

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

DEPT: Behavioral Health and Recovery Services

BOARD AGENDA # B-10

Urgent

Routine

AGENDA DATE October 19, 2010

CEO Concur with Recommendation YES  NO

4/5 Vote Required YES  NO

(Information Attached)

SUBJECT:

Consideration of the Mental Health Board Annual Report

STAFF RECOMMENDATIONS:

Accept the Mental Health Board Annual Report.

FISCAL IMPACT:

On September 14, 2010, the Board of Supervisors approved a Final Budget for Behavioral Health and Recovery Services of \$70,229,149. Of this amount, \$63,244,149 funds public mental health services in Stanislaus County. Services range from crisis services, acute psychiatric hospitalization, and hospitalization in State Hospitals to outpatient mental health services, which includes Mental Health Services Act programming, as well as mental health education, prevention and outreach.

BOARD ACTION AS FOLLOWS:

No. 2010-656

On motion of Supervisor Chiesa, Seconded by Supervisor DeMartini  
and approved by the following vote,

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

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1)  Approved as recommended

2)  Denied

3)  Approved as amended

4)  Other:

MOTION:

ATTEST:

  
ELIZABETH A. KING, Assistant Clerk

File No.

## **DISCUSSION:**

Welfare and Institutions Code Section 5604 requires that each county have a Mental Health Board or Commission. The Board of Supervisors appoints members for three-year terms. Board members advise the Board of Supervisors and the Behavioral Health Director on various aspects of local mental health programs. It is the responsibility of the 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 Stanislaus County 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:

- Mental Health Board members participated in Mental Health Services Act stakeholder and informational meetings, including the Community Services and Supports Annual Update, Prudent Reserve Funding Request, Technological Needs Project Proposal, Prevention and Early Intervention Projects Assignment and held two public hearings regarding the Community Services and Supports Annual Update and the Innovation Projects Proposal.
- The Mental Health Board has been a strong advocate for Behavioral Health and Recovery Services' move toward helping communities and families better promote the health and well-being of their members. The Mental Health Board was one of the sponsors of the Behavioral Health Summit in May, 2010, which hosted 300 attendees in workshops focused on a commitment to community, a focus on results and a passion for leadership.
- The Mental Health Board Chair was the past Vice President and current President of the California Association of Local Mental Health Boards and Commissions. The Association partnered with Modesto Junior College in hosting a very successful training for the Central Region at the Modesto Junior College West Campus. Members from Mental Health Boards throughout the Central Region attended the training.
- Following the sale of Stanislaus Behavioral Health Center to Doctors Medical Center in 2007, the Mental Health Board advocated to be involved in a community-based advisory committee focused on Doctors Behavioral Health Center hospital operations. Two Mental Health Board members serve on the Doctors Behavioral Health Center Community Advisory Board that meets on a quarterly basis. A member is also part of the Behavioral Health and Recovery Services/Doctors Behavioral Health Center Quality Measures Committee. Doctors Behavioral Health Center staff has begun providing quarterly updates to the Mental Health Board.

- The Mental Health Board's Impact Committee members participated in a six month stakeholder process to develop shared agreement about the focus of the Consumer Employment and Empowerment Center. The final report was presented to the Mental Health Board.
- The Mental Health Board meets jointly with the Stanislaus County Advisory Board on Substance Abuse Programs twice each year in acknowledgement of the Department's emphasis on co-occurring disorder services.
- Board members participated in hiring panels for management positions in Behavioral Health and Recovery Services and in contract selection processes.
- Board meeting agendas include regular announcements and reports from consumer and family advocacy groups, and the Mental Health Board is committed to community participation and visibility. They took their meetings to Stanislaus Recovery Center in Ceres and Josie's Place Drop In Center in Modesto over the past year.

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 the continued implementation of the approved Plans and in monitoring program outcomes. The Mental Health Board will assist the organization in the planning and implementation of its efforts around Mental Health Services Act funding for Innovation projects. Additionally, the Mental Health Board will conduct public hearings as needed 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 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 committee established by Doctors Behavioral Health Center to oversee operations at the psychiatric hospital as well as the Quality Measures Committee. Administrative staff has also begun presenting updates to the Mental Health Board on a quarterly 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 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 impacted 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, 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.
- 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 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. We 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.
- Mental Health Board members have also committed to participating in the Behavioral Health and Recovery Services Mental Health Services Act Innovation Project. The Innovation Project will develop stakeholder processes that enable community and County partners to join with Behavioral Health and Recovery Services leadership in building consensus about how to address the emerging budget shortfalls across the mental health and alcohol and drug budgets and how to leverage available resources to improve behavioral health outcomes across the County.

**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 report supports the Board's priorities of Effective Partnerships and Efficient Delivery of Public Services.

**STAFFING IMPACT:**

There are no staffing impacts associated with this item.

CONTACT INFORMATION: Denise Hunt, Director

Telephone: 525-6205



# Stanislaus County Mental Health Board

## Annual Report

Presented to the Stanislaus County  
Board of Supervisors  
October 2010

# ANNUAL REPORT TO THE BOARD OF SUPERVISORS

October 19, 2010

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OLDER ADULT SYSTEM OF CARE COMMITTEE  
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MANAGED CARE COMMITTEE  
IMPACT COMMITTEE

PRIORITIES/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 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 (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 13 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. Members include four consumers (31%) and eleven family members (85%). The membership includes a total of 11 members (85%) who are consumers or family members. Four members are both consumers and family members. The Mental Health Board membership includes four Latino members, one African American member and one 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).

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 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.

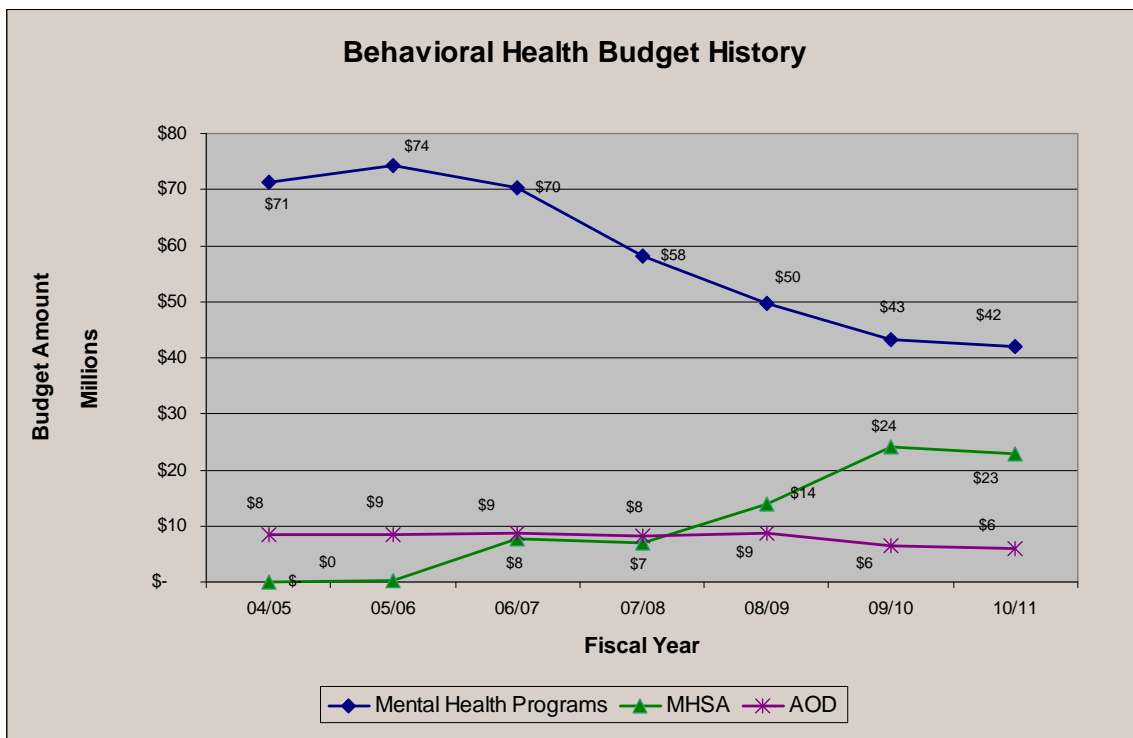
With the passage of the Mental Health Services Act (Proposition 63), Mental Health Board members have also been busy assisting Behavioral Health and Recovery Services with the planning and implementation processes. While Mental Health Services Act funding is designed to support innovative programming 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. Over the past year, the Mental Health Board held two public hearings regarding Mental Health Services Act Plans and Updates pursuant to statute.

