.

Rivera said that has to change, so he and about 25 other residents have joined Manos Unidas, or United Hands. They meet twice a month and have held carwashes to raise money for their projects.

In the year since the group's inception, the volunteers have organized neighborhood cleanups and a 5K Race-Walk for Peace and have launched the revitalization of Fairview Park.

Friday, the volunteers were helping put together the latest Family Fun Night at the Apostolic Jubilee Center on Lassen Avenue. It was health and fitness night, so the activities included a blood drive, informational booths, a karate club demonstration and fruit snacks. Several hundred people attended the event, which lasted about two hours.

## Safe haven for families

The Family Fun Night events, which are not religious in nature, have been held each Friday in July for six years to provide a safe haven where south Modesto families can learn about community resources.

"We're working to gather residents together and strengthen relationships within the community," said Rivera, who works in prevention and intervention with at-risk children at Hanshaw Middle School. He grew up and lives in the neighborhood he now works in.



TRACY BARBUTES / tbarbutes@modbee.com Manos Unidas spokesperson, Manuel Rivera, shares a laugh with other members of the group, Manos Unidas, who assisted with the Apostolic Jubilee Center Family Night on July 20, 2012, in Modesto, Calif. Manos Unidas was formed after a gang injunction went into effect in the neighborhood west of Crows Landing Road and south of Hatch Road. - Modesto Bee - Tracy Barbutes



Manos Unidas doesn't function like a Neighborhood Watch group. Its projects are not geared toward deterring crime, at least not directly. The volunteers focus on helping residents to work together on improvement projects with tangible results. Rivera said they have not been harassed by gang members while working in the neighborhood, and they have never been fearful of their safety.

The Fairview Park revitalization is a tangible example of what the group hopes to accomplish. Manos Unidas members brought weed eaters and other equipment to improve the park, which had become a hangout for vagrants. The park cleanup is just a start, said Manos Unidas member Consuelo Borroel. "The park needs a lot of help," she said in Spanish. "They just abandoned the park, but it's getting better."

## **Neighbors live in fear**

The neighborhood, south of the Tuolumne River, is predominantly unincorporated land with small homes and dusty streets without curbs and gutters. Two-story tract homes in subdivisions sit on the neighborhood's northern and southern flanks. The area is overwhelmingly Latino, reflected by the Spanish that is spoken and the Mexican culture evident along Crows Landing Road, its main commercial strip.

Just bringing these 25 or so residents together to work on neighborhood projects is an accomplishment in itself. Crime and fear of gang retaliation had kept south Modesto neighbors apart. Residents are wary of drivers in unfamiliar vehicles as they pass their homes, fearing they might be there to buy drugs, commit a burglary or fire a gun. Many residents don't speak about gangs to outsiders or let their children play outside after dusk.

It was this fear that in September 2009 prompted the enactment of a gang injunction intended to protect the residents routinely terrorized by the Deep South Side Norteños. The Stanislaus County district attorney's office filed a lawsuit and was granted the injunction, which lists more than 100 members of the gang. Injunction violators are arrested if caught engaging in any of 14 banned behaviors within the designated boundaries. Authorities said 150 gang members had nearly 20,000 law-abiding residents paralyzed with fear. Despite being the target of frequent crimes, residents wouldn't call police officers or sheriff's deputies, fearing their cooperation would lead to retaliation.

## **One way to combat gangs**

Froilan Mariscal, a gang investigator with the district attorney's office, applauded the efforts of the volunteers. He played a key role in seeking the gang injunction, and he said just the residents coming together is working to break down the atmosphere of fear in which gang members thrive. "It's building an atmosphere that makes it uncomfortable for gang members to function," Mariscal said about the work of Manos Unidas. "I think their work goes hand-in-hand (with enforcement) 100 percent."

Jose Borroel, 57, has lived in the neighborhood for 25 years with his family, and he joined Manos Unidas after his wife, Consuelo, talked him into it. He said the area has improved in the nearly three years since the gang injunction went into effect. "We feel more at ease here because it feels safer," Borroel said in Spanish. "It's our neighborhood and it should belong to us, not the gangs."

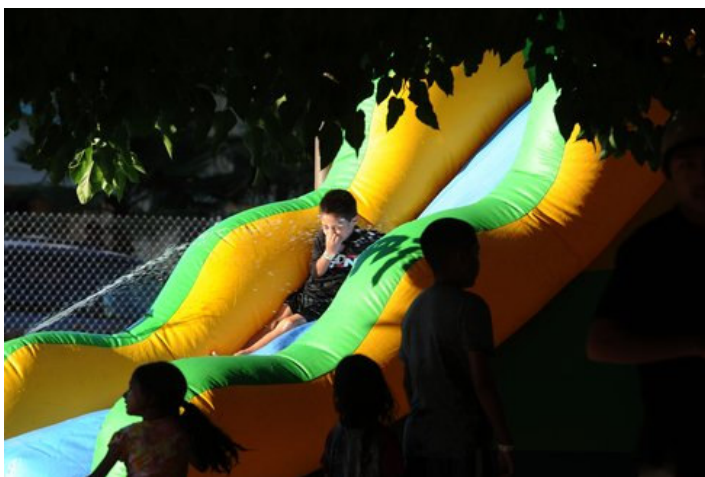
Enforcement, however, wouldn't be enough to turn this neighborhood around. Public agencies and law enforcement officials recruited neighborhood leaders to join a grass-roots group of volunteers. The group eventually became Manos Unidas. The residents in the group decide what improvements are needed; government officials are not involved in the decision-making process. "It doesn't feel like just a group anymore; it feels more like a family," said Jeannette Manriquez, 20, one of the younger Manos Unidas members. Manriquez, who is studying to be a therapist and social worker at California State University, Stanislaus, hopes to recruit other young people to Manos Unidas. Her mother, Monica Manriquez, talked her into joining. Jeannette Manriquez got to meet many neighbors in the group. Like others, she grew up in the area learning to keep to herself and not get involved in others' troubles. That has changed. Now, she feels comfortable walking through her neighborhood and catching up with her new friends. "I've actually learned a lot more with Manos Unidas," said Manriquez, who discovered a passion for social work after joining the group. "When we come together, we're stronger."



Modesto Bee - Martha Navarro, a member of the South Modesto group Manos Unidas, laughs with children as she helps out on Family Night at the Apostolic Jubilee Center in Modesto.



