

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

DEPT: Behavioral Health and Recovery Services *ms*

BOARD AGENDA # B-5

Urgent

Routine

AGENDA DATE September 18, 2007

CEO Concurs with Recommendation YES NO
(Information Attached)

4/5 Vote Required YES NO

SUBJECT:

Consideration of the Mental Health Board Annual Report

STAFF RECOMMENDATIONS:

Accept the Mental Health Board Annual Report.

FISCAL IMPACT:

There is no fiscal impact associated with this item.

BOARD ACTION AS FOLLOWS:

No. 2007-758

On motion of Supervisor Monteith, Seconded by Supervisor Grover

and approved by the following vote,

Ayes: Supervisors: Mayfield, Grover, Monteith, DeMartini, and Chairman O'Brien

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) Approved as recommended

2) Denied

3) Approved as amended

4) Other:

MOTION:

Christine Ferraro

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

File No.

DISCUSSION:

It is the responsibility of the Stanislaus County Mental Health Board to submit an Annual Report to the Board of Supervisors on the needs and performance of Stanislaus County's mental health system. Attached is the Mental Health Board Annual Report.

This has been an active year for the Mental Health Board. The Mental Health Board has been extensively involved in several initiatives, which include the following:

- Much of the work of the Mental Health Board during the past year has been focused upon assisting Behavioral Health and Recovery Services with the ongoing planning and implementation of the Stanislaus County Community Services and Supports Three-Year Plan for services funded by the Mental Health Services Act (MHSA). The Mental Health Board co-sponsored and/or participated in a number of workgroup and committee meetings conducted for all aspects of planning and implementation, including Representative Stakeholder Steering Committee meetings, a workgroup convened by the Director to create alignment on the concepts surrounding peer and family support, a facilitated workgroup to develop recommendations for policy and procedures related to consumers and family members on boards and committees, as well as statewide consumer forums and stakeholder meetings. The Mental Health Board also was responsible for holding a Public Hearing to solicit input on the Implementation Progress Report prior to submission to the State.
- With the closure of three regional service sites this year in the communities of Patterson, Ceres and Oakdale due to budget shortfalls and the imminent sale of Stanislaus Behavioral Health Center to Doctors Medical Center, the Mental Health Board was cognizant of the fact that staff were under a great deal of stress and these changes may be affecting staff morale. Consequently, members decided to team with Advisory Board on Substance Abuse Programs members and present each staff member a certificate of appreciation for a job well done. Members attended staff meetings and presented each staff member with an individualized certificate of appreciation from both Boards.
- The Mental Health Board held joint meetings with the Advisory Board on Substance Abuse Programs to better understand and plan for services to persons with co-occurring disorders (mental health and substance abuse). Topics of discussion included the Integrated Dual Diagnosis Treatment Program, cultural competency training, and the Co-Occurring Disorder Treatment Program at Stanislaus Recovery Center.
- The Mental Health Board heard and commented on reports related to the proposed County Budget submission for Behavioral Health and Recovery Services and the Performance Contract with the State.

- Several members attended training for Mental Health Board members on the Mental Health Services Act in addition to attending Statewide training for Mental Health Board members on their roles and responsibilities.
- The Transitional Age Youth Drop In Center has an established youth advisory council, which was central in naming the Drop In Center Josie's Place after a well-liked staff person who was tragically killed in an accident. The Council presented the recommended name change to the Mental Health Board who, in turn presented the recommendation to the Board of Supervisors who approved the name change.

Members identified the following priorities for the Mental Health Board:

- The Mental Health Board will continue to hold joint meetings regarding mental health and alcohol and drug program issues that support the Behavioral Health and Recovery Services strategic goal of behavioral health integration.
- With the passage of the Mental Health Services Act (Proposition 63), MHB 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 the continued implementation of the approved three-year plan for the Mental Health Services Act and in monitoring program outcomes. The Mental Health Board will also assist the organization in the planning and implementation of its efforts around Mental Health Services Act funding for Workforce Development, Education and Training, Prevention and Early Intervention, Capital and Information Technology, Housing, and Innovation. Additionally, the Mental Health Board will conduct public hearing need to comply with Mental Health Services Act statutes. Members will also monitor outcomes of Mental Health Services Act programming.
- Mental Health Board members are invested in ensuring that the psychiatric hospital provides excellent care and treatment when the sale of Stanislaus Behavioral Health Center to Doctors Medical Center is finalized. Members have met with the Chief Executive Officer of Doctors Medical Center to request that the Mental Health Board is represented on any advisory board that is established to oversee operations at the psychiatric hospital.
- The Mental Health 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 programs being eliminated and 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. While funding from the Mental Health Services Act will help, it will not compensate for the amount of reductions that have occurred.

- During strong economic conditions in the State and County, Behavioral Health and Recovery Services has been able to initiate new and innovative programs within Stanislaus County, and many collaborative relationships have been developed to meet those objectives. However, with the current budget situation resulting in program closures and reduced services, it is more important than ever to find the means of maintaining the forward momentum vital to meeting the needs of the mentally ill in our community. The Mental Health Board is committed to working with Behavioral Health and Recovery Services and the Board of Supervisors to see that the funds necessary to maintain essential programs and services are provided.
- The Board has always had more than its share of family members and consumers, but lacked ethnic diversity. A high priority for the Board is to open communications with representatives of cultural communities and to solicit input and active involvement from those groups. Members continue to seek increased input from consumers by way of Board membership and consistent reporting from consumer groups.
- Collaborative efforts were a high priority during the preceding year, and remain so during the tenuous budget year Behavioral Health and Recovery Services is experiencing, and will continue to do so for some time. The need to pull resources between public and private agencies as well as information sharing between other Mental Health Boards remains a primary objective. We will continue to seek information and work with others in the mental health community.