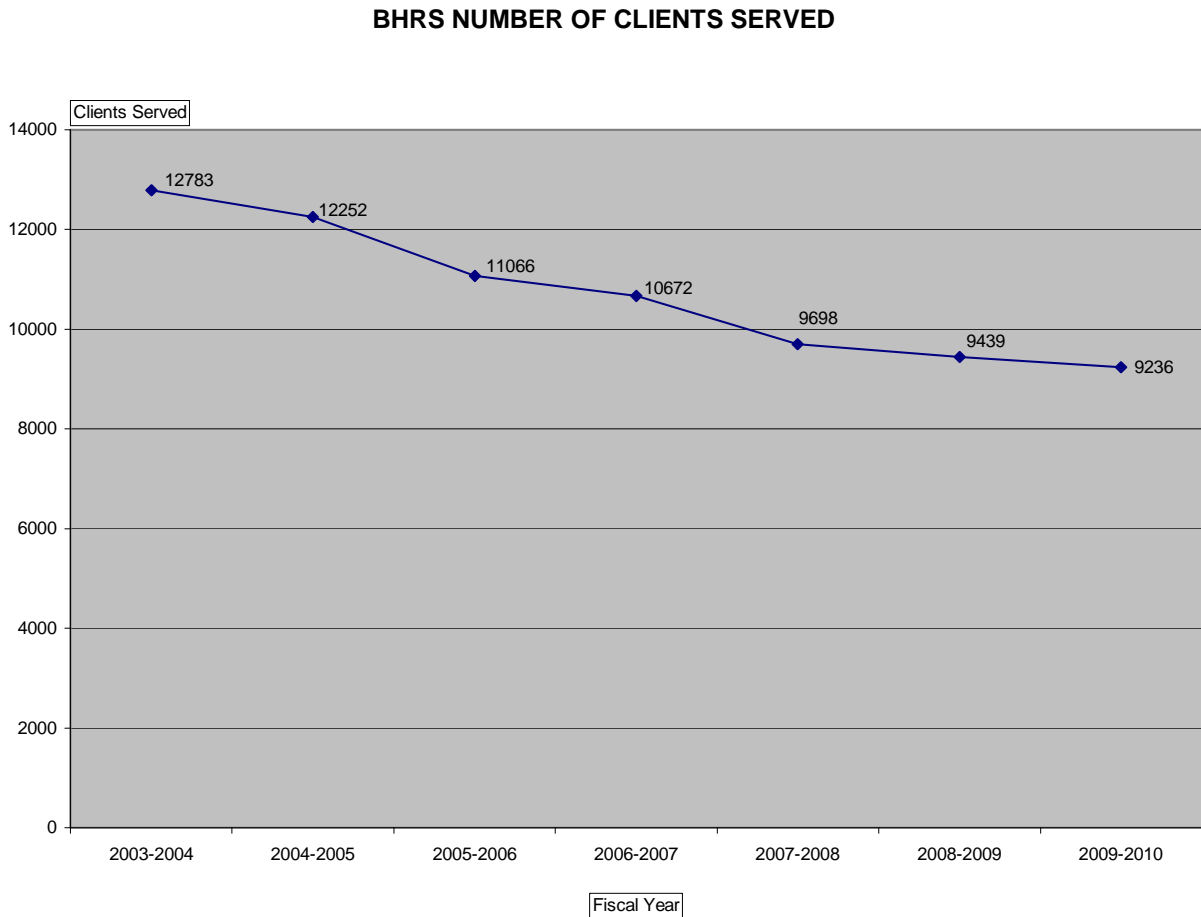
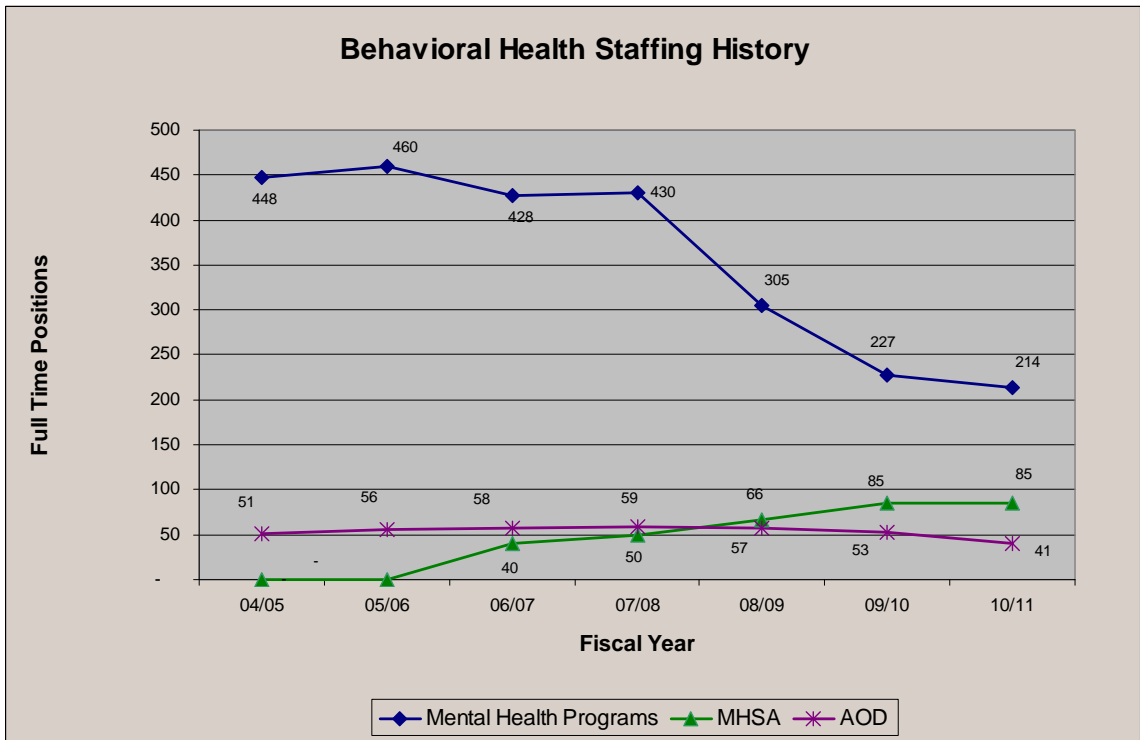
During strong economic conditions in the State and County, Behavioral Health and Recovery Services was able to initiate new and innovative programs within Stanislaus County, and many collaborative relationships were developed to meet those objectives. However, the portion of the budget for Behavioral 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, staff reductions 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 mental 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 community agencies as well as information sharing between other Mental Health Boards remain primary objectives. Members held meetings in Turlock and at the Josie's Place Drop In Center in Modesto 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 strong participant of the California Association of Local Mental Health Board and Commissions. Currently, a Stanislaus County representative serves as President. The Association held a regional training at Modesto Junior College this year. The regional training was a great success and was attended by Mental Health Board members from surrounding counties. Quarterly reports are submitted to the Association regarding membership, current issues being addressed by the Mental Health Board, methods used to ensure citizen involvement, status of the County's Mental Health Services Act Plan and current County performance outcome data.

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 \$70,229,149 and a staff of approximately 340. Behavioral Health and Recovery Services served 9,236 clients last fiscal year, down from 12,783 in Fiscal Year 2003-2004. As resources decrease, the number of clients served has also decreased. With the budget deficit faced by Behavioral Health and Recovery Services, this trend will continue. The charts below show the budget history and staffing 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**

Kimberly Kennard, DSW, Chair

Karl von Spreckelsen, Vice Chair

Supervisor Vito Chiesa

Charles E. Aguilar

Francisco Alvarez

Christopher Cataline

Elisa Duke

Annie Henrich

Chip Langman

Maria Ontiveros

Lynn Padlo

Ritta Sudnikoff

Catherine Szakmary

Jack Waldorf

## **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 enthusiastic group of citizens, appointed by the Stanislaus County Board of Supervisors, who meet on a monthly basis as a full board as well as in monthly standing committee meetings to offer input and guidance to Behavioral Health and Recovery Services. Activities over the past year include the following:

- Members had 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, including meetings regarding Community Services and Supports Annual Update, Prudent Reserve Funding Request, Technological Needs Project Proposal and Prevention and Early Intervention Projects Assignment. The Mental Health Board held two public hearings pertaining to the Community Services and Supports Annual Update and the Innovation Projects Proposal.
- The Mental Health Board has strongly supported 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, members agree with Behavioral Health and Recovery Services leaders and staff in the recognition that the County cannot provide mental health services to all who need them.

As a result, the Mental Health Board has strongly supported the organizational initiatives of Fiscal Sustainability, Community Capacity Building, a Focus on Results, and Leadership Development through participating in a community-based budget key informant process, requesting regular updates of Prevention and Early Intervention Plan implementation, and co-sponsoring the second annual Behavioral Health Summit in May 2010.