Modesto Bee - A group of karate students perform at the Apostolic Jubilee Center in Modesto.



Modesto Bee - Children play on an inflatable water slide at the Apostolic Jubilee Center in Modesto.



Modesto Bee - Jeannette Manriquez, 20, A member of Manos Unidas, helps serve fruit salad at the Apostolic Jubilee Center in Modesto.

## OLDER ADULT SYSTEM OF CARE COMMITTEE

**Committee Chair:** Jack Waldorf

**Budget:** \$1,762,886.53

**Services Provided:** 387 individual clients served and 9,218 services provided

### Program Overview

Behavioral Health and Recovery Services Older Adult System of Care was established in 1996. In 2001, Stanislaus County was one of four Older Adult Systems of Care in California that participated in a Substance Abuse and Mental Health Services Administration (SAMHSA) Demonstration Project Grant. The Demonstration Project Grant, funded through the California Department of Mental Health, established a Senior Access Team. The Senior Access Team provided countywide education and outreach, conducted assessments for older adults in their residences, consulted with primary care physicians, and coordinated the care for those individuals who did not need specialized mental health services.

The primary goal of programs in the Older Adult System of Care is to maintain high quality, senior-focused services. The Senior Access Team, now called the Senior Access and Treatment Team, is the core program for older adult services. This team focuses on medication services and case management, provides assessments and assists with linkages to outpatient services, including employment and housing. The Senior Access Resource Team, funded through the Mental Health Services Act, started in June 2006 and provides intensive services, including medication services, case management and crisis intervention. This team assists unserved and underserved seniors of Stanislaus County. Effective June 2011, this team was combined with the Health/Mental Health Team and is now called High Risk Health and Senior Access.

Programs serving older adults are co-located and work hand-in-hand to serve Stanislaus County seniors. First level services are provided by the Senior Access Treatment Team. Typical clients may be homebound, reside in Board and Care facilities or in skilled nursing facilities, or live independently. To be eligible for services, a client must be over 60 years of age, a Medi-Cal beneficiary and have a serious and persistent mental illness. Treatment at this level usually includes case management and/or medication services, and possibly group therapy.

The second level of treatment (the highest level in the Older Adult System of Care) is provided by the High Risk Health and Senior Access Team. This program is funded by the Mental Health Services Act and provides intensive services 24 hours a day, seven days a week. Clients may be adults, ages 18 to 54, "transitional aged adults" (55 to 59 years of age) or anyone over 60 years of age. Approximately 50% of consumers served by the High Risk Health and Senior Access Team will be either transitional age adults or older adults. Typical services provided include case management, medication services, placement, financial help, rehabilitative services, crisis intervention, and individual counseling and/or group therapy. To be eligible for services, a client must have a serious and persistent mental illness (e.g., schizophrenia, major depressive disorder, bipolar disorder). The High Risk Health and Senior Access Team provides treatment to individuals who are either unserved or underserved. Individuals who qualify may be at risk of losing placement or currently homeless. Clients may also be at risk for institutionalization or hospitalization. They may be uninsured, be a Medi-Cal beneficiary or be

insured under Medicare/Medi-Cal. Privately insured individuals are considered after rigorous screening and advance approval by the System of Care Chief.

As noted above, effective June 2011, the Senior Access Teams merged with the Health/ Mental Health Team to create the new program, High Risk Health and Senior Access. This consolidated program serves the same target populations originally identified and utilizes the same strategies originally outlined in the community planning process. Graduated levels of care have been added to the program. Community issues identified during planning continue to be addressed in the program, including serving all age groups, serving diverse communities, serving individuals with co-occurring (mental illness and substance abuse) issues, serving uninsured or underinsured individuals, serving individuals with mental illness and co-occurring health issues, and serving individuals involved with other agencies (e.g. reducing the risk for emergency room use, involvement with law enforcement, homelessness).

The High Risk Health and Senior Access program serves individuals with significant, ongoing, possibly chronic, health conditions co-occurring with a serious mental illness, as well as functional impairments related to aging. Transition-aged adults (55 to 59 years) with a serious mental illness, co-occurring with substance abuse disorders and/or other physical health conditions are included in the target population. Within the identified group of service recipients, the priority population is individuals who are primarily uninsured, as well as individuals from racially, ethnically and/or culturally diverse communities (including Lesbian, Gay, Bisexual Transgender and Questioning individuals) who may not have access to well-coordinated health and mental health services. Individuals may also be homeless or at risk of homelessness, at risk of institutionalization, hospitalization, and nursing home care, or frequent users of emergency rooms for health care.

Service strategies include 24 hours a day, seven days a week access to a known service provider, individualized service plan, multidisciplinary treatment approach, wellness and recovery focused groups and peer support, linkage to existing community support groups, peer support and recovery groups for individuals with co-occurring health and mental health disorders. Both service recipients and family members receive education regarding the management of both health and mental health issues as well as benefit advocacy support and housing support. Additionally, introduction of graduated levels of service within the Full Services Partnership program allow service recipients to move through services of varying intensity, connect with community supports and exit services, when appropriate. The structure of graduated levels of care will replicate the three levels of outpatient care currently offered within other Full Service Partnership programs in Stanislaus County. In addition, with this synthesis of programs, older adult programs now have access to a medical doctor through Health Services Agency. The medical doctor consults with staff monthly on medical issues related to clients. The program also has hired a full-time Behavioral Health Advocate for seniors in the program.