Representatives of the Mental Health Board will be present at the meeting to present the report and answer any questions you may have.

POLICY ISSUES:

Welfare and Institutions Code Section 5604.2 requires that the Stanislaus County Mental Health Board submit an annual report to the Board of Supervisors on the needs and performance of the County's mental health system. Submission of the annual plan supports the Board's priorities of effective partnerships and the efficient delivery of public services in collaboration with public and private partnerships.

STAFFING IMPACT:

There are no staffing impacts associated with this item.



Stanislaus County Mental Health Board

Annual Report

Presented to the Stanislaus County
Board of Supervisors
September 2007

ANNUAL REPORT TO THE BOARD OF SUPERVISORS

September 18, 2007

**INTRODUCTION
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**ADULT SYSTEM OF CARE
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FORENSICS SERVICES
CHILDREN'S SYSTEM OF CARE
STANISLAUS BEHAVIORAL HEALTH CENTER
MANAGED CARE SERVICES
MENTAL HEALTH SERVICES ACT PROGRAMS**

CHALLENGES

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

INTRODUCTION

The Mental Health Board (MHB) is appointed by the Board of Supervisors to be an advisory body to them and the local Mental Health Director. The role of the Mental Health Board is established in statute 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. Thus, 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 (BHRS). 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 16 members on the Board, comprised of consumers of mental health services, family members of consumers and others interested and concerned about the mental health system. 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 setting 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. Those

committees currently consist of Adult System of Care Committee, Older Adult System of Care Committee, Children's System of Care Committee, Stanislaus Behavioral Health Center/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 met twice-yearly with the Advisory Board on Substance Abuse Programs to address issues around co-occurring disorders (mental health and alcohol and drug).

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 mental illness in Stanislaus County must be given the utmost priority in terms of continued support and resources to maintain the excellent 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 and the community as a whole. Those who experience serious and persistent mental illness are often homeless, involved in substance abuse and, oftentimes, fall into criminal activity, which can have a profound 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 the Mental Health Board urges the Board of Supervisors to continue its support to Behavioral Health and Recovery Services and the work it has yet to complete.

With the passage of the Mental Health Services Act (Proposition 63), Mental Health Board members have also been busy assisting Behavioral Health and Recovery Services with the planning and implementation processes. Over the past year, the Mental Health Board has been involved in the ongoing planning and implementation of the Stanislaus County Community Services and Supports Three-Year Plan for services funded by the Mental Health Services Act (MHSA). The Mental Health Board co-sponsored and/or participated in a number of workgroup and committee meetings conducted for all aspects of planning and implementation, including Representative Stakeholder Steering Committee meetings, a workgroup convened by the Director to create alignment on the concepts surrounding peer and family support, a facilitated workgroup to develop recommendations for policy and procedures related to consumers and family members on boards and committees, as well as statewide consumer forums and stakeholder meetings. The Mental Health Board conducted a public hearing with regard to the MHSA Implementation Progress Report prior to its submission to the State. While MHSA funding is designed to support innovative programming and is focused upon increased community, consumer and family member involvement in the planning and delivery of services, it is only the beginning of transforming how mental health services are delivered to those experiencing severe mental illness or emotional disorders. There will continue to be individuals and populations who are significantly unserved and underserved in Stanislaus County.

During strong economic conditions in the State and County, Behavioral Health and Recovery Services has been able to initiate new and innovative programs within Stanislaus County, and many collaborative relationships have been developed to meet those objectives. However, the portion of the budget for Behavioral Health and Recovery Services that supports programming not funded under the Mental Health Services Act has not kept pace with increased expenses and there are significant shortfalls anticipated now and in the future. With the current budget

situation resulting in program closures and reduced services, it is more important than ever to find the means of maintaining the forward momentum vital to meeting the needs of individuals with mentally illness in our community. The Mental Health Board is committed to working with Behavioral Health and Recovery Services and the Board of Supervisors to see that the funds necessary to maintain essential programs and services are provided.

Collaborative efforts were a high priority during the preceding year, and remain so during the tenuous budget year Behavioral Health and Recovery Services is experiencing, and will continue to experience for some time. The need to pool resources between public and private agencies as well as information sharing between other Mental Health Boards remains a primary objective. We will continue to seek information and work with others in the mental health community.

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, Managed Care Services** and the **Stanislaus Behavioral Health Center**. Behavioral Health and Recovery Services is responsible for a budget of nearly \$87.3 million and a staff of approximately 534. Behavioral Health and Recovery Services serves approximately 13,000 clients per year. This past year, the Mental Health Board has faced many challenges and is preparing for the years that are ahead.

EXECUTIVE SUMMARY

This has been an active year for the Mental Health Board. The Mental Health Board has been extensively involved in several initiatives, which include the following:

- Much of the work of the Mental Health Board during the past year has been focused upon assisting Behavioral Health and Recovery Services with the ongoing planning and implementation of the Stanislaus County Community Services and Supports Three-Year Plan for services funded by the Mental Health Services Act (MHSA). The Mental Health Board co-sponsored and/or participated in a number of workgroup and committee meetings conducted for all aspects of planning and implementation, including Representative Stakeholder Steering Committee meetings, a workgroup convened by the Director to create alignment on the concepts surrounding peer and family support, a facilitated workgroup to develop recommendations for policy and procedures related to consumers and family members on boards and committees, as well as statewide consumer forums and stakeholder meetings. The Mental Health Board also was responsible for holding a Public Hearing to solicit input on the Implementation Progress Report prior to submission to the State.
- With the closure of three regional service sites this year in the communities of Patterson, Ceres and Oakdale due to budget shortfalls and the imminent sale of Stanislaus Behavioral Health Center to Doctors Medical Center, the Mental Health Board was cognizant of the fact that staff were under a great deal of stress and these changes may be affecting staff morale. Consequently, members decided to team with Advisory Board on Substance Abuse Programs members and present each staff member a certificate of appreciation for a job well done. Members attended staff meetings and presented each staff member with an individualized certificate of appreciation from both Boards.
- The Mental Health Board held joint meetings with the Advisory Board on Substance Abuse Programs to better understand and plan for services to persons with co-occurring disorders (mental health and substance abuse). Topics of discussion included the Integrated Dual Diagnosis Treatment Program, cultural competency training, and the Co-Occurring Disorder Treatment Program at Stanislaus Recovery Center.
- The Mental Health Board heard and commented on reports related to the proposed County Budget submission for Behavioral Health and Recovery Services and the Performance Contract with the State.
- Several members attended training for Mental Health Board members on the Mental Health Services Act in addition to attending Statewide training for Mental Health Board members on their roles and responsibilities.
- The Transitional Age Youth Drop In Center has an established, which was central in naming the Drop In Center Josie's Place after a well-liked staff person who was tragically killed in an accident. The Council presented the recommended name change to the Mental Health Board who, in turn presented the recommendation to the Board of Supervisors who approved the name change.

- The Board has always had more than its share of family member and consumer members, but lacked ethnic diversity. A high priority for the Board was to solicit input and active involvement from diverse individuals. The Board has been successful in recruiting two Latino members due to these efforts. The Board continues to see increased input from consumers by way of Board membership and consistent reporting from consumer groups.

This report is similar to the past reports presented to the Board of Supervisors. The following pages will detail the different Systems of Care within Behavioral Health and Recovery Services and outline some of the programs serving the residents of Stanislaus County. The Board looks forward to the challenges facing the County, and will continue working towards providing the best service and the most accurate information available to you, the Board of Supervisors, as well as the community.

**MENTAL HEALTH BOARD
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

Shirley Foerster, Chair

Robert Angell, Vice Chair

Charles E. Aguilar

Francisco Alvarez

Christopher Cataline

Michelle Cull

Tyler Downing

John J. Jacisin, M.D.

Kimberly Kennard-Lyke, DSW

Chip Langman

Supervisor Dick Monteith

Lionel Miguel

Betty Jean Morganti

Catherine Szakmary

Jack Waldorf

ADULT SYSTEM OF CARE

Committee Chairs: Shirley Foerster and Lionel Miguel

Budget: \$14,511,103

Services Provided: 1,841 individual clients served and 95,254 services provided

The Adult System of Care (ASOC) continues to go through great changes. Budget reductions in the Adult System of Care continue to impact services to adults with a serious mental illness for the fourth consecutive year. Last year, the Adult System of Care saw the closing of three of six outpatient regional clinics. Site closures were in the communities of Patterson, Ceres and Oakdale. Adjustment to these reductions has been difficult, but has proceeded relatively smoothly due to the dedicated efforts of staff. The cities of Oakdale, Ceres and Patterson have some psychiatric appointments for consumers offered in those locations. Peer support groups are available as well. Staff from the remaining two regional service sites in Modesto and Turlock provide field-based case management services in those locations. However, the overall capacity of the regional team system has decreased by over 350 treatment slots; this is nearly a 30% reduction in the service capacity of the Adult System of Care. Medi-Cal recipients and other high-risk individuals have been prioritized to receive services first. Alternative referrals to other community providers are being made for those consumers who cannot be served.

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 Community Services Agency's Hackett Road and Turlock sites and at the Stanislaus Recovery Center site in Ceres. Integrated alcohol and drug treatment continues to be provided at many Adult System of Care locations. The Integrated Dual Diagnosis Treatment project also is continuing at the Regional Team service locations in Modesto and Turlock.

The Mental Health Services Act programs in the Adult System of Care are fully implemented and operational. Expanded homeless outreach service on the Westside of Modesto and the addition of a Transition Age Youth drop-in center are two of these efforts. Contracts with King Kennedy West Modesto Neighborhood Collaborative and El Concilio for outreach efforts have been implemented as well.

Housing and housing support services continue to be a major focus of Adult System of Care services. Employment, job training and supported employment services are an increased focus for the Adult System of Care. Independent Living, collaboration with medical care providers, education and coping skills are key areas of service as well. Recovery and peer support services continue to be expanded with the idea that not all consumers need to be clients for life and that graduation out of the mental health system can be a positive recovery result.

AB 2034 Services

Stanislaus Homeless Outreach Program (SHOP) – an Assertive Community Treatment team, which serves adults who are homeless and have a serious mental illness and provides continuous street outreach to underserved adults who are homeless and have a serious mental illness. The Mental Health Services Act has funded an expansion of the Stanislaus Homeless Outreach Program specifically targeting the west side of Modesto to increase capacity and to address disparities in access and quality of care.

The Garden Gate Respite Center – primarily designed to aid local law enforcement and the Stanislaus Homeless Outreach Program by providing emergency supervised shelter for adults with serious mental illness, who, if left on the street, would be subject to victimization or misdemeanor arrests or citations. The Mental Health Services Act is funds an expansion of four additional beds for longer-term engagement.

The Adult System of Care has significantly expanded housing opportunities for mental health consumers by increasing the number of transitional and permanent housing units currently available to this population. This past year, the greatest growth has been in permanent housing.

Employment Services

Employment services are available to current Adult System of Care consumers interested in pre-employment training, education and access to Department of Rehabilitation services.

Turning Point Employment Services Program has expanded its career exploration component by adding more janitorial contracts as well as starting a landscaping crew with several contracts to provide these services. The program now has a group of on-call paid consumers to provide assistance with independent living skills to consumers who are homeless or at risk of losing their housing due to lacking these necessary skills. The independent living skills component is fully in place.