- Two joint meetings are held annually with the Advisory Board for Substance Abuse Programs in order to continuously focus on the integration of mental health and substance use disorder services.
- Two Mental Health Board meetings were held in community-based settings in order to provide visibility of the Board and also to encourage community input into their proceedings.
- Because of the Mental Health Board's interest in continuing to have high-quality inpatient psychiatric services in Stanislaus County, members participate on the Doctors Behavioral Health Center Community Advisory Committee.
- Members participate on various Quality Improvement Councils, including the Quality Measures Review Committee for services provided by Doctors Behavioral Health Center.
- Members supported and participated in a focused process designed to move the Consumer Empowerment Center toward developing outcomes that focus on results of services for those participating in the Center's activities. This process will continue to move forward with additional meetings in the winter months as the group develops responses to results of initial outcome measures.

- Attended and served as members of the California Association of Local Mental Health Boards and Commissions as that organization's past Vice President and current President. The Mental Health Board Chair has been active in the California Association of Local Mental Health Board and Commissions' statewide conference planning committee and was a workshop presenter for that event. Four members from Stanislaus County attended the conference. The Association partnered with Modesto Junior College in hosting a very successful training for the Central Region at the Modesto Junior College West Campus. Members from Mental Health Boards throughout the Central Region attended the training.
- The Mental Health Board has been a supporter of several community-based events, such as the National Alliance for Mental Illness local chapter's trainings ("Family to Family", Provider trainings, and "In Our Own Voice"), the Art Walk and Music Festival events. Board members continue to attend events held in the community such as a filming of "Touching Home", and several events held by West Modesto King Kennedy Neighborhood Collaborative. All of these events are focused on the reduction of stigma and the community's inclusion of individuals who struggle with mental health issues.
- Board members meeting topics included an update on the Department's Information Technology planning; consumer and family member participation on committees, workgroups and volunteer activities; presentation on the Community Activities and Rehabilitation Transportation Program; presentation and tour of Josie's Place Drop In Center; Doctors Behavioral Health Center update; presentation on mental health services in Italy; and presentation on Therapeutic Behavioral Services Program.
- Board members participated in BHRS contract selection processes.
- 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 strong ethnic diversity on the Board and good community representation. Most Board meetings are well-attended by members and interested members of the public.

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 service and the most accurate information available to the Board of Supervisors.

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

**Committee Chair:** Francisco Alvarez

**Children's System of Care Budget:** \$17,960,119

**Services provided in 2008-09:** 3,974 clients served, 98,589 services provided

### Program Overview and Changes

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 30 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 Probation; Juvenile Hall; Special Education; Child Welfare; Health Services Agency; numerous school sites (27), 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 17 years have had a tremendous positive impact on how services are provided. By working with the multidisciplinary teams, families and 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 Mental Health Services Act essential elements 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.

### Accomplishments

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 Mental Health Services Act programming (Families Together and Teaching Pro-social Skills Treatment Team at Juvenile Justice), 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 a highly intensive alternative in-home program, Aspira Stabilization Program, to



avoid out-of-county hospitalizations. The Aspira Stabilization Program served 95 children/youth last fiscal year, of which none were hospitalized. These are minors that would likely have been hospitalized without intervention. This has been a very successful alternative to inpatient programming. Similarly, two other intensive in-home services are provided, Therapeutic Behavioral Services and Sierra Vista Home-Based Services. These services provide intensive services to help youth succeed at home and avoid costly and disruptive out-of-home placements. A fourth option, a wraparound project, is close to being implemented by Behavioral Health and Recovery Services, Community Services Agency and the Probation Department. This project will compliment this continuum of intensive services.

Accomplishments of the past year include:

- Family Partnership Center's Kinship Support Services continues to support families headed by relative caregivers through support groups, on-site mental health services, and kinship parenting education in an effort to prevent foster care/higher level placements.
- Families have identified Family Partnership Center as a family friendly place where needs may be expressed and met. On Tuesdays, for example, 90 unique clients access onsite mental health services.
- Transition Age Youth services are being provided at multiple levels of intensity, including a drop-in center, intensive treatment services and a Full Service Partnership program. These services are being provided for youth ages 16 to 25 and overlap traditional children's and adult services, in a coordinated approach.
- Transition Age Youth services have implemented a Young Adult Advisory Council made up of youth who are customers, and who advise the program on needed services and program direction. Through a partnership with Community Services Agency, the Stanislaus Transition Age Youth resource collaborative committee has been developed.
- Drug and alcohol service integration continues in all children's sites.
- The Leaps and Bounds program continues to carry out the Specialized Child Care Consultation Project in partnership with Sierra Vista Child and Family Services. The results and outcomes yielded continued funding from the Children and Families Commission of Stanislaus County. Ninety-eight percent of the children served maintained placement at low levels of care and avoided being placed in a higher level of care. The cost of maintaining children at higher levels of care is estimated at \$250,000 to \$350,000 per year.
- The Passages Outdoor Program was again fully funded by a grant to provide a weeklong outdoor experience for at-risk youth. Thirty-eight youth participated this year.
- CAIRE Center, a one-stop shop for child victims, is another community collaborative effort. The center consists of a multi-disciplinary team of staff from Behavioral Health and Recovery Services, law enforcement, District Attorney, Victim Witness Program, and Child Protective Services. Services are provided for children who have experienced trauma and have been victims of abuse. Behavioral Health and Recovery Services has sustained grant funding for two full-time Mental Health Clinicians to provide short-term clinical services, as well as resource and referral services for non-offending family members of victims. A strength-based approach is utilized, which is child centered, family focused and community-based.

## Challenges

- Maintaining programming while facing large deficits and continuing to serve families with multiple needs;
- Increases in the severity of the emotional problems of the youth and families served, as the Children's and Transition Age Youth System of Care faces the second generation of youth affected by birth or life circumstances in substance abusing families, and finding effective tools for treatment;
- Adoption of more Evidenced Based Practice research and training to enhance programming;
- More fully utilizing outcome data to guide service delivery.

## Priorities and Outcomes

The Children's and Transition Age Youth 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 16 years of data collection experience, there is a wealth of information, including the following:

### Reducing Out-of-Home Placement

Having enjoyed one the lowest out-of-home placement rates in the State for a number of years for Levels 12-14 (the highest levels of care), Stanislaus County has experienced an increase in these placements in the past two years. Three clients are currently in residential treatment. No children reside in the highest level of care community treatment facilities and no children have entered the State Hospital in over twelve years.

### Severely Emotionally Disturbed (SED) School Based Services

SED School Based Services have been able to avoid out-of-home placement for over 98% of the youth and families they serve. Eighty-eight percent of mental health services are provided in the classroom, home or in the community.

### Transition Age Youth Services

Transition Age Youth Josie's TRAC Program has had an 91% reduction in homelessness rates among the youth that they serve.

### Client Satisfaction

Youth are satisfied at the rate of 80% and caregivers at the rate of 86 %.

### Ethnicity of Clients

The Children's and Transitional Age Youth System of Care served the following diverse client families during Fiscal Year 2008-2009:

- Hispanic: 52.6%
- Caucasian: 34.8%
- Filipino: 5.0%
- African American: 4.0%
- Other: 1.8%
- Asian American: 1.1%
- Native American: .07%

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

### **Program Overview and Changes**

Behavioral Health and Recovery Services has initiated the implementation of County's Prevention and Early Intervention Plan. The 18 new programs and initiatives, which are part of the Children's and Transitional Age Youth System of Care, came about through an exciting community relationship building process that included over 500 unique individuals representing 159 community organizations through 25 focus group meetings in nine cities throughout Stanislaus County. This network of relationships created to plan these new services serves as the energy and partnerships as the BHRS now attempts a true community capacity building initiative.

Given the budget reality of shrinking services, less people served each year and the need for more natural community supports, Behavioral Health and Recovery Services developed a plan that is sustainable in design with the following strategic initiatives as the framework:

1. Community Capacity Building,
2. Mental Health Promotion,
3. and Prevention and Early Intervention Programs

Rather than depending on an increasingly and inadequately funded public mental health system to take care of mental health needs, PEI provides resources to build community capacity to strategically leverage PEI funds to identify, catalyze, mobilize and support the strengths, assets and resources that exist within communities to meet these needs. The capital for leveraging PEI funds would come in the form of the community's many strengths, assets and resources including leaders, individuals, groups, organizations, facilities, knowledge, and other sources of funding. Key elements of community capacity building would include PEI projects that would be established and mental health promotion campaigns would be integrated with existing community assets, such as networks of social support, healthcare systems, school systems, and community-based organizations. Expected outcomes would be a community that supports emotional wellness and resiliency, public awareness of stigma and discrimination as real issues to be eliminated, and easy early access to appropriate help when needed.

### **Accomplishments**

Accomplishments of the past year include:

- Three Older Adult PEI programs implemented in partnership with the Aging and Veteran Services. These programs will provide early intervention services for older adults who are home-bound and suffering from depression. Strategies include early intervention services, peer support, and a phone-based community social support and activity program.
- Four youth leadership programs implemented in partnership with community-based partners in West Modesto at the Bridge and West Modesto King-Kennedy Community Collaborative, and in the rural communities of Hughson and Patterson with the Family Resource Centers and local school districts. The multi-community collaborative funds and brings together a number of successful youth leadership projects from throughout the County to better align and learn the best approaches for youth leadership development in Stanislaus County.