### **Accomplishments**

- Served 387 Stanislaus County seniors who have a serious and persistent mental illness
- Reduced homelessness in the Full Service Partnership program by 92.1 % in the last year, which continues a three-year trend
- Reduced the instances of acute psychiatric hospitalization in the Full Service Partnership program by 99.8%

- Reduced the instances of incarceration in the Full Service Partnership program by 100% in the past year
- Reduced the rate of acute medical hospitalization by 94.8%
- Ethnically diverse Senior Access Team staff members (African American, Hispanic, Filipino, Caucasian) were hired
- Completed 61 depression screenings in the communities of Oakdale, Waterford, Turlock, Patterson and Modesto during National Depression Screening Day and the following week in Stanislaus County (October 2011)
- Increased socialization opportunities for all clients. This included trips to bowling, American Graffiti events in downtown Modesto, Health and Safety Fair in Turlock, Pumpkin Festival and Christmas Tree Lane in Ceres. The program collaborated with Turning Point-ISA to provide Thanksgiving and Christmas dinners for consumers.
- A social work intern from California State University, Stanislaus successfully completed field studies with the Senior Access Teams over the past academic year.
- Approximately 36 nursing students from Modesto Junior College and California State University, Stanislaus came to the High Risk Health and Senior Access program as part of their program requirements for completion of clinical hours for their psychiatric rotation.
- Helped consumers reach their goals of being increasingly more independent and stable.
- The One Stroke Paint group is now taking place in the community at the Empowerment Center.
- Continue to provide a community mental health support group in Oakdale.
- Maintenance of expanded hours providing transportation to 60 hours a week

### **Challenges/Needs**

- How to provide services to the westside of Stanislaus County
- Budget cuts restricted Senior Access Treatment Team services to Medi-Cal clients. These clients may be served by High Risk Health and Senior Access team as long as all program admission criteria are met.
- Reduction-in-Force process threatened jobs, and concurrent medical leaves were big challenges; however, staff members' morale and support stayed strong.
- Paperwork demands for data collection are significant for the High Risk Health and Senior Access Full Service Partnership Program.
- Provide transportation to all Senior Access Teams consumers in need of such support

## **Priorities**

- Improve consumers' ability to access transportation to increase consumer involvement in the Senior Access Teams programs
- Increase the number of consumer-facilitated support groups
- Enhance and maintain effective communication with clients' primary care physicians by continued participation in Behavioral Health and Recovery Services' Primary Care Physicians Contact Process Improvement Project
- Focus on the five Essential Elements of the Mental Health Services Act to transform the entire Older Adult System of Care, i.e., community collaboration, cultural competence, client/family-driven mental health system, wellness for recovery and resilience, and integrated service experiences
- Continue to provide outreach to ethnically and racially diverse seniors through health clinics, health and safety fairs, and the National Depression Screening Day and the Healthy Aging Summit
- Continue to conduct a variety of activities to increase socialization and reduce isolation of clients

## **Outcomes/Performance**

- The Senior Access Teams provided 387 individuals a total of 9,218 services in Fiscal Year 2011-2012. The Senior Access Treatment Team program capacity is approximately 120 clients. The High Risk Health and Senior Access program's annual service target for older adults is 50.
- Senior Access Team secured housing for or helped retain the residences of an estimated 19 homeless seniors and seniors at risk of losing their homes.
- The majority of clients served by the two Older Adult System of Care programs were women (71%), who live in Stanislaus County. Most clients seen for services suffered from a mood disorder. The majority lived independently, on disability or retirement income.
- Approximately 6% received Medicare and 71% were Medicare/Medi-Cal beneficiaries.

## **Cultural Competence**

- Client Ethnicity is as follows:

- 73% White
- 15% Hispanic
- 5% African American
- 1% Filipino
- 1% Asian Pacific
- 5% Other ethnic groups

- Preferred language is as follows:

- 91% English
  - 2% Spanish
  - 2% Assyrian
  - 1% Farsi
  - 1% Portuguese
  - 2% Russian
  - 1% Other languages

- Senior Access Teams will continue to increase outreach to the monolingual Spanish-speaking community.
- Senior Access Teams will continue efforts to address gender and ethnic disparities through collaboration with El Concilio, West Modesto King Kennedy Neighborhood Collaborative, The Bridge and other community-based organizations and groups.
- High Risk Health and Senior Access teams will develop program information brochures and posters in languages other than English and Spanish (e.g., Laotian, Hmong, and Cambodian) for posting at popular community locations such as grocery stores and clinics.

## ADMINISTRATIVE AND FISCAL SERVICES COMMITTEE

**Committee Chair:** Chip Langman

**Budget:** \$ 70,242,122 for Mental Health programs; \$79,600,658 total Department

**Services provided:** Administrative Support for all department functions

### Overview

The Administrative and Fiscal sections of Behavioral Health and Recovery Services comprise Accounting/Budgeting, Accounts Payable and Receivable; Administration; Business Office, Benefits Advocacy/Patient Finance and Medical Records; Contracts and Insurance Certification; Data Management Services and Performance Outcomes; Facilities, General Services and Purchasing; and Human Resources, Payroll and Training. Managers from each of these areas attend the Administrative and Fiscal Services Committee meetings. The goal of the Committee is to provide a link for the Mental Health Board to administrative functions and process improvements within Behavioral Health and Recovery Services.

### Accomplishments

As the department-wide support team, the Administrative and Fiscal sections are involved in all aspects of Behavioral Health and Recovery Services functions. The tenuous budget situation within the State and County has provided this section with the opportunity to be creative in its provision of services. Emphasis this year was placed on efficiency due to numerous, unanticipated staffing shortages.

Sectional highlights of accomplishments for the past year include:

#### Administration

- Collaborated with Facilities to provide input to the Purchase Request form.
- The Senior Leadership Administrative On-Call (OD) Binder has been completely reviewed for accuracy. In collaboration with Data Management Services, the OD Binder information will be transferred electronically to an iPad.
- Completed AB 583, Section 680.5 requiring certain health care practitioners to disclose information to clients, including name of practitioner and license type, highest level of academic degree and Board certification, if applicable.
- The Doctors Medical Center appointments/re-appointments and the Medicare provider and site certification functions have been transitioned to the Administration Office.
- Certification of a Notary Public in Administration has continued in order to notarize documents for programs.
- Cross-trained Administrative staff as support for both the Mental Health Board and the Advisory Board on Substance Abuse Programs meetings.



- Paper files were converted to electronic files for the Mental Health Board and Advisory Board on Substance Abuse Programs for official records to streamline the retention of minutes and other board documents.
- Program Coordinators and Managers have been trained on the four organizational change initiatives, i.e., a focus on results, a commitment to community, leadership development and fiscal sustainability.
- Contractor and County senior management staff received preliminary training on the four organizational change initiatives.
- Cultural competency training was modified for administrative and clerical staff to make the training more appropriate and meaningful for support staff.
- Training on Mental Health First Aid was arranged at a time convenient to clerical staff to maximize the number of clerical staff trained.