Transitional Age Youth Services

The Transitional Age Young Adult service team is an AB 2034 funded service designed to serve young adults ages 18 to 24 with serious mental illness who demonstrate interest and readiness for self-reliance, but require certain supports to achieve this independence. Youth that are “aging out” of the Children’s System of Care as well as young adults with newly emerging mental illness make up the target population.

The Transition Age Youth Drop in Center, Josie’s Place, is a Mental Health Services Act funded program for youth ages 16 to 24. It is planned as the hub of all transition age youth services. Space is provided for other programs that provide services to this age group as well as clients of the Children’s’ System of Care. It is also a resource clearing house for this age group. There is an established Young Adult Advisory Council that is actively providing input and direction for Josie’s Place activities. The Young Adult Advisory Council was central in the naming of the drop in center Josie’s Place after a well-liked staff person was tragically killed in an accident. The Council recommended the name change to the Mental Health Board who, in turn, presented the recommendation to the Board of Supervisors who approved the name change.

Wellness Recovery Center

The Wellness Recovery Center offers services for adults with serious and persistent mental illness who are seeking recovery through self-management and peer support. Peer facilitated groups and activities are free of charge. Medication services are also provided to those consumers who no longer need intensive case management or other services usually provided through regional services. The Wellness Recovery Center 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. West Modesto and Turlock Regional Teams are also each developing a wellness recovery level of care component linked to the Wellness Recovery

Center in Modesto. Wellness Recovery efforts rely on consumer volunteers and provide opportunities for consumers to help support other consumers. Wellness recovery components are being added to all Adult System of Care programs. Wellness Recovery staff have begun monthly wellness celebrations for consumers and family members to share recovery successes. Mental Health Board members have attended these celebrations.

Turning Point Integrated Service Agency

The Integrated Service Agency is intended to be 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 employment and appear able to sustain this level of stability without intensive services, they are offered less intensive services provided by the Adult System of Care.

This program has been very successful in transitioning individuals from the State Hospital and locked facilities into the community.

Challenges

- Maintaining a collaborative relationship with psychiatric hospital staff as the hospital transitions from Behavioral Health and Recovery Services to Doctors Medical Center
- Wellness recovery approach and continued use of the Milestones in Recovery and increased peer and family involvement, including expanded use of peer support groups
- Providing culturally competent services within the Adult System of Care
- Supported housing system
- Employing consumers

OLDER ADULT SYSTEM OF CARE

Committee Chair: Jack Waldorf

Budget: \$1,764,564

The past year has brought many changes to the Older Adult System of Care. With the initiation of the Mental Health Services Act, the Senior Access Resource Team was established as a Full Service Partnership program and changed the entire format for this system of care.

The Senior Access Treatment Team remained unchanged, focusing on psychiatric and medical care as well as independent living, employment and housing services. The Senior Access Treatment Team worked hand in hand with the Senior Access Resource Team and continues to do so.

The Mental Health Services Act allowed for an intensive level of services for underserved and unserved seniors of Stanislaus County with the Senior Access Resource Team. This team serves clients who were at risk of homelessness, those with co-occurring substance abuse disorders, those who are functionally impaired, and those who have frequent visits to an Emergency Room as well as frequent hospitalizations. The team provided a “whatever it takes” attitude to care for and support these clients. Among the services provided were case management, medication support and education, and individual therapy.

The Senior Access Resource Team began services in June 2006. It started slowly because of incomplete staffing. The program was fully staffed by November 2006, and the client caseload went from 6 to 44.

There were 309 referrals to the Older Adult System of Care, an increase from 284. The client make up of the Older Adult System of Care is as follows: 50% live independently, 70% are Caucasian, 21% are Hispanic, 3% African American, and 5% are from other ethnic groups.

Restoring a client’s level of functionality by way of case management, medication support, management of health issues and therapy are the focal points of service. This was accomplished through the intensive level of services provided by the Senior Access Resource Team. Having the ability to be available to serve clients 24 hours a day, 7 days a week has proven successful in allowing clients to move from being homeless to a board and care facility or to move from a hostile and abusive living situations to safe and sober housing.

Alcohol and Drug Prevention is an ongoing concern, and is addressed through group as well as individual sessions throughout the community several times a month. In addition, peer support services are in the planning stages, as well as bilingual support and educational groups.

Priorities:

- Continue to make cultural competence a priority in the Older Adult System of Care.
- Build a strong peer support network within the program to ensure ongoing peer support groups.

- Continue to assess and increase membership in the Senior Access Resource Team.
- Work toward the graduation of clients to a lower level of care as well as graduating clients back into the community, living independently

- Model services with a strength based approach

- Continue to use the Milestones in Recovery as a guide and focus for programming

Challenges:

- Establishing a consistent transportation system to facilitate a client's ability to participate in all activities.

- Adjusting to the upcoming challenge of the Reduction in Force due to the sale of Stanislaus Behavioral Health Center and maintaining team morale.

- Establishing a mobile support/educational group, to facilitate reaching the monolingual Spanish speaking community.

FORENSICS SERVICES

Criminal Justice Oversight Committee Chair: Jack Waldorf

Forensic Services is a new System of Care for Behavioral Health and Recovery Services, and was established in recognition of the collaborative efforts currently underway with the Criminal Justice System and a commitment to further such partnerships.