- In partnership with the District Attorney's Office, Modesto City Schools, the Modesto Police Department and the Stanislaus County Sheriff, PEI initiated an exploratory effort to establish a community capacity-building project in the gang injunction area as a way to sustain 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.
- Through the Youth Prevention and Early Intervention Community Capacity-Building Project, BHRS has convened multiple community and agency partners to implement evidence-based intervention strategies within local community settings. The community partners already have an established program that convenes a group of youth identified within the target population, and have accepted Behavioral Health and Recovery Services' offer to train and support them in the implementation of PEI strategies. Support includes training, group facilitation support, Mental Health Clinician consultation, and Early Intervention services for youth within these groups that need extra support.

The BRIDGE to Youth Program outlined below is an example of these efforts.

#### **PROGRAM HIGHLIGHT: A BRIDGE to Youth**



The BRIDGE Community Center recently received a grant from Behavioral Health and Recovery Services under the Prevention and Early Intervention Youth Resiliency Project for at-risk Southeast Asian youth. The staff members at the BRIDGE and the Advisory Board are very excited about the project and the opportunity to work with BHRS and the other Youth Resiliency Projects. The BRIDGE is a grass roots, neighborhood based organization that has provided a variety of support programs for the Southeast Asian community of Stanislaus County for the last 20 years. More than 8,000 Southeast Asians have made homes in Stanislaus County, bringing with them rich traditions, colorful festivals, and ancient arts. Since the BRIDGE opened its doors in 1989, Southeast Asian youth have come to the BRIDGE to find support. The Southeast Asian youth have a strong cultural identity and find familiarity and comfort at the BRIDGE. Our Youth Advisors are successful youth from the Southeast Asian community who attract many young people into the Center.

Homework assistance, mentoring, recreational and cultural activities, and career guidance have been part of the Bridge after school program for twenty years. With our new contract we will be able to broaden the program to include more activities such as traditional dance, and Eastern cultural studies, which help the older and younger generations keep connected. Under the Youth Resiliency Project, our Youth Activity Supervisor will be working with our Southeast Asian Youth on engaging the youth in service learning projects and other strength based activities. Our youth staff will be working on a video production of our service learning activities with a particular focus on Workforce Development and preparing for careers in social work and community servi

The BRIDGE provides a wide range of services including parent education, case management, health education, counseling services, and outreach in addition to interpretation and translation. The BRIDGE has been designated as a Family Resource Center and receives funding from the Stanislaus County Children and Families Commission. The BRIDGE has been partnering with Sierra Vista Child & Family Services who provides fiscal and administrative services for the last four years. Once again allow us to say thank you for the opportunity to serve Southeast Asian youth with help of Stanislaus County Behavioral Health and Recovery Services.

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 grants
		2	Promotores	Health Services Agency – Public Health
2	Emotional Health, Awareness, Support	3	Mental Health Promotion Campaign	Imagen
		4	Friends Are Good Medicine	0.5 staff
3	Adverse Childhood Experience	5	Teaching Pro-Social Skills	1 staff
		6	Child Sexual Abuse PEI	Debra Johnson, Ph.D.
		7	Early Psychosis Project (E.A.S.T. model)	Sierra Vista/Center for Human Services
4	Child / Youth Resiliency	8	Youth Leadership & Resiliency	1 Center for Human Services – Patterson/ Grayson 2 Sierra Vista – The BRIDGE 3 Sierra Vista - Hughson 4 West Modesto King Kennedy Collaborative-Project Uplift
		9	Children Are People	1 staff
5	Adult Resiliency & Connectedness	10	In Our Own Voice (Anti-Stigma)	National Alliance on Mental Illness
		11	Arts for Adult Resiliency & Connectedness	Community mini-grants
		12	Faith/Spirituality Resiliency & Connectedness	0.5 staff
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
		18	Parents and Teachers as Allies	National Alliance on Mental Illness

## Challenges

- Based on the community stakeholder process, BHRS has intentionally broadened the contract partners, moving away from our traditional approach of funding larger broader programs to smaller community-based programs. This approach increases the workload of staff not only in contract development, but in monitoring as well.
- The sheer number of contracted and BHRS programs that have been implemented over the last ten months has challenged staff and has required focus to maintain progress in all programs.

## **Priorities and Outcomes**

Behavioral Health and Recovery Services has established as a priority that all PEI programs will develop results of services from the beginning. All PEI programs will adopt 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”, BHRIS means “is anybody better off” because of the PEI programs and services.

Full implementation of the 23 PEI contract and BHRIS programs is a priority for the coming year.

## ADULT SYSTEM OF CARE COMMITTEE

**Committee Chair:** Karl von Spreckelsen

**Budget:** \$15,849,857

**Services provided:** 4,512 individual clients served and 116, 3729 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 fifth consecutive year. In 2009, the responsibility of oversight for the Community Emergency Response Team was moved to the Adult System of Care. This change is responsible for what appears to be an increase in the number of individual clients served during the fiscal 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 been prioritized to receive services first. Alternative referrals to other community providers are being made for those consumers who cannot be served. Efforts to partner with community-based organizations are critical in this time of reduced services. The Integrated Dual Diagnosis Treatment approach also is continuing at the regional service locations in Modesto and Turlock and 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.

Stan Works 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. The Community Service Agency's budget shortfall resulted in a net reduction of two Behavioral Health Specialist positions this year. Currently, Behavioral Health and Recovery Services is in process of working with Community Services Agency on redesigning how mental health services are provided to StanWORKs customers.

The Mental Health Services Act programs in the Adult System of Care are fully implemented and operational. Expanded homeless outreach services on the west side of Modesto and the addition of a Transition Age Young Adult drop-in center are two of these efforts. Contracts with King Kennedy West Modesto Neighborhood Collaborative and El Concilio for outreach efforts are being transitioned to the Prevention and Early Intervention component of the Mental Health Services Act.

Housing and support services continue to be a major focus of the Adult System of Care. Staff currently assists over 200 individuals and family members in maintaining subsidized supportive housing. As part of the supportive services programming, the curriculum utilizing the Solutions for Wellness Psycho-educational Program continues to be formalized. Independent living skills, in 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. In Turlock, a Clinical Services Technician was reassigned from the Modesto Wellness Recovery Center to develop a Peer Support component for the Turlock area.

The Stanislaus Homeless Outreach Program is an Assertive Community Treatment team that serves adults who are homeless and have a serious mental illness. The program provides continuous street outreach to underserved adults. The Mental Health Services Act continues to fund the Stanislaus Homeless Outreach Program. Homelessness has been decreased by 50%.

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.

Employment services are available to current Adult System of Care consumers interested in going to work, 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. Behavioral Health and Recovery Services clients are now eligible for federal funds through the State Department of Rehabilitation for work-related expenses. The number of consumers employed in the community has increased from two consumers to 30 this past year. In addition, collaboration relationships have been established with Heifer International, Project Uplift and Project Yes.

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. 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. Modesto Regional Services and Turlock Regional Services are developing 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.

The Psychiatric Consultation Clinic has provided a valuable support to community physicians by having a Behavioral Health and Recovery Services psychiatrist assess clinics whose primary care physicians are 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.

The Integrated Service Agency 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 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 continues to be very successful in transitioning individuals from State Hospital 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.

## Demographics

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	22	0.5%
Asian/Pacific Islander	96	2.3%
Black	185	4.5%
Filipino	94	2.3%
Hispanic	1646	40.2%
Other	146	3.6%
White	1904	46.5%

## Priorities

Priorities for the Adult System of Care include the following:

- Continue to maintain a collaborative relationship with psychiatric hospital staff following the hospital transition from Behavioral Health and Recovery Services to Doctors Medical Center.
- Continue the use of a wellness recovery approach, the Milestones in Recovery and increase peer and family involvement, including expanded use of peer support groups.
- The development of an ongoing training curriculum of the LOCUS (Level of Care Utilization System) for Adult System of Care staff and implementation of specific reports for monitoring purposes.
- The provision of culturally competent services in the Adult System of Care is an especially challenging issue. During the last six months, a number of referrals have been received from individuals from Afghanistan and Iraq who have been traumatized by the ongoing war in their home countries. This is an area that needs to be monitored and collaboration with specialized community resources developed.

Behavioral Health and Recovery Services has adopted the California Brief Multicultural Competence Scale as a training tool for all staff. All Adult System of Care staff will complete this three day training.

- The continued development of Mental Health Services Act supportive permanent housing projects, i.e., Meadow Glen Apartments (32 units), Bennett Place Senior Apartments (18units), 615 Fifth Street Single Family Home (2 bedroom) and the expansion of the Garden Gate site.
- A workgroup has been formed to create and document the fidelity of the numerous evidenced based practices used by Behavioral Health and Recovery Services. This will assure that the practice in place reflects fidelity to the model as developed.