#### Contract Services

- Successfully completed contract renewals for Fiscal Year 2012-2013, despite the resignation of one Staff Services Analyst effective a month before the contract renewal deadline.
- Assumed production of the monthly Units Report, which is a tool used to monitor provider contracts. The report was previously completed by Accounting.
- Assumed responsibility for maintaining the staffing license/certification status of all Behavioral Health and Recovery Services contract staff and provider contract staff, due to the loss of a position in Administrative Services previously assigned this responsibility.
- With the support of Data Management Services, implemented the use of a networked copier as a high-speed scanner to reduce the time required to make fully executed contracts available to management and administrative staff, as well as improve communications between Behavioral Health and Recovery Services and vendors during contract negotiations.

#### Data Management Services

- Completed implementation of the Practice Management component of the Anasazi Electronic Health Record, including training of over 300 staff on Practice Management.
- Selected project lead and implementation team for the Assessment and Treatment Planning component of the Anasazi Electronic Health Record
- Completed construction and move-in of a dedicated server room
- Hired two support technicians, who combine to work 60 hours per week at various sites, to aid consumers and family members in the use of computer equipment deployed as part of the Mental Health Services Act Consumer and Family Access to Computing Resources project
- Scoped and ordered network infrastructure (file servers, storage and software) associated with the Mental Health Services Act Data Warehouse and Document Imaging Projects

- Collaborated with seven programs to use the Results Based Accountability framework to establish and track performance measures; continued work with Prevention and Early Intervention programs to refine measures and accurately track and report outcomes data by revising collection processes and databases
- Began the practice of consistently reviewing hospitalization data to inform program and process decisions that are designed to improve impacts
- Participated in community-wide initiative to track key Stanislaus County population health indicators and to collect primary source data.

#### Financial Services (Accounting/Budgeting, Accounts Payable, Business Office, Benefits Advocacy and Medical Records)

- Due to the implementation of the Anasazi Electronic Health Record, there have been delays in obtaining data needed to complete tasks in a timely manner. Coupled with the fact that over one-third of Accounting staff have one year or less experience in their current positions, this section still successfully met all necessary deadlines.
- The Business Office and Accounting staff continue to work together to troubleshoot Anasazi system set-ups that impact claiming and revenue collection.
- Accounting staff are working with other support staff, including Data Management Services staff, to develop reports from Anasazi to complete cost reports and other required financial reporting.
- Medical Records staff cleaned up duplicate and erroneous data in the INSYST program and were instrumental in the electronic conversion to the Anasazi program. They continue to work on clean-up and shredding of old charts.
- Two staff from the Business Office were Anasazi “Super Users” who, for approximately four months, were trained and then facilitated trainings for other staff to qualify them for access to Anasazi. During this time period, the remaining Business Office staff absorbed the duties of the two “Super Users”.
- This past year, the Benefit Advocates were reduced from two full-time Family Service Specialists to one full-time and one part-time extra help Family Service Specialists. Along with the reduction in staff, came a significant increase in the number of clients admitted to Doctors Behavioral Health Center. The increase in admissions greatly impacts the Family Service Specialists’ workloads, as they are responsible for interviewing all uninsured clients admitted to Doctors Behavioral Health Center.

#### General Services (Facilities/Purchasing/Safety)

- Completed the design and began the testing phase of a work/purchase order request system. That will allow the General Services staff to keep our customers and partners better informed of their work/purchase request.
- Planned and completed the replacement of the Heating Ventilation Air Conditioning (HVAC) system for Building 4, with minimal disruption to staff, including the required abatement of asbestos which was completed during furlough days.

- A Behavioral Health and Recovery Services Capital Improvement Plan was created, which will be reviewed during the budget process so informed decision making can take place with regard to capital improvement projects.