The Criminal Justice Oversight Committee is a relatively new committee of the Stanislaus County Mental Health Board. Membership of the Committee includes Mental Health Board members, judicial representation, Probation Department representatives, local law enforcement representatives, Sheriff's Department representatives, California Forensic Medical Group, 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 October of 2006, local booking data was reviewed in preparation of applying for the Mentally Ill Offender Crime Reduction Grant. Over an 18-month period, 23% of the individuals booked into the Stanislaus County Safety Center had had some contact with Behavioral Health and Recovery Services, 12% were currently open and receiving services, and 47% of individuals booked who had had contact with Behavioral Health and Recovery Services were rearrested during that 18-month period. Behavioral Health and Recovery Services feels this illustrates the ongoing need for collaborative efforts between the Criminal Justice System and the organization to better serve adults with serious and persistent mental illness in our 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 Sheriff's Department, Stanislaus County Behavioral Health and Recovery Services, and the Stanislaus Chapter of National Alliance on Mental Illness. The goal of the 40-hour training academy is as follows:

- Reduce use-of-force incidents by officers when encountering emotionally disturbed individuals;
- Reduce related injuries to officer and citizens;
- Reduce misdemeanor arrests among the seriously mentally ill population;
- 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.

Three academies have been successfully completed. The goal is to complete two academies a year.

Restorative Policing - This committee is a forensic, multi-disciplinary group that meets to guide a community policing effort. This effort is sponsored by the Modesto Police Department. The committee continues to meet monthly (under W & I 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 with their community decreasing the calls for service with law enforcement.

Mental Health Court – The Sheriff’s Department, in partnership with several other agencies, was successful at 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 assessed needs. The key objective is to prevent the incarceration of individuals with a serious and persistent mental illness by securing their release from the jail for appropriate community intervention and treatment services. Mental Health Court began in April 2007.

Integrated Forensic Team – The Integrated Forensic Team is an Mental Health Services Act funded Full Service Partnership program. This program makes court-accountable case management services available to 40 individuals with a serious mental illness and/or a co-occurring substance abuse disorder. Services include crisis response, peer support, alternatives to jail, re-entry support and housing and employment services. The Integrated Forensics Team has served a total of 54 individuals and they are currently serving 30 individuals.

CHILDREN'S SYSTEM OF CARE

Committee Chair: Robert Angell

Budget: \$ 17,331,421

Services provided: 4,409 individual clients served and 109,308 services provided

Programming Overview and Changes

The Children's System of Care continues to provide services throughout Stanislaus County to children with serious emotional and behavioral disturbance and their families. In most cases, these services are provided in collaboration with agencies that serve children. Children's System of Care teams are co-located with Child Welfare; Probation; Juvenile Hall; Special Education; Health Services Agency; numerous school sites (23), as well as Headstart and preschool sites; family day care providers; and Family Resource Centers.

The model of service provision for the Children's 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; out of trouble; as well as improving the child's and family's functioning. The System's core values are 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. These core values are consistent throughout Children's System of Care programming. The collaborative partnerships developed over the past 14 years have had a tremendous positive impact on how services are provided. By working with multidisciplinary teams, families and youth are able to have an integrated plan of service and access the resources of each partner agency. Many of the Children's System of Care programs have shared funding, and all programs are developed in partnership with families, agencies and staff. The ability of the Children's System of Care programming to produce excellent outcomes is the result of this collaboration. Currently, the Mental Health Services Act essential elements are incorporated into the Children's System of Care values: community collaboration, cultural competence, client and family driven services, wellness recovery and resiliency focus, and integrated services for clients and families.

Accomplishments

The current focus for the Children's System of Care is to work within the budget limitations inherent this year, to continue to build partnerships, continue the successful implementation of the Mental Health Services Act programming (Families Together, and Aggression Replacement Treatment Team at Juvenile Justice), and continue with positive programming as an alternative to hospitalization for children and youth. With the closure of the children's psychiatric unit in September 2006, the Aspira Stabilization Program was developed to divert youth to this highly intensive alternative in-home program to avoid out-of-county hospitalizations for children and youth. This has been a very successful alternative to inpatient programming. As well, growth in fiscal resources for children ages 0 to 5 occurred this year, with expanded childcare consultation and direct services.

Highlights of accomplishments of the past year include:

- Development of planning for Mental Health Services Act in the areas of Prevention and Early Intervention
- Development of the Cornerstones of Empowerment which focuses on the rights and responsibilities of consumers and families
- The ongoing development of the Children's System of Care Committee of the Mental Health Board
- Successful implementation of the Aspira Stabilization Program as an alternative to hospitalization
- Very successful outcomes in the Aggression Replacement Program, and a plan for adding this to other sites, with training from the Juvenile Justice Program staff
- Increased successful graduations from Juvenile Drug Court
- Successful implementation of Families Together, an expansion of the Family Partnership Program, developed by parents through the Mental Health Services Act process, which includes a parent drop in center (Maggie's Place), expanded independent living skills programming in partnership with Center for Human Services, and expanded availability of services
- The continued support of the Family Partnership Consulting Committee
- The successful submission of a grant to the Children's and Families Commission to fund additional services to children ages 0 to 5 and their families
- Development of a strategic plan to expand drug and alcohol services to all Children's System of Care sites

Challenges

- Building new programming and continuing to serve families with multiple needs while facing large budget deficits
- Additional paperwork and outcomes tied to new funding
- Continuation of work on the transformation of the Children's System of Care, while including consumers and their families in all levels of decision-making
- The focus on resiliency in the Mental Health Services Act will be somewhat of a paradigm shift for staff and necessitate training and new approaches
- Increases in the severity of the emotional problems of children, youth and families served by the Children's System of Care

Priorities and Outcomes

The Children's System of Care evaluates its performance in a number of areas and these outcomes are the guides by which the System of Care develops strategies for successful service provision. With 14 years of data collection experience, there is a wealth of information, including the following:

Reduction in Out-of-Home Placement

Currently, Stanislaus County has the lowest out-of-home placement rates in the State for placements in the highest levels of care. No children from Stanislaus County reside in the highest level of care community treatment facilities and no children from Stanislaus County have entered the State Hospital in over ten years. Currently, 90% of children active in treatment this past year remain at home.