- Behavioral Health and Recovery Services employment and housing services has begun the process of becoming certified through California Association of Rehabilitation Facilities to allow continued work with California Department of Rehabilitation.

## **Outcomes and Accomplishments**

- Modesto Recovery Services developed 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, there are four Behavioral Health Specialist staff that have significant alcohol and other drug services experience who are working with dually diagnosed clients. These groups started in October 2009 and there have been six graduates of the program who have maintained sobriety.
- 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 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. This will increase the number of housing units by 48.
- The development of a growing Peer Recovery and Wellness Program in the Turlock area has been very successful and will continue. Outreach efforts are happening in local board and care homes and the numbers of peer groups offered has increased.
- Last year, a productivity monitoring project was implemented with the goal of 55% productivity level for Adult System of Care staff. In June 2010, productivity for the four Regional Teams was: Wellness Recovery 64%; Psychiatric Clinic 64%; Modesto Recovery Services 59% and Turlock Recovery Services 51%. This is an average of 59.5% productivity.
- A collaborative project with Telecare Corporation has been implemented to increase the validity and use of data collection from the Level of Care Utilization System (LOCUS). This included purchasing software that will allow the LOCUS data to be used more effectively for treatment and/or discharge planning.
- The Homeless Outreach Team, which focuses on outreach and engagement with individuals who are homeless and with other agencies serving individuals who are homeless, has been fully implemented.
- Turlock Regional Services participated in a State required Process Improvement Plan. This focused on teaching consumers how to increase participation in appointments with their psychiatrists.

- Behavioral Health and Recovery Services Adult System has 759 consumers participate in the semi-annual Mental Health Statistics Improvement Program (MHSIP) State Satisfaction Survey. Overall 82% of the responses were favorable.
- Developed a CO-OP agreement between Behavioral Health and Recovery Services and the State Department of Rehabilitation as another resource for consumers.
- In July 2009, when Stanislaus County assumed responsibility for the Employment Program from Turning Point there were two consumers employed. The last fiscal year Behavioral Health and Recovery Services has had 14 consumers in temporary employment and 30 consumers in individual community placement, part or full time.
- Clients from outlying areas, Patterson, Oakdale and Ceres, with transportation problems for medication appointments and treatment have been successfully accommodated by the addition of a full-time driver who coordinates transportation services.

### **Future Challenges and Changes**

- The ongoing budget issues in California are certainly an ongoing challenge to the County and Behavioral Health and Recovery Services.
- The severe reduction of Alcohol and Other Drug funding continues to be and will have a huge impact in Stanislaus County. Community collaboration and efforts through the Mental Health Services Act Prevention and Early Intervention Plan are being focused on this area.
- The current economy and high unemployment rates continue to impact the employment of individuals with severe mental illness.
- The status of a contract with the Community Services Agency regarding Stan WORKs is tenuous due to the Governor's Budget proposal for next year.
- The impact of changes in the Federal 1115 Waiver on Mental Health Services is under scrutiny. There are multiple statewide work groups following this very carefully. It is an area that warrants continued input and monitoring by Stanislaus County and Behavioral Health and Recovery Services.
- Health Care Reform brings multiple opportunities and a myriad of questions and concerns. It will be a major focus during upcoming years.
- There is a need to monitor the current increase in referrals to the Regional Center System. At this point, it appears that the current economic atmosphere is bringing an increase in individuals with severe mental illness to Stanislaus County from the Bay Area. These are individuals who have been receiving services elsewhere and need to be followed up in Stanislaus County. The second possible trend is a small increase in individuals who are

refugees from Afghanistan and Iraq. Meeting the cultural and treatment needs of these groups could put strain on already limited resources. Community collaboration is essential if this trend continues.

- Implementation of the Anasazi Electronic Health Record at Behavioral Health and Recovery Services will require significant re-training of staff and will bring huge changes and benefits over the next few years. During the next fiscal year, there will be implementation of a variety of procedures to help staff in this transition.
  
- The implementation of the Short Doyle II Medi-Cal billing system created by the State has presented a number of challenges to Behavioral Health and Recovery Services and will continue to require work by all parts of the system.

## OLDER ADULT SYSTEM OF CARE COMMITTEE

**Committee Chair:** Jack Waldorf

**Budget:** \$1,702,076.64

**Services Provided:** 234 individual clients served and 9,907 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 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 Mental Health Services Act funded Senior Access Resource Team began in June 2006, and provides an intensive level of services, including medication services, case management and crisis intervention. This team assists unserved and underserved seniors of Stanislaus County. An alcohol and drug prevention effort designed for seniors completes the array of older adult services available through Behavioral Health and Recovery Services.

The Senior Access Teams 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, in board and care facilities, in skilled nursing facilities, or living 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 of older adult care) is provided by Senior Access Resource 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 "transitional aged adults" (55-59 years of age) or anyone over 60 years of age. Typical services provided include case management, medication services, placement, financial assistance, 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 depression, bipolar disorder). The Senior Access Resource Team serves individuals who are unserved as well as those who are underserved. Individuals qualify who may be at risk of losing placement or who are 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.

## Changes

Staffing changes over the past year include the following:

- Transfer of one of our Mental Health Clinicians to another program without that position being back filled
- Retirement of one of our Behavioral Health Specialist from Senior Access Treatment Team; the position was filled with another Behavioral Health Specialist

Mental Health Services Act growth funding received in late 2007 enabled the addition of a Peer Advocacy Team made up of a Peer Recovery Specialist, Benefits Advocacy Specialist, Housing Specialist and Administrative Clerk. This team is shared with three other Mental Health Services Act Full Service Partnership programs and is responsible for creating and developing services to support individuals to develop and maintain sustained resources, thus increasing independence, recovery, and wellness.

## Accomplishments

- Served 234 Stanislaus County seniors who have a serious and persistent mental illness
- Reduced homelessness in the Full Service Partnership program by 87.3 % in the last year, which continues a three year trend
- Reduced the instances of acute psychiatric hospitalization in the Full Service Partnership program by 100%
- Reduced the instances of institutionalization in the Full Service Partnership program by 100% in the past year
- Ethnically diverse Senior Access Team staff members (African American, Hispanic, Filipino, Caucasian)
- Completed over 193 depression screenings during National Depression Screening Day in Stanislaus County (October 2009)
- Increased socialization opportunities for all clients. This included trips to the Pumpkin Festival, Modesto Nuts baseball game, Christmas Tree Lane, the Asparagus Festival in Stockton, and Santa Cruz Beach and Board Walk. Staff provided Thanksgiving and Christmas dinners as well as creating holiday ornaments and decorations.
- Social work intern from California State University, Stanislaus successfully completed field studies with Senior Access Teams
- Two CASRA students from Modesto Junior College completed their internships through Senior Access Treatment Team and Senior Access Resource Team
- Approximately 45 nursing students through Modesto Junior College and California State University, Stanislaus came to Senior Access Treatment Team and Senior Access Resource Team as part of their program requirements to complete their clinical hours for their psychiatric rotation.

- The utilization of two volunteer drivers over the past year, which has significantly increased the ability to meet the transportation needs of consumers
- Helped consumers reach their goals of being increasingly more independent and stable
- Addition of new cognitive-behavioral group for both Senior Access Treatment Team and Senior Access Resource Team consumers
- Addition of another one-stroke paint group for both Senior Access Treatment Team and Senior Access Resource Team consumers
- Addition of a movie group for Senior Access Treatment Team and Senior Access Resource Team consumers
- Working collaboratively with Health Mental Health Team, with consumers from Health Mental Health Team increasingly attending more and more groups at Senior Access Treatment Team and Senior Access Resource Team
- Improving time lines for scheduling mental health assessments from 35% being scheduled on time the first quarter to the last two quarter mental health assessments being scheduled on time 67% of the time. Improved internal practices are expected to improve this to over 95% within the next two quarters
- All Senior Access Treatment Team and Senior Access Resource Team staff trained on the DCR system to electronically input data on significant client outcomes and are now doing so.