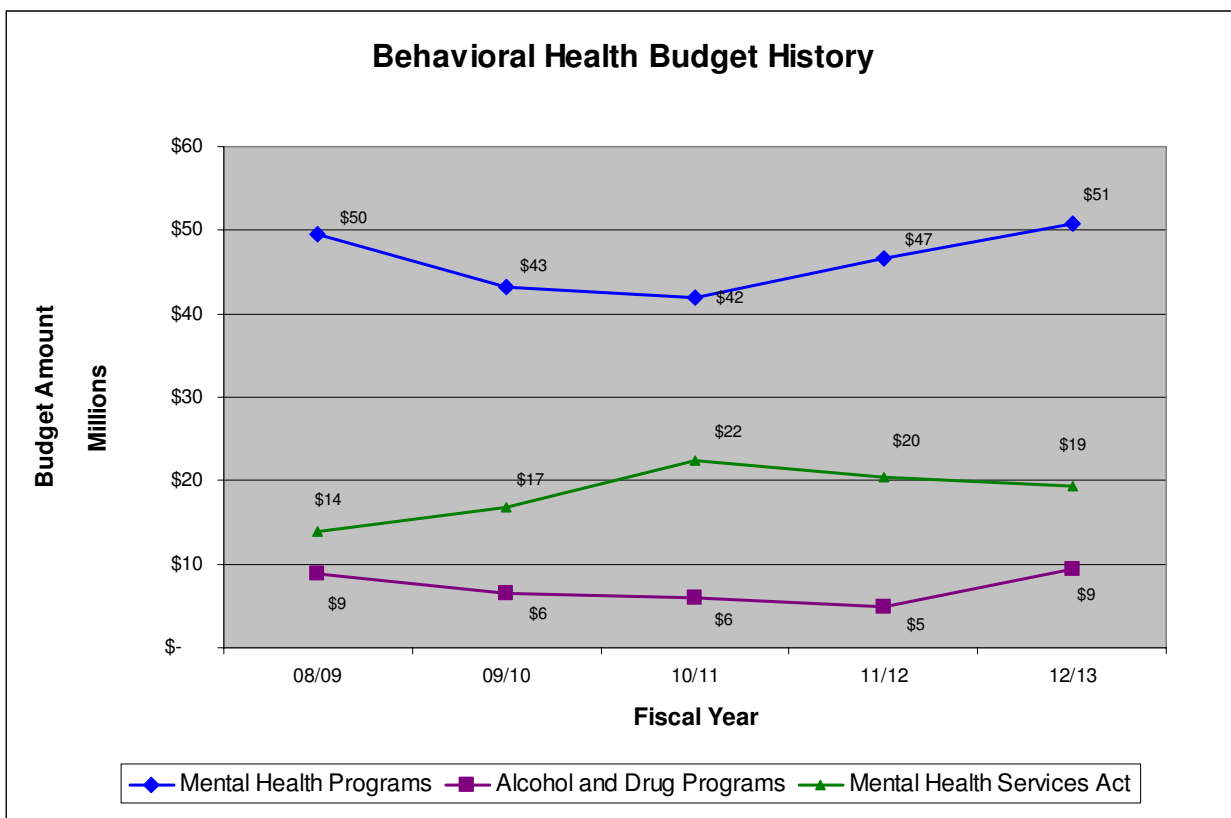
#### Human Resources/Training

- Trained 60% of staff in the use of the self service options in the PeopleSoft system to enter their own timecards. Goal is 100% by April 2013.
- Completed multiple recruitments and actively coordinated with other County Departments regarding interviewing/hiring staff subject to reductions in force, which included three the largest classifications: Mental Health Clinician, Behavioral Health Specialist and Clinical Services Technician.
- Conducted Mental Health First Aid courses in the community, including evening courses, in addition to an introduction presentation at the County Human Resource Managers meeting at their request.
- Thirteen California State University, Stanislaus students successfully participated in Behavioral Health and Recovery Services field placement for Fiscal Year 2011-2012.
- Offered 138 hours of Continuing Education for the following licensed staff: Registered Nurse, Licensed Clinical Social Worker, Marriage and Family Therapist and Alcohol and Other Drug staff and six hours for Psychologists (Ph.D).
- Over 1000 Behavioral Health and Recovery Services staff and partner agency staff attended training classes in Fiscal Year 2011-2012, with 50+ training classes being offered.
- A Manager II was hired in Workforce Education and Training and Mental Health Services Act policy and planning to replace a retiring Manager.
- Utilizing the input from the Workforce Education and Training Council stakeholder process, the following was done:
  - Hired a Personal Services Contractor to review and make recommendations regarding the Behavioral Health and Recovery Services Volunteer Program
  - Added the Bachelor's Degree level stipend program to the Contract with California State University, Stanislaus.
  - Continued the California Association of Social Rehabilitation Agencies curriculum efforts through Modesto Junior College, including championing the online course at Modesto Junior College. There is also an online course available to Stanislaus County residents through Madera Community College.
- Utilizing the four Transformational Elements framework, Human Resources, Training, Payroll, and Workforce Education and Training programs have identified Results Based Accountability measures.

## Challenges

Budget concerns have been a challenge in this section for several years. Funding for most programs has remained somewhat consistent; however, cost increases continue to create challenges. The Administrative/Fiscal sections of Behavioral Health and Recovery Services strive to find the most cost effective and efficient means of providing support to direct service providers. Coupled with a number of unexpected losses in staff that, at times, have been difficult to recruit, these sections have consistently provided service “above and beyond”.

The chart below reflects the Behavioral Health and Recovery Services budgets for core Mental Health Services, the Mental Health Services Act and Alcohol and Other Drug programs over the last five fiscal years. The upward turn in Mental Health and Alcohol and Other Drug funding is the result of two additions, Safety Realignment funding (AB109), which provides mental health and substance abuse services to individuals released from incarceration, and funding for a narcotic replacement therapy contract previously administered by the State.



In addition to budget issues, other challenges for this Division in the coming year include:

- Implementation of the Assessment and Treatment Planning component of the new Electronic Health Record and Billing System
- Funding changes as a result of the State's realignment of program and funding to counties as a budget balancing strategy
- Hiring and training of new staff in Administrative Services

- Staff training and implementation of the PeopleSoft Payroll Self-Service Time Card entry project
- Purchase and installation of a new air conditioning system for older buildings at the 800 Scenic site
- Continue to provide consistent support within the Administration Office to meet the needs of future changes

### **Priorities and Outcomes**

The priority of the administrative functional areas of Behavioral Health and Recovery Services is to support the needs of consumers and staff while ensuring budgetary proprieties. Goals for Fiscal Year 2012-2013 include:

- Strict monitoring of all aspects of the Department budget, including fund balance reserves, expenditures, outstanding receivables and cash flow.
- Planning for Fiscal Year 2013-2014 budget in anticipation of further State and County cuts.
- Implementation of the Federal Affordable Care Act (health care reform).
- Timely monitoring for all Department contracts.
- Implementation of two new projects, document imaging and the data warehouse.
- Staff training as a part of the Behavioral Health and Recovery Services Transformation Initiative.
- Human Resources/Training will focus on Prevention and Early Intervention efforts with a Mental Health Wellness Campaign focus.

### **Community Collaboration**

Administrative and Fiscal units have been active in the Behavioral Health and Recovery Services goal of partnering with the community. Activities from this section include:

- Participation in all Department Stakeholder processes
- Development and implementation of new community-based contracts
- Development of new partners within the community to maximize all funding opportunities
- Partnerships with local schools to encourage interest in the Mental Health field at various age levels
- Continued support of the Mental Health Board

## **CRIMINAL JUSTICE OVERSIGHT COMMITTEE**

**Committee Chair:** Ritta Sudnikoff

Membership of the Criminal Justice Oversight Committee includes Mental Health Board members, judicial representation, Probation Department representatives, local law enforcement representatives, Sheriff's Department representatives, California Correct Care Solutions representatives, and Behavioral Health and Recovery Services staff. The Committee provides oversight and advice to Behavioral Health and Recovery Services programs connected to criminal justice.

In Fiscal Year 2011- 2012, 26% of individuals booked into the Stanislaus County Safety Center had some mental health contact with Behavioral Health and Recovery Services, of those, 9% were currently open and receiving services; 36% of individuals booked who had contact with Behavioral Health and Recovery Services were rearrested. This illustrates the ongoing need for collaborative efforts between the Criminal Justice System and for Behavioral Health and Recovery Services to better serve adults with serious and persistent mental illness in the community. Current collaborative efforts include the following.