Increase in Client Functioning

Currently, 53% of children have significant improvement in functioning. This is an increase of 5% from last year.

Reduction in Recidivism

Currently, 92.2% of youth being served in the Juvenile Justice Mental Health System have not re-offended. Ninety percent of the youth discharged had no re-offenses in the six months post treatment. These rates have been at 85% to 90% for the last six fiscal years.

In Juvenile Drug Court, 92% of clients who graduate have not re-offended. Eighty-one percent of drug tests were negative. Six clients graduated from Juvenile Drug Court.

Stay in school

Ninety-two percent of the students have attended over 80% of scheduled school days. This goal has been at 85% or higher for the last six fiscal years.

Client Satisfaction

Currently 84.8% of youth and caregivers are satisfied with services, up six percent from last year. Youth are satisfied at the rate of 84% and caregivers at the rate of 85 %.

Cultural Competence

The Children's System of Care has a very diverse staff. All programs have bilingual clerical support, and a minimum of one full-time staff person in all job classifications per program are bilingual in Spanish. Currently, the diversity of 90 staff employed by the Children's System of Care is as follows:

- Hispanic: 32.5%
- African American: 10%
- Portuguese: 4.4%
- Assyrian: 1.2%
- Native American: 1%

- Caucasian: 54%
- South East Asian: 3.6%

Ethnicity of Clients:

Currently the Children's System of Care serves the following diverse client families:

- Hispanic: 37%
- African American: 7.2%
- Asian American: 2.3%
- Native American: 1.2%
- Caucasian: 50%

Focus with regard to cultural competence will include having a better presence in the South East Asian community and increasing the number of bilingual Spanish speaking staff. As the Children's System of Care has successfully increased access to more Hispanic families, increased efforts will be made in recruiting multilingual staff. With hiring freezes and fiscal deficits, this will be a challenge, but is an important focus. Continued training of staff in a variety of areas related to cultural competence is ongoing, with additional training in Spirituality in Clinical Practice and Consumer Culture.

STANISLAUS BEHAVIORAL HEALTH CENTER

Committee Chair: Robert Angell

Budget: \$19,264,000

Services provided: 16,702 patient days and 3,837 admissions.

Average Daily Census: 46

Stanislaus County purchased Stanislaus Behavioral Health Center in 1994. It came under the operating licensure of Doctors Medical Center in 1997, forming a public and private partnership. Stanislaus Behavioral Health Center of Doctors Medical Center functions under the policies and procedures of Doctors Medical Center. The 67-bed facility provides 24-hour psychiatric inpatient services for adults, children and adolescents

All services offered on this 10-acre campus are provided in a safe and secure setting. A multidisciplinary team, consisting of a psychiatrist, primary care doctor, nurse, mental health clinician, activity therapist, substance abuse counselor, and mental health workers, delivers services. Treatment is individualized, and support is available for family members.

Stanislaus Behavioral Health Center provides services to patients of both public and private sectors. Patients are referred to Stanislaus Behavioral Health Center by community agencies, physicians, therapists, schools, family and friends or are self-referred. More than 12 counties contract for inpatient services, and Stanislaus Behavioral Health Center holds contracts with many major insurance companies. In an effort to operate cost effectively, Stanislaus Behavioral Health Center has welcomed out-of-county and private referrals, which accounted for approximately 25% of patients served.

Adolescent and Child Inpatient Program

In September 2006, SBHC converted the adolescent units beds into adult beds. This transition was needed to have additional adult beds available to avoid diverting adults to out-of-county hospitals. There were also several problems related to operating the unit, including a relatively low census. The average daily census for the unit was six patients. With the development of alternatives to hospitalization for children and adolescents, fewer child and adolescent patients were diverted to out-of-county hospitals than the number of adult patients diverted.

With the closure of the children's psychiatric unit, the Aspira Stabilization Program was developed to divert youth to this highly intensive alternative in-home program to avoid out-of-county hospitalizations for children and youth. This has been a very successful alternative to inpatient programming.

Adult Inpatient Services

Adult services are provided on two separate units. One unit works with patients experiencing depressive problems, anxiety crises, co-existing disorders (such as depression and drug/alcohol abuse), and more. The other unit is designed for adults with a seriously and persistently mental illness. Both programs are structured to provide an individualized treatment approach for recovery.

Fiscal, Staffing and Facility Issues

As a result of the increase in nurse staffing ratios (one licensed nurse to six patients), the cost per patient day increased and revenues at times do not cover the costs. A major challenge will be to keep the staffing costs at the budgeted level, and staff the units according to regulatory requirements. The well documented nursing shortage in California contributes to this challenge. Additionally, the facility is over twenty years old and requires increased maintenance and repairs.

Accomplishments

- Implementation of a consumer/ family involvement workgroup.
- Warmline and Consumer Empowerment and Employment staff, both of which are Mental Health Services Act Programs, have provided outreach services to patients.
- A decrease in Seclusion/Restraint events compared to last year. This contributed to a reduction in on the job injuries and Worker's Compensation costs and has assisted in providing a safe and quality environment for patients during uncertain times at Stanislaus Behavioral Health Center.

Challenges

- A shortage in the number of psychiatrists and nursing staff at Stanislaus Behavioral Health Center necessitated capping the census
- Stanislaus Behavioral Health Center experienced Tenet surveys. The overall outcomes were favorable and provided important feedback to continue looking at ways to improve patient care.
- Staffing has been a challenge with the uncertainty of the transition of Stanislaus Behavioral Health Center to Doctors Medical Center. With the uncertainty of the transition many staff have left for other employment. These changes have contributed to having to capitate the daily census due to not having adequate staffing.
- The average daily census decreased from 56 patients per day to 46 patients per day resulting in less revenue generated for operational costs.