### **Challenges/Needs**

- How to provide services to the west side of Stanislaus County
- Budget cuts restricted Senior Access Treatment Team services to Medi-Cal clients. These clients may be served by Senior Access Resource 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
- Senior Access Resource Team was not fully staffed until eight months after program start-up
- The paperwork demands for data collection are significant for the Senior Access Resource Team Full Service Partnership program
- Site safety issues include low lighting in rear parking lot
- Space for group activities is limited
- Provide transportation to all Senior Access Treatment Team and Senior Access Resource Team consumers in need of such support
- 7.7% reduction in funding from Fiscal Year 2008-2009 to Fiscal Year 2009-2010



## **Priorities**

- Improve transportation to increase consumer involvement in the Senior Access Team programs
- Increase the number of consumer-facilitated support groups
- Enhance communication with clients' primary care physicians by continued participation in Behavioral Health and Recovery Services' Primary Care Physicians Contact Process Improvement Project
- Collaborate with Behavioral Health and Recovery Services Data Management Services to improve reliability of program reports
- Focus on the five Essential Elements of the Mental Health Services Act to transform the entire Older Adult System of Care: 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, 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**

- Older Adult System of Care programs provided 234 individuals a total of 9,907 services in 2008. The Senior Access Treatment Team program capacity is approximately 120 clients. The Senior Access Resource Team program's annual service target is 50.
- Senior Access Resource Team secured housing for or helped retain the residences of an estimated 14 homeless seniors and seniors at risk of losing their homes
- 16.4% of combined caseload of consumers reside in Turlock which is significantly higher than other Full Service Partnership programs, which averaged 7.0%
- The majority of clients served by the two Older Adult System of Care programs were women (70%), who live in Stanislaus County. 63% of clients were white, 22% Hispanic, 4% African American, 3% Filipino, 2% Asian Pacific, and approximately 6% from other ethnic groups. Seventy-nine percent spoke English, 9% Spanish and 6% Assyrian. Most clients suffered from a mood disorder. The majority lived independently, on disability or retirement income. Approximately 9% received Medicare and 64% were Medicare/Medi-Cal beneficiaries.

## **Cultural Competence**

- 63% of clients were white, 22% Hispanic, 4% African American, 3% Filipino, 2% Asian Pacific and approximately 6% from other ethnic groups. 81% spoke English, 8% Spanish and 4% Assyrian.
- Senior Access Teams will 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
- Senior Access Teams will develop program information brochures and posters in other languages (e.g., Laotian, Hmong, Cambodian) for posting at popular community locations such as grocery stores and clinics.

## ADMINISTRATIVE AND FISCAL SERVICES COMMITTEE

**Committee Chair:** Chip Langman

**Budget:** \$ 64,770,207 for Mental Health programs; \$70,664,068 total Department

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

### Overview

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

### Accomplishments

As the department-wide support team, the Administrative and Fiscal sections are involved in all aspects of Department functions. The tenuous budget situation within the State and County has provided this section of the department with the opportunity to be creative in its provision of services. Highlights of accomplishments of the past year include:

#### Accounting/Budgeting and Accounts Payable

- Made significant budget process improvements in order to balance the Fiscal Year 2010-2011 proposed budget by working closely with Senior Leadership Team and participating on the Budget Team;
- Met all process deadlines including successful year-end closing of Fiscal Year 2009-2010, despite the loss of two critical positions;
- Worked with Senior Leadership Team to restructure Alcohol and Drug upon the loss of Proposition 36 funding.

#### Administration

- Generated \$57,183 in additional Senate Bill 90 revenue by capturing data from calendar years 2005 through 2009 for all BHRS public meetings under the Brown Act;
- Restructured staffing assignments to absorb the loss of front desk staff due to budget cuts, while maintaining an adequate level of support to Administration and Consumers.
- Significant decrease in temporary staffing costs due to revised procedures and monitoring.
- Implementation of procedure manuals for all BHRS clerical staff to improve efficiency.

### Business Office/Benefit Advocacy/Medical Records

- Implemented the State's new Short/Doyle Phase II claiming system, including successful submission of claims for both alcohol and drug services and mental health with a payment turn-around time of approximately 60 days from submission date;
- The Business Office Benefit Advocacy Team now publishes a quarterly newsletter that is designed to provide staff with information on the SSI/SSDI disability determination process. This work has resulted in revenues to the Department as well as increased health care benefits access for previously uninsured individuals;
- Medical Records staff collaborated with Data Management Services to improve the system used to identify/locate charts and also maintain a retention timeline.

### Contract Services

- Successfully completed the renewal of more than 150 fiscal year 2010/11 agreements by June 30, 2010;
- Revised the language in all agreements to increase uniformity, incorporate new state required language, and comply with changes to the Health Insurance Portability and Accountability Act (HIPAA) made by the American Recovery and Reinvestment Act (ARRA);
- Completed project to obtain Medicare certification of all Behavioral Health and Recovery Services (BHRS) sites, physicians, and other licensed staff, so that we can bill Medicare for services to clients with both Medicare and Medi-Cal (Medi-Medi clients).

### Data Management Services

- Successfully implemented a new e-mail system, MS-Outlook 2003, replacing a system that was no longer supported, GroupWise 5.5;
- Successfully implemented the State's new billing system, Short/Doyle Phase II, as part of existing BHRS main information system;
- Successfully re-designed and released a new version of BHRS extranet;
- Negotiated a contract agreement with Anasazi Software for implementation of Electronic Health Record system.

### Facilities/Purchasing

- Facilitated a contract with a janitorial firm that hires disabled persons, which will provide our employment program more opportunities to place consumers in meaningful employment;
- Implemented a direct ordering system for office supplies, eliminating a step in the process and improving turn around time;
- Facilitated the remodel of a portion of the Stanislaus Recovery Center to provide a community accessible meeting and office space for Prevention and Early Intervention, and Alcohol and Drug Education and Prevention Services while relocating Facilities staff to 800 Scenic Drive at the same time.

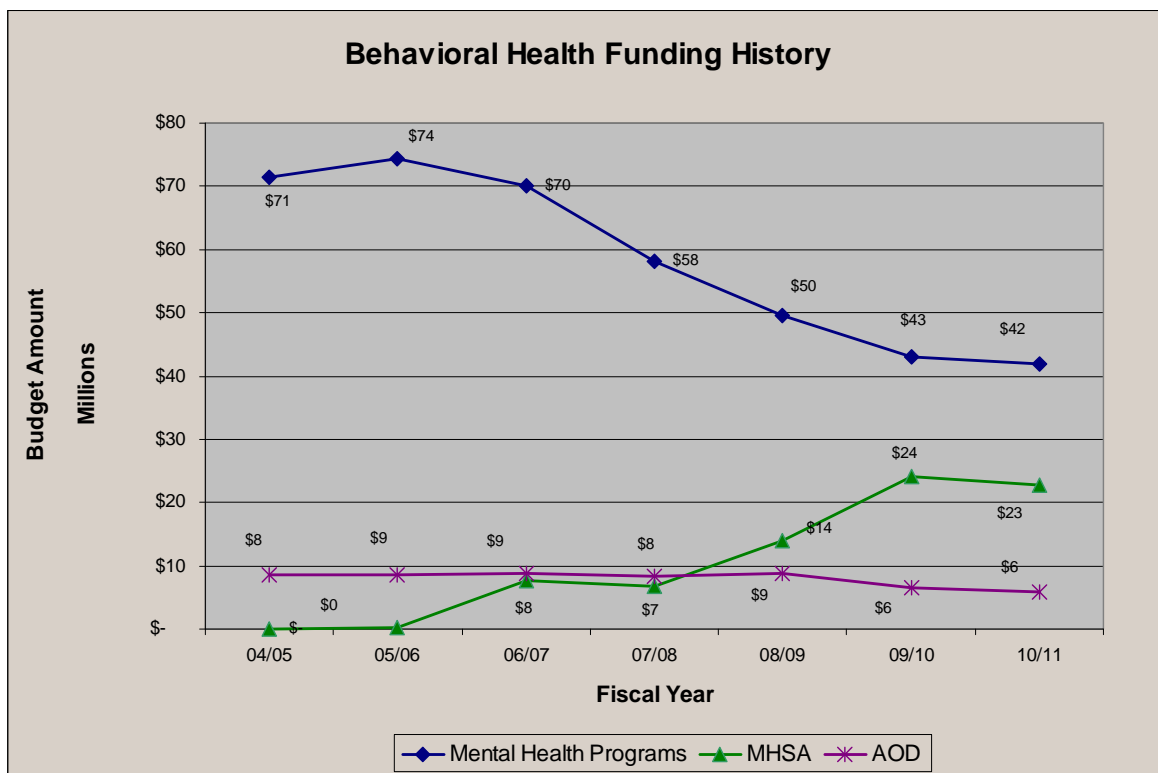
## Human Resources/Training

- Human Resources staff opened a number of recruitments with specific outreach to candidates that have bilingual skills and those with lived experience as a consumer of behavioral health services or as a family member of a consumer of behavioral health services, in addition to working with other County departments on Reduction in Force activities;
- Through the Workforce Education and Training (WET) program, BHRS partnered with Davis High School to develop and add a Behavioral Health component to the Davis High School Health Academy.

## Challenges

Budget concerns have been a challenge in this section for several years. Over the last five fiscal years, the Department has seen a growth in funding related to Mental Health Services Act, while at the same time experiencing funding cuts and lack of growth in core Mental Health programs. This has led to rapid expansion in some areas while reducing staff in others. Unfortunately, the Department has begun to see even the Mental Health Services Act funds begin to decline. Funding for “core” Mental Health Services has been steadily declining, along with Alcohol and Drug funding. (to reflect Proposition 36 reductions and Outpatient Treatment Program reductions) The Administrative and Fiscal Committee will continue to be heavily involved in the department’s efforts to partner with the community to ensure emotional health in Stanislaus County during the economic downturn.