### Crisis Intervention Training

Crisis Intervention Training (CIT) is a nationally recognized curriculum for law enforcement officers that originated with the Memphis, Tennessee Police Department in 1988. The development of the local Crisis Intervention Training Program is a collaborative effort between the Modesto Police Department, Stanislaus County Sheriff's Department, Behavioral Health and Recovery Services, and the Stanislaus Chapter of the National Alliance on Mental Illness. The goal of the 40-hour training is as follows:

- Reduce use-of-force incidents by officers when encountering emotionally disturbed individuals;
- Reduce related injuries to officers and citizens;
- Reduce misdemeanor arrests among individuals with a serious mental illness;
- Decrease the frequency and amount of time officers spend responding to calls for service with this population;
- Reduce involuntary psychiatric hospitalizations; and
- Improve relationships between law enforcement, local behavioral health and other service providers, and consumers of behavioral health services and their families.

Crisis Intervention Training for law enforcement officers continues to attract interested participants on a regular basis. Currently, Behavioral Health and Recovery Services is able to provide two academies a year and local law enforcement is committed and able to participate in two academies per year. Classes in the fall of 2011 and spring of 2012 were full. Forty-three officers were trained from Modesto Police Department, Stanislaus County Sheriff's Department and Stanislaus County Probation Department. There continues to be interest expressed by other entities for this type of training. However, our focus continues to be with local law enforcement, both patrol officers and in-custody deputies.

Responses from officers and other graduates have shown that the information and training from these academies has made dealing with individuals with mental illness safer for both officers and citizens. Graduates are more informed about the effects of mental illness and use dialogue rather than force in situations that may have been previously considered potentially dangerous. There are many examples of how this training has been effective in our community, following is an example:

- Modesto Police Department received a call to '911' from a grandfather reporting that his grandson, an Iraq war veteran and suffering from Post Traumatic Stress Disorder, was extremely paranoid, delusional and threatening suicide. The family was convinced force would have to be used to remove this individual from the residence to get him the mental health services he needed. The responding officer had just recently attended a Crisis Intervention Training Academy. He was able to use the techniques he had just learned and talk the individual into voluntarily complying to go with them to get help. In addition, the officer was able to talk to the Veteran about the readjustment counseling therapy being offered at the Combat Vets Center he had heard about during the Academy. It was a very good outcome with a potentially volatile situation.

### Restorative Policing

This forensic, multi-disciplinary group meets to guide a community policing effort. This effort is sponsored by the Modesto Police Department. The committee continues to meet monthly (under Welfare and Institutions Code 15750-15755) to discuss treatment or intervention options for individuals who have multiple police contacts and who have a serious mental illness and/or co-occurring substance abuse diagnosis. The purpose is to strategically intervene with the goal of "restoring" the individual to their community and decreasing the calls for service with law enforcement.

### Mental Health Court/Integrated Forensic Team

Budget for Fiscal Year 2011-2012 — \$1,333,090

Individuals served - 110

In 2007, the Stanislaus County Sheriff's Department, in partnership with several other agencies, was successful in receiving a grant funded for 18 months from the Corrections Standard Authority. This grant was used to establish a Mental Health Court in Stanislaus County. The mission of Stanislaus County's Mental Health Court is to hold individuals accountable while enlisting their participation in flexible and intensive treatment programs tailored to their specific needs. The key objective is to prevent the incarceration of individuals with a serious and persistent mental illness by securing their release from jail for appropriate community intervention and treatment services.

The Integrated Forensic Team is a Full Service Partnership program funded under the Mental Health Services Act. This program makes court-accountable case management services available to 80 individuals with a serious mental illness and/or a co-occurring substance abuse disorder. Through the efforts of an interdisciplinary team, including a Probation Officer, the following services are provided: crisis response, peer support, alternatives to jail, re-entry support and housing and employment services. This collaborative effort and the positive outcomes from the Integrated Forensic Team were key factors in the Community Corrections Partnership funding an expansion of the Integrated Forensic Team to provide mental health services to the post-released community supervision population. Behavioral Health and Recovery Services continues to be an active participant and voice in the Community

Corrections Partnership. Funding for Fiscal Year 2012-2013 has been significantly expanded to address the needs of this population new to the responsibility of Stanislaus County.

The Mental Health Court, built on the Drug Court Model, is an example of the collaboration between many county agencies within the criminal justice community. It is this partnership that has enabled the program to succeed from the unknown into the foundations for future growth. The program averaged 6 clients in Fiscal Year 2011-2012, with a capacity for approximately 20 participants at any given time. This is flexible capacity in that the treatment slots are part of the Integrated Forensic Team and can, thus, be utilized for other clients if court appropriate candidates are not available. With continued support and constant evaluation, the program has the potential to serve a greater population involved in the criminal justice system for no other reason than having a mental illness. Typically, these clients have been very difficult to engage, having refused mental health intervention in the past.

As of this time, the Mental Health Court has:

- Received 153 referrals
- Enrolled 68 participants
- Graduated 14 participants
- Currently has 8 individuals enrolled in the program
- Discharged 46 participants

#### Community Emergency Response Team and Mobile Community Response Team

The Community Emergency Response Team (CERT) provides emergency psychiatric evaluations at local emergency rooms and at Doctors Behavioral Health Center for Stanislaus County residents who are Medi-Cal beneficiaries or who are uninsured. In addition, the Mobile Community Response Team (MCERT) provides joint coverage with Modesto Police Department officers on a weekly schedule and on an as needed basis. Both Modesto Police Department and Behavioral Health and Recovery Services have struggled with staffing issues to adequately staff the weekly scheduled hours of the Mobile Community Response Team program; however, both agencies work cooperatively to team up and respond to a community need when requested by either agency.

The Community Emergency Response Team completed 3,289 emergency psychiatric assessments this fiscal year, an increase of 7% from last year. This team also provides the bulk of the Medi-Cal assessments and referral for non-emergency psychiatric services.

#### **Accomplishments**

- Stanislaus County continues to have a strong partnership within the Criminal Justice System. This type of partnership is very effective. The Integrated Forensic Team continues to show a decrease in jail days, and a decrease in homeless days by individuals participating in this collaborative program.
- Crisis Intervention Training Academies have taken place twice this year.
- The growth of Restorative Policing by the continuing partnership with the Mobile Community Emergency Response Team.
- Behavioral Health and Recovery Services Forensic System of Care is one of several Department teams that continue to strive for integrated services within our system by providing treatment for both mental health and substance use issues. An example of this is



the partnership between the Integrated Forensic Team and the Adult Drug Court, an effort assisted by the fact that both are coordinated by the same manager. Another more recent example is the expansion of the Behavioral Health and Recovery Services Detention Services, which have Mental Health Clinicians and Alcohol and Other Drug Behavioral Health Specialists on the same team; both working together to address the significantly high incidence of this criminally involved population, who have both a mental health need and a substance abuse need for treatment.