MANAGED CARE SERVICES

Committee Chair: Robert Angell

Budget: \$12,664,186

Services provided: 5,327 individual clients served and 8,876 services provided

Community Emergency Response Team (formerly Emergency Services Program)

The Community Emergency Response Team (CERT) provides emergency and urgent services to individuals and families in crisis. Urgent psychiatric services also available. The program operates 24 hours a day/7 days a week. During the Mental Health Services Act (MHSA) planning process, stakeholders throughout the area overwhelmingly said they wanted emergency services available in their communities. The Community Response Team work group was established and presented recommendations to Senior Leadership in August 2006, which were accepted. Included in the recommendations was a proposal from Modesto Police Department to pair Behavioral Health and Recovery Services clinicians with specially trained Modesto Police Department officers to respond to mental health calls in the community. In June 2007, the partnership began with joint Mobile-CERT units deployed in Modesto two days a week from 10:00 a.m. until 10:00 pm. Due to staffing issues related to the transition of Stanislaus Behavioral Health Center, daily coverage will not begin until after October 1, 2007. This coincides with the anticipated CERT move to the 800 Scenic campus due to the proposed sale of Stanislaus Behavioral Health Center to Doctors Medical Center.

In June 2006, a Peer Recovery component was introduced at CERT with the implementation of a peer and family-staffed warm line and on-site peer support. This very successful service is provided through a contract with Turning Point Community Programs.

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.

Assessment services

Due to budget cuts, the Mobile Assessment Team was disbanded on June 30, 2006. Initial assessments for adult Medi-Cal beneficiaries are provided through West Modesto Regional Services and Turlock Regional Services. Regional team staff arrange for follow-up services for individuals who have been assessed. 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.

Workplace Wellness

Workplace Wellness provides Employee Assistance services for county employees and their dependents. Services include assessment and referral for a variety of behavioral health issues, psycho-educational group offerings, supervisor training and consultation, critical incident stress debriefing services, and other workplace interventions. This unit publishes a quarterly newsletter for Stanislaus County employees.

Managed Care Administration

Provides a variety of activities including utilization management of services, quality assurance, and payment of claims.

MENTAL HEALTH SERVICES ACT PROGRAMS

On January 24, 2006, Stanislaus County became the first California County to receive funding under the Mental Health Services Act. That approval awarded \$13,034,840, over a three-year period, to *transform* the public mental health system in Stanislaus County. Individuals eligible for services under the Mental Health Services Act are children and adolescents under age 18 who are severely emotionally disturbed, and adults and seniors with serious mental illnesses. These target populations require the presence of specific psychiatric diagnoses combined with serious functional impairments.

A comprehensive Community Services and Supports Three-Year Plan was required by the State Department of Mental Health. New mental health services were developed based on an intensive community stakeholder process. The new services are provided through programming in one of three categories, Full-Service Partnerships ("whatever it takes"), General System Development, or Community Outreach and Engagement. Implementation of the new or expanded services began almost immediately upon approval of the Plan. By August 2006 all programs were implemented. New or expanded programs are as follows:

Westside Homeless Outreach Program

The Westside Homeless Outreach Program will be an expansion to the existing Stanislaus Homeless Outreach Program of 40 individuals with serious mental illness. The expansion is aimed at providing culturally and linguistically appropriate services to the Westside of Modesto and South Modesto. This Full Service Partnership program serves transition age youth, adults and older adults.

Juvenile Justice Full Partnership

The Juvenile Justice Full Partnership Program provides 24 hour a day, 7 day a week crisis response services and on-site intensive mental health services to high-risk youth in the Juvenile Mental Health Program with a diagnosis of a serious emotional disturbance, and who are on probation. This Full Service Partnership program serves children, youth, transition age youth and their families.

Senior Access and Resource Team

The Senior Access and Resource Team provides skilled geropsychiatric assessment and comprehensive services (group therapies, case management services and linkages to other necessary services), for 50 individuals with serious mental illness. This Full Service Partnership program serves adults and older adults.

Health/Mental Health High Risk Team

The Health/Mental Health High Risk Team provides intensive, integrated services to 50 individuals who have both a serious mental illness and significant co-occurring health conditions (e.g., diabetes mellitus or hypertension) that require ongoing, and often frequent and costly, treatment from primary care providers. Health conditions that are prevalent among individuals from racial and ethnic populations as well as those conditions that may be worsened by psychotropic medications will be the focus of this collaborative team approach. This Full Service Partnership program serves adults and older adults. This team is now fully operational. Currently, there are 50 clients being served by this program. Contacts were made with local

medical clinics as well as internal Department staff to acquaint them with this program and solicit referrals. An internist was hired to provide consultation to staff with regard to the management of the medical conditions.

Integrated Forensic Team

The Integrated Forensic Team partners with the existing Drug Court Program. This program makes court-accountable case management services available to 40 individuals with a serious mental illness and a co-occurring substance abuse disorder. Services include crisis response, peer support, alternatives to jail, re-entry support and housing and employment services. This Full Service Partnership program serves transition age youth and adults.

Transitional Age Young Adult Drop-In Center

The Transitional Age Young Adult Drop-In Center provides peer support along with information and referral for employment, housing and education for young adults. The Center acts as a "front door" engagement effort for unserved and underserved individuals with a serious mental illness and serves as a critical entry point for young adults from racially and ethnically diverse communities who usually do not access the mental health system in the more traditional way. This General System Development program serves transition age youth.