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 over the last 8 Fiscal Years.



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

- Implementation of, and data conversion for the new Electronic Health Record and Billing System;
- Implementation of the California Department of Mental Health's new "Void and Replace" system for Medi-Cal Claim adjustments;
- Participation in the proposed Mental Health Services Act Innovations Project related to the Budgeting Process;
- Staff training related to, and Implementation of, the PeopleSoft Payroll Self-Service Time Card entry project;
- Expanding the partnership between Workforce Education and Training and Employment Services to ensure that plan requirements and objectives are met related to volunteerism and identifying opportunities for the line-of-progression from volunteerism to full-time employment;
- Expansion of the direct supply ordering process to include direct delivery to program sites. The challenge will be tracking of deliveries and how to handle returns;
- Cross-train Contract Services staff on all functions currently performed by the Account Clerk, who is retiring, in order to successfully complete the Fiscal Year 2011-2012 contract renewal process;
- To 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 the department is to support the needs of consumers and staff while ensuring budgetary proprieties. Goals for Fiscal Year 2010-2011 include:

- Strict monitoring of all aspects of the Department's budget, including fund balance reserves, expenditures, outstanding receivables and cash flow.
- Planning for Fiscal Year 2011-2012 budget in anticipation of further State and County cuts; the Department anticipates greater community stakeholder involvement in future budget planning.
- Timely contract monitoring.
- Implementation of a new Electronic Health Record and Information/Billing System.
- Analysis and clean-up of accounts in the current information system in preparation for a new system.

## **Community Collaboration**

Administrative and Fiscal units have been active in the Department's goal of partnering with the community. Activities from this section include:

- Participation in all Mental Health Services Act Stakeholder meetings;
- Development of Prevention and Early Intervention contracts with Community Based providers;
- Participation in the upcoming Mental Health services Act Innovations Project related to the Budget Process;
- 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:** Rita Sudnifkof

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, 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 2009-2010, 25% of individuals booked into the Stanislaus County Safety Center had some mental health contact with Behavioral Health and Recovery Services, 11% were currently open and receiving services; 37% of individuals booked who had contact with Behavioral Health and Recovery Services were rearrested. 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 County Sheriff's Office, 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 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. Unfortunately, due to recent budget reductions in the area's law enforcement agencies, it has been difficult for them to support two academies a year. The class offered in the fall of last year was canceled due to low enrollment; however, the class offered in the spring of this year was a full class with 19 officers attending from Modesto Police Department, Turlock Police Department, Probation and the Sheriff's Office. Originally, the course was designed for the street level officer. However, Behavioral Health and Recovery Services now offers the academy to other disciplines in the criminal justice system.



Members of the Probation Department, Sheriff's Adult Detention, Courts and others have attended past academies. The input from those participants has allowed the academy to provide information and education that is unique to Stanislaus County and valuable to those in other jurisdictions. 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 quicker to use dialogue rather than force in situations that were, previously, considered potentially dangerous.

Local governmental budgets continue to impact law enforcement agencies. Training, however, is still a priority for law enforcement and as well as being mandated by state agencies. Crisis Intervention Training continues to be a viable program despite reduced training budgets. Crisis Intervention Training must be promoted throughout the criminal justice community not only because it is offered free of charge to participating agencies, but also because of the positive fiscal impact it provides by reducing the potential injury to officers and citizens and reducing the amount of officer hours previously needed for calls concerning individuals in crisis.

### 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 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. Restorative Policing continues to meet on a monthly basis. In addition, Turlock Police Department has joined the meeting to discuss individuals from Turlock.

### Mental Health Court/Integrated Forensic Team

Budget for 2009- 2010 -- \$1,434,002  
Individuals served – 103

In 2007, the 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 assessed 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. Services include crisis response, peer support, alternatives to jail, re-entry support and housing and employment services.

Stanislaus County Mental Health Court has had six graduation ceremonies to date, the last being held on August 2, 2010. . 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 infancy of the unknown into the foundations for future growth.

The program averages approximately 20 participants at any given time and the parameters have been reevaluated to serve those most in need. 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.

As of this time, the Mental Health Court has:

- Received 126 referrals
- Enrolled 52 participants
- Graduated 12
- Currently has 8 enrolled in the program
- And discharged 34 participants

### **Accomplishments**

- Stanislaus County continues to have a strong partnership within the Criminal Justice System. Statewide, Mentally Ill Offender Crime Reduction Grant programs have shown an 82% decrease in bookings, 94% decrease in jail days, and a 92% decrease in homeless days by individuals participating in the programs. This demonstrates that these types of partnerships are effective.
- Crisis Intervention Training Academies
- The Integrated Forensic Team/Mental Health Court was awarded the 2010 Best Practices award from California Department of corrections and Rehabilitation.
- The growth of Restorative Policing into County communities outside of Modesto.
- Developed a closer working relationship with the local chapter of the National Alliance on Mental Illness. This collaboration developed a streamlined process for family members to receive and provide information to correctional staff on family members who have been arrested and are receiving treatment for mental illness.

### **Anticipated Challenges**

- Maintaining effective partnership in the midst of dwindling resources among our partners. The commitment to remain in partnership is still a priority for all of us but as staffing gets reduced and individuals are given additional responsibilities, it becomes difficult to maintain the structure that supports the partnerships. All partners will need to be creative and flexible to maintain what has been created during periods of reductions.
- Coordinating mental health services upon release of inmates from jail
- Accessing appropriate housing for clients

# The Modesto Bee

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Mon, Jun. 28, 2010

## Mental health court aims to help

By Merrill Balassone



Mental health client Kevin Wellington, 21, shakes hands with Judge Donald Shaver during a mental health court session at the Stanislaus County Courthouse - Modesto Bee - Bart Ah You

Strung out on methamphetamine, Kevin Wellington weighed 98 pounds one year ago. He'd been to jail four times and wasn't taking medication for his bipolar disorder and depression. Wellington acted out by breaking things and crashing his car. But Wednesday, Wellington beamed as Stanislaus County Superior Court Judge Donald Shaver indulged his request for a handshake, then a hug. Wellington pulled out his cell phone to photograph a bailiff writing his name on the court's "honor roll." "I've been waiting for that, no joke," Wellington said.

Wednesday mornings in Department 10 are a far cry from the typical criminal courtroom scene. There's laughter and applause, and compliments are doled out to defendants who've stayed off drugs or completed tasks such as getting an identification card. It's called Mental Health Treatment Court, a 3-year-old program aimed at keeping mentally ill offenders out of jail and under supervised treatment. The court was singled out statewide by the Department of Corrections and Rehabilitation this year for its success. "It's the most rewarding program I've ever had as a judge," said Shaver, who's presided over family law disputes and death penalty cases alike. "Otherwise, you can spend your whole career seeing people at their worst."

In Stanislaus County, about 19 percent of the 900 jail inmates suffer from mental illnesses. But despite the need, budget troubles and dried-up grant funding have forced cuts. The court stopped taking new offenders and cut its enrollment by half. "This year has been difficult for all of us," said program coordinator Michael Wilson. "But everyone's committed to the process."

Spurred by crowded jails and high recidivism rates, the number of mental health courts has grown to about 280 nationwide. The trend toward so-called problem-solving courts began in the 1980s with drug courts. The concept expanded as a way to save money and reduce the number of mentally ill people who repeatedly enter the criminal justice system. "They were cycling in and out of jail," Shaver said. "We were seeing the same people over and over again."

Studies show defendants who complete mental health court programs are far less likely to be arrested again. "They work. That's the bottom line," said Lisa Callahan, who is conducting the first nationwide study of mental health courts with New York-based Policy Research Associates. "It's enormously expensive to keep people in jail, but it's not that expensive to treat them in the community," Callahan said. "And the recidivism rate goes down."

In a study of a North Carolina mental health court, about 72 percent of those who completed the program were not rearrested within two years. That's compared with 37 percent of those who chose to leave, according to a study published June 18. But mental health courts are not without their critics. Some say the courts privilege criminal behavior by allowing mentally ill offenders to jump to the front of the line for services as others who aren't committing crimes may wait longer.

In Stanislaus County, the team of experts that gathers every Wednesday includes a registered nurse, prosecutor, deputy public defender, sheriff's deputy, probation officer and counselor. Defendants meet regularly with a doctor, nurse, probation officer and case manager who can help them find housing or get health insurance. They may have their medications monitored or be tested regularly for drugs. They are encouraged to attend group sessions where they learn about mental illness and drug and alcohol addiction. "It is definitely not a get-out-of-jail-free pass," said Mary Lynn Miller, a board-certified registered nurse. "It is easier for a client to do their jail time than to face their old habits."