### **Anticipated Challenges**

- Maintaining effective partnerships in the midst of constant change, either dwindling resources or complete redesign due to assuming responsibility previously held by the State. The commitment to remain in partnership is still a priority for all partners, but as staffing is reduced and individuals are given additional responsibilities, it becomes difficult. All partners will need to be creative and flexible to maintain what has been created during periods of reductions and change.
- Coordinating mental health services upon release of inmates from jail
- Accessing appropriate housing for clients
- Finding appropriate treatment programs for individuals ready for discharge from the Integrated Forensic Team to allow capacity for the uninsured target population
- Identifying space for expanded programs

## MANAGED CARE COMMITTEE

**Committee Chair:** Jack Waldorf

**Budget:** \$8,715,249

**Services provided:** 8,996 contacts for 6,164 individuals (Includes Community Emergency Response Team and all other sites that provided a crisis intervention)

**Services provided:** 3,289 contacts for 2,406 individuals (Includes Community Emergency Response Team only)

### Community Emergency Response Team

The Community Emergency Response Team provides emergency and urgent services to individuals and families experiencing behavioral health crises who are Stanislaus County Medi-Cal beneficiaries or uninsured residents. Community Emergency Response Team services are available 24-hours a day, seven days a week. Virtually all emergency and urgent services to adults, older adults, children and adolescents are provided in the field, at area emergency rooms and Doctors Behavioral Health Center. The Community Emergency Response Team also continues to provide Managed Care access functions, but organizationally is now part of the Forensic System of Care.

The partnership with Turning Point Community Programs for a consumer and family-driven warm-line and peer support services continues. These services are co-located with the Community Emergency Response Team and monitored by the Forensic System of Care Chief. The consumers and family members who staff the warm-line provide a vital service to callers who are not in acute crisis, but need support and a listening ear. This allows clinical staff to focus on individuals in crisis; but more importantly, provides a needed service. This level of support helps people to cope more effectively with their problems and avert crises. In addition, the Medi-Cal access line is transferred to the warm-line for after hours contact. Between July 1, 2011 and December 31, 2011, warm-line staff responded to 1770 calls for support and/or referrals, showing a significant decrease from last year's totals of 3,712.

Crisis evaluations for those who are not Stanislaus County Medi-Cal beneficiaries or uninsured individuals living in Stanislaus County are provided by Doctors Behavioral Health Center and Kaiser staff who are trained and authorized to provide 5150 evaluations. This not only increases community capacity to manage behavioral health emergencies, but allows Behavioral Health and Recovery Services staff to focus on our target populations.

### Access Line

Staff in this unit provide information regarding access to behavioral health services for Stanislaus County residents utilizing a toll free number. Staff members provide assistance for all callers in finding appropriate contacts for needed services as well as scheduling assessment appointments for Medi-Cal beneficiaries. Access line staff also refer callers to Mental Health Services Act programs for assessment. The access line is answered 24 hours a day, seven days a week. Access line staff are bilingual and bicultural in Spanish and Assyrian. Outside of normal business hours, the calls are forwarded to the warm-line at the Community Emergency Response Team. An outside answering service takes calls when warm-line staff are unavailable to ensure access at all times.

## Assessment Services

In Fiscal Year 2011-2012, 619 contacts for 617 adult beneficiaries were provided.

The Community Emergency Response Team continues to take responsibility for most initial Medi-Cal assessments for adult Medi-Cal beneficiaries. This action makes the Community Emergency Response Team truly the front door for adults who are Medi-Cal beneficiaries. It also allows Adult System of Care regional teams the ability to refocus on providing services for individuals already receiving services. This continues to be important as the Adult System of Care manages its limited resources to provide crucial services. In response to client needs, 65 assessments were provided in Turlock as compared to 35 the year before.

Assessments for children and older adults continue to be provided at the respective programs. Callers referred to Mental Health Services Act programs are assessed by the programs. Screening for uninsured callers is provided as resources permit. All programs are staffed with bilingual, Spanish-speaking staff or have the ability to access language assistance when needed.

The goal is to schedule a Medi-Cal assessment within 30 days of the initial call. During Fiscal Year 2011-2012, 99% of 793 adult, 84% of 565 children and adolescents and 89% of 28 older adult Medi-Cal beneficiaries were scheduled for assessments within 30 days. The results for older adult individuals show a significant decrease in the number of people receiving assessments. The results for children show improvement over the previous year, and we expect the trend to continue. The data for children and adolescents only includes those who were assessed by County program staff, as there is no reliable way to track assessments by contract agency programs. However, the ability to track all completed assessments by contract agency programs will soon be available.

The Electronic Health Record is currently being implemented. This will substantially improve the ability to capture and monitor data. Organizational providers will also use the new system, thus, more accurate information about assessments for children and adolescents will be available.

## Managed Care Administration

Managed Care Administration staff engage in a variety of activities including authorization of Medi-Cal services, reviewing inpatient documentation for medical necessity, quality assurance, payment of claims and processing appeals. Utilization Management includes two full-time clinical staff who authorize ongoing outpatient services, manage inpatient medical necessity reviews and manage authorization processes for foster children placed out-of-county who need mental health services. Utilization Management clinical staff are also available to provide support to hospital providers through concurrent discussions of medical necessity, which has helped to clarify provider understanding of medical necessity and reduce denied days. Utilization Management clerical staff receive and track provider appeals. This year, there were 429 Medi-Cal and 361 uninsured provider appeals for denied services processed. Almost all of these are for denied inpatient days. The majority of the appeals are from Doctors Behavioral Health Center. The Mental Health Plan Administrator and the Utilization Management Coordinator ensure that appeals are processed according to regulatory requirements.

### Collaborative efforts

- The Department of Health Care Services changed the process by which they assess client and family satisfaction with Mental Health Plan services. During Fiscal Year 2011-2012, we received 1,857 responses.
- Behavioral Health and Recovery Services strongly believes in the value of obtaining client and family member feedback and continues to conduct a department-wide survey in May even though not required. Again this year, we employed consumer and family members to provide assistance to clients and family members at each site.
- Members of Doctors Behavioral Health Center administration and Behavioral Health and Recovery Services administration meet quarterly to review Doctors Behavioral Health Center's quality indicators. Members of the Mental Health Board Managed Care Committee also participate.