Community Emergency Response Team

The Community Emergency Response Team (CERT) is a broad system redesign effort, leveraging and enhancing resources in the existing Behavioral Health and Recovery Services Emergency Services program. The use of consumer and/or family volunteers and employees are paired with the professional interventions needed in crisis situations. This General System Development program serves children, youth and families, transition age youth, adults and older adults. The Community Emergency Response Team work group, charged with redesigning emergency services delivery made recommendations to Senior Leadership which were accepted. Included in the recommendations was a proposal from Modesto Police Department to pair Behavioral Health and Recovery Services clinicians with specially trained Modesto Police Department officers to respond to mental health calls in the community. In June 2007, the partnership began with joint Mobile-CERT units deployed in Modesto two days a week from 10:00 a.m. until 10:00 pm. Due to staffing issues related to the transition of Stanislaus Behavioral Health Center, daily coverage will not begin until after October 1, 2007. This coincides with the anticipated CERT move to the 800 Scenic campus due to the proposed sale of Stanislaus Behavioral Health Center to Doctors Medical Center.

As part of the Community Response Team program redesign, Turning Point Community Programs was awarded a contract to provide 24-hour warm line and on-site peer support services. Consumer and family member staff and volunteers provide services located adjacent to Emergency Services.

Families Together

Families Together is an enhancement and expansion of the Family Partnership Center to improve supports and services for youth with serious emotional disturbance and their families. Services include advocacy, case management, family and individual respite and wraparound services. This General System Development program serves children, youth and families and transition age youth and families.

Consumer Employment and Empowerment Center

The Consumer Employment and Empowerment Center is a transformation and expansion of the existing Behavioral Health and Recovery Services consumer drop-in center. The Center is for all consumer and family organizations and is staffed by consumers. Employment services focus on assisting individuals with goals related to volunteerism, supported employment and competitive employment options. This General System Development program serves transition age youth, adults and older adults.

Outreach and Engagement Services

Outreach and Engagement Services provides outreach and engagement to individuals with serious mental illness and serious emotional disturbance in partnership with racially and ethnically diverse community-based service organizations to eliminate racial and ethnic disparities in the access to services and increase the amount and timeliness of services. Contracts were awarded to two community groups, i.e., El Concilio and West Modesto King Kennedy Neighborhood Collaborative to do needs assessments of the various ethnic groups with which they are involved. They also did some outreach and engagement activities and worked with Behavioral Health and Recovery Services to make referrals when appropriate. In the coming fiscal year, it is expected that they will begin to provide non-traditional interventions in their communities.

Garden Gate Crisis Outreach Program

The Garden Gate Crisis Outreach Program is an expansion of the current crisis housing program, increasing the number of beds by four and adding an intermediate stay component for individuals with serious mental illness who are homeless or at risk of becoming homeless. This Outreach and Engagement program serves transition age youth, adults and older adults.

Dual Disorder Programming

Although not an actual Mental Health Services Act program, this service has been developed to meet the needs of consumers who will be served in Mental Health Services Act programs. Stanislaus Recovery Center designated eight beds in the Adult Residential program to serve adults and older adults with co-occurring mental health and substance abuse disorders. The program is fully operational. To date, this program has had amazing successes with previously difficult to serve individuals. Completion rate for this program so far is 81%. Most national statistics on completion of residential treatment range from 40% to 60%. The success of this program has led to an expansion of services at the day treatment level of care. Having this "step down" to outpatient care further increases the likelihood of maintaining achievements obtained during the residential stay.

Behavioral Health and Recovery Services has submitted its first year Implementation Progress Report for the period of January 24, 2006 through December 31, 2006 to the State Department of Mental Health. Accomplishments highlighted in this report include:

- Full Service Partnership programs provided new services to 149 clients (66% of targeted 228).
- General System Development and Outreach/Engagement programs provided services to an additional 2,434 clients (94% of targeted 2590).

The current status of new services provided through Mental Health Services Act funding is reflected below. All programs, with one exception, far exceeded the estimates of who could be served with this new Stanislaus County funding.

MHSA Program	Implementation Date	2006-07 Capacity/Target	2006-07 Actual
Westside Homeless Outreach Program	March 2006	Capacity 40	42
Juvenile Justice Aggression Replacement Training	June 2006	Capacity 25	41
Senior Access & Resource Team	July 2006	Capacity 50	52
Health/Mental Health Team	July 2006	Capacity 50	59
Integrated Forensics Team	January 2006	Capacity 40	50
Transition Age Youth Drop In Center	May 2006	Target 70	110
Community Emergency Response Team/Consumer Warm Line	June 2006	Target 3000	3170
Families Together	August 2006	Target 80	181
Consumer Employment/Empowerment Center	July 2006	Target 450	625
Garden Gate Respite Center	August 2006	Target 97	45
El Concilio & West Modesto King Kennedy Neighborhood Collaborative Outreach and Engagement Contractors	July 2006	Target 600	1291

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), MHB 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 the continued implementation of the approved three-year plan for the Mental Health Services Act and in monitoring program outcomes. The Mental Health Board will also assist the organization in the planning and implementation of its efforts around Mental Health Services Act funding for Workforce Development, Education and Training, Prevention and Early Intervention, Capital and Information Technology, Housing, and Innovation. Additionally, the Mental Health Board will conduct public hearing need to comply with Mental Health Services Act statutes. Members will also monitor outcomes of Mental Health Services Act programming.
- The Mental Health Board will continue to hold joint meetings 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 provides excellent care and treatment when the sale of Stanislaus Behavioral Health Center to Doctors Medical Center is finalized. Members have met with the Chief Executive Officer of Doctors Medical Center to request that the Mental Health Board is represented on any advisory board that is established to oversee operations at the psychiatric hospital.
- 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 programs being eliminated and 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. While funding from the Mental Health Services Act will help it will not compensate for the amount of reductions that have occurred.