### **Accomplishments**

- The number of Managed Care services and unique clients increased significantly over the previous year.
- Warm-line staff responded to less calls between July 1, 2011 and December 31, 2011 as they did during the same period in 2010.
- Managed Care staff are actively involved in the implementation of the new information system and electronic health record.
- A very successful customer perception survey was conducted in May 2012. Of the 1,857 clients and family members who responded, 81% were generally satisfied with the services they received.
  - 80% of older adults gave favorable responses
  - 80% of adults reported satisfaction
  - 80% of child and adolescents responded favorably
  - 84% of family members of children and adolescents indicated satisfaction
- 107 individuals completed Spanish-language surveys. 91.5% of these clients and family members reported general satisfaction with services.
- 99% of adult Medi-Cal beneficiaries had assessments scheduled within 30 days of initial call. 89% of older adult and 84% of child/adolescent beneficiary assessment were scheduled within 30 days.
- Challenges continue in the area of reducing disparities in access to services; our measures of client retention are slightly lower than last fiscal year across ethnic groups. Across ethnic groups, between 67% and 82% of clients receive more than two visits in the six months after they begin receiving services.
- Behavioral Health and Recovery Services had a very successful State Department of Mental Health Systems Review site visit in January 2011. The Department of Mental Health review team stated that they were impressed with the organization and with the very few areas of noncompliance.

## **Challenges**

- Limited resources for uninsured individuals
- Limited resources available in the outlying areas of the county, especially the west side
- Uncertainty about effects of new realignment and changes at State level
- Managing high volume of provider appeals for denied hospital days
- Managing the increase in hospitalizations of the uninsured

## IMPACT COMMITTEE

**Committee Chair:** Catherine Szakmary

The Impact Committee began as an ad hoc committee of the Mental Health Board to increase the impact of the Stanislaus County Mental Health Board. The Bylaws of the Board were amended in July 2006 to change the Impact Committee from an ad hoc committee to a standing committee of the Board.

The Impact Committee's charge includes working toward changes that maximize the effective delivery of quality mental health care in Stanislaus County. To increase the education and involvement of Board members, it was decided that the Committee would focus on onsite program monitoring. This would allow members to gain a more comprehensive overview of each program. With the passage of the Mental Health Services Act (MHSA), the Committee made the decision to become educated with regard to MHSA funded programs and monitor the quality and effectiveness of services offered by these programs. This year, the Committee focused on site visits to Prevention and Early Intervention Programs. Members meet and talk with consumers and staff of the Prevention and Early Intervention programs during each site visit. Committee members review program indicators and outcomes and evaluate the effect programs have on clients' mental health.

This year, the Impact Committee made site visits to the following programs:

- Promotoras/Community Health Outreach Worker Programs in Ceres, Turlock, Patterson, Hughson, Waterford, Oakdale and Riverbank
- PEARLS, the Older Adult Resiliency and Connectedness Program
- Nurtured Heart School/Behavioral Health Integration Program
- Health/Behavioral Health Integration Programs at Health Services Agency and Golden Valley Health Centers

Committee members also toured the Martin Gipson Socialization Center in Stockton. This is a community re-entry program which provides health and wellness classes, consumer empowerment groups, job readiness and vocational services and recreational activities in community. Following this visit, the Mental Health Board met at California State University, Stanislaus and requested a presentation on the Applied Behavioral Analysis program, which is used at the Gipson Center. Members continue to explore ways of adding programming to the Consumer Empowerment Center, a Mental Health Services Act program provided through a contract with Turning Point Corporation.

The Committee will continue to look at program outcomes and make appropriate recommendations to Behavioral Health and Recovery Services. The Committee will continue to review Prevention and Early Intervention programs as well as other programs funded by Mental Health Services Act funding.

## **PRIORITIES/CHALLENGES**

In the coming year the Mental Health Board will face a number of challenges similar to those faced by the Behavioral Health and Recovery Services including the following:

- With the passage of the Mental Health Services Act (Proposition 63), Mental Health Board members have been busy assisting BHRS with the planning and implementation processes. The Mental Health Board plans to be active in assisting Behavioral Health and Recovery Services in monitoring program outcomes for Mental Health Services Act programs. The Mental Health Board will assist the organization in monitoring Innovation projects. Additionally, the Mental Health Board will conduct public hearings as needed to comply with Mental Health Services Act statutes.
- The Mental Health Board will continue to hold joint meetings with the Advisory Board on Substance Abuse Programs regarding mental health and alcohol and drug program issues that support the Behavioral Health and Recovery Services strategic goal of behavioral health integration.
- Mental Health Board members are invested in ensuring that the psychiatric hospital, Doctors Behavioral Health Center, provides excellent care and treatment to individuals with a mental illness. Members attend the citizen advisory board established by Doctors Behavioral Health Center to oversee operations at the psychiatric hospital. Doctors Behavioral Health Center staff have also been invited to present to the Mental Health Board on a monthly basis.
- Additionally, the Board will continue to advocate for adequate resources to address the significant unmet needs for mental health services that exist in Stanislaus County. Over the past several years, there have been significant reductions in services due to reductions in State funding; failure of the State to pay for certain mandated services and a lack of funding for the increased costs of doing business. This has resulted in services being reduced, especially services to individuals with no public or private health insurance coverage. This has hit especially hard on those adults and older adults in need of routine or intensive outpatient services to maintain their independence in the community. It has also hurt the Department's administrative infrastructure that is necessary to meet the ever-increasing funding and compliance requirements.
- Collaborative efforts were a high priority during the preceding year, and remain so during the tenuous budget years Behavioral Health and Recovery Services has experienced, and will continue to do so for some time. The need to pool resources between public and community agencies as well as information sharing between other Mental Health Boards remains a primary objective. Members will continue to participate on the California Association of Local Mental Health Boards and Commissions and will continue to seek information and work with others in the mental health community.
- Mental Health Board members will be heavily involved in Behavioral Health and Recovery Services' efforts to strengthen communities' capacities to promote the well being of its members and to promote emotional health in Stanislaus County.