The program accepts defendants facing felony or misdemeanor charges but bars those charged with violent crimes and sex-related offenses. Upon completion of the program, defendants with felonies may have their conviction reduced to a misdemeanor, and misdemeanor defendants can have their charges dismissed. Lena Santellano, 33, first came to court a year ago, sporting gang colors and a forehead tattoo that says "Try Me." Santellano said she's since left her gang buddies behind, is studying to become a peer counselor and is taking medication for depression and anxiety disorders. She bags lunches for the homeless in her spare time. When asked where she would be if not in mental health court, Santellano doesn't waver: "Dead or in prison."

## MANAGED CARE COMMITTEE

**Committee Chair: Jack Waldorf**

**Budget: \$4,124,386<sup>1</sup>**

**Services provided in Fiscal Year 2009-2010: 5,986 contacts for 4,077 individuals<sup>2</sup>**

### **Program Overview**

#### Community Emergency Response Team (CERT)

Services provided in Fiscal Year 2009-2010 include 3,065 contacts for 2,057 individuals.

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/7 days a week. Community Emergency Response Team is located at the Department's complex on Ninth Street in Modesto along with a number of other Behavioral Health and Recovery Services programs to better integrate services and improve coordination of services with the Adult System of Care. Virtually all of emergency and urgent services to adults, older adults, children and adolescents are provided in the field at area emergency rooms and at Doctors Behavioral Health Center. Community Emergency Response Team also continues to provide Managed Care access functions. Organizationally, the Community Emergency Response Team is now part of the Adult System of Care.

The partnership with Turning Point Community Programs for a consumer and family-driven warm-line and peer support service continues. This service is co-located with the Community Emergency Response Team at the Department's complex on Ninth Street in Modesto and monitored by the Adult 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 not offered before. This level of support helps individuals cope more effectively with problems and avert crises. In addition, the 24/7 Medi-Cal access line is transferred to the warm-line for after hours contact. Between July 1, 2009 and December 31, 2009, warm-line staff responded to 1,924 calls for support and/or referrals.

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 its 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, 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 Community Emergency Response Team. An outside answering service takes calls when warm-line staff are unavailable to ensure access at all times.

### Assessment Services

Services provided in Fiscal Year 2009-2010 include 526 contacts for 517 individuals.

Community Emergency Response Team continues to take responsibility for 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 who are receiving services, which allows the Adult System of Care to manage its limited resources and provide crucial services.

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 2009-2010, 99% of 817 adult Medi-Cal beneficiaries were assessed within this timeline. 75% of 478 children and adolescents received an assessment within 30 days, as did 58% of 90 older adult Medi-Cal beneficiaries. The data for children and adolescents includes only those individuals who were assessed by County program staff, as there is no reliable way to track assessments by contract agency programs. It is also important to note that older adult programs made a concerted effort to improve the timeliness of assessments during the year and during the last quarter scheduled 70% within the 30 days of the initial call.

Staff look forward to the implementation of a new information system and electronic health record in the next 18 months, which will substantially improve the ability to capture and monitor data. Organizational providers will also use the new system so that 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, and payment of claims. Utilization Management includes two full-time clinical staff who authorize ongoing outpatient services and manage inpatient review as well as managing authorization processes for foster children placed out-of-county who need mental health services. As a result of contract changes, Utilization Management also provides part-time psychiatric nurse staffing at Doctors Behavioral Health Center to assist with concurrent medical necessity discussions. Utilization Management clerical staff receive and track provider appeals. This year, well over 500 provider appeals for denied services were processed, up from about 10 per year before the sale of Stanislaus Behavioral Health Center in 2007. Almost all of these are for denied inpatient days. The Mental Health Plan Administrator and the Utilization Management Coordinator ensure that appeals are processed according to regulatory requirements.

## Collaborative efforts

- The California Department of Mental Health mandates distribution of customer perception surveys twice each year, in May and November. During Fiscal Year 2009-2010, the State cancelled both survey periods. Behavioral Health and Recovery Services strongly believes in the value of obtaining client and family member feedback and decided to conduct a department wide survey in May even though the State Department of Mental Health did not require it. Behavioral Health and Recovery Services employed consumer and family members through Labor Ready, a local temporary staffing business, to provide assistance to clients and family members at each Department site. This was instrumental in increasing the response rate from 1,516 responses in May 2009 to 2,216 responses in May 2010. This is a 50% increase in the number of individuals who completed surveys.
- Behavioral Health and Recovery Services continues to train mental health staff at Doctors Behavioral Health Center and Kaiser to provide 5150 evaluations to insured individuals, which increases community capacity and allows the Department to focus on its target populations of Stanislaus County Medi-Cal beneficiaries and uninsured individuals. Designation of individuals to provide 5150 evaluations is at the discretion of the Behavioral Health Director. By providing the training, Behavioral Health and Recovery Services ensures consistent presentation of regulatory and ethical responsibilities when making decisions about involuntary detention for mental health evaluation and treatment.

## Accomplishments

- Managed Care staff participated in the RFP process for a new information system
- As mentioned above, we conducted a very successful customer perception survey in May 2010. Of the 2,216 clients and family members who responded, 84% were generally satisfied with the services they received.
  - 87% of older adults gave favorable responses.
  - 82% of adults reported satisfaction.
  - 82% of child and adolescents responded favorably.
  - 80% of family members of children and adolescents indicated satisfaction.
- Of the 2,216 clients and family members who responded, 157 completed Spanish-language surveys. Of those, 127 (80%) were completed by Spanish-speaking family members of children and adolescents, of whom 94% reported general satisfaction with services.
  - 100% of four older adults reported general satisfaction
  - 100% of 20 adults said they were generally satisfied with services
  - 97% of six child/adolescent clients indicated satisfaction
- 99% of adult Medi-Cal beneficiaries had assessments scheduled within 30 days of initial call.
- Although the Department continues to face challenges in reducing disparities in access to services, our measures of client retention are stable across ethnic groups and over time. Across ethnic groups, between 78% and 82% of client receive more than two visits in the six months after they begin receiving services.

- Preliminary results from our Shared Decision Making Process Improvement Project are encouraging. After implementing a brief education intervention on the principles of shared decision-making, patients rights and responsibilities and recovery, 21 participants reported marked improvement in two important areas:
  - After the intervention, 100% said they thought the psychiatrist paid attention to their goals as compared with 70% before the intervention.
  - 60% reported the psychiatrist helped them in deciding what medications to take after the intervention. Only 10% believed this was true before the intervention.

## **Challenges**

- Limited resources for uninsured individuals
- Limited resources available in the outlying areas of the county, especially the west side
- Continuing impact of State budget reductions
- Managing high volume of provider appeals for denied hospital days

<sup>1</sup> The significant reduction in Managed Care budget is due to reduced need for inpatient care, moving Community Emergency Response Team to the Adult System of Care and a reduction in the Managed Care allocation from the State.

<sup>2</sup>This total includes clients and services that may also be included in System of Care data as Managed Care functions for assessment and crisis services are now provided within Systems of Care. The total also includes children and adults who are hospitalized and who receive brief group therapy and other services provided through Managed Care contracts. The reduced numbers are in part due to transferring responsibility for some 5150 evaluations to Doctors Behavioral Health Center and Kaiser.



## 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 included 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 during each monthly meeting. 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. Committee members review program indicators and outcomes and evaluate the effect programs have on clients' mental health.

During the past year, the Impact Committee made onsite, monitoring visits to the following MHSA programs:

- Consumer Employment and Empowerment Center
- Josie's Place Transitional Age Young Adult Drop-In Center
- Prevention and Early Intervention Program
- Senior Access Treatment Team and Senior Access Resource Team

The Committee had several meetings with management and staff of the Consumer Employment and Empowerment Center, BHRS management and the Behavioral Health Director to address areas of concern and made recommendations regarding the Consumer Employment and Empowerment Center. The Director responded in writing to the Committee's comments and concerns. The Impact Committee has agreed to work with Behavioral Health and Recovery Services in its efforts to plan, develop and implement result-based outcome measures related to programming and service development in the coming year. This action aligns with that Committee's interest in measuring the effectiveness of Mental Health Services Act programming.

As a result of issues raised by the Impact Committee, the Department authorized a stakeholder process to develop shared agreement about the focus of the Consumer Employment and Empowerment Center going forward and to improve the Center's capacity to achieve, assess and report results for participants over time. The process was organized around the results based accountability framework, which is designed to help programs and communities assess and improve the benefits of programs for individuals who participate in them. Members of the Impact Committee were part of the group that from December 2009 through May 2010 to develop recommendations to ensure the ongoing success of the Center in promoting recovery and well being for individuals with a mental illness. The report was sent to the Director and subsequently presented to the full Mental Health Board.

In addition, the Impact Committee will be working with the California Mental Health Planning Council (a state-level group operating within the State Department of Mental Health) to review and report on Stanislaus County mental health outcome indicators on an annual basis.

The Committee will continue to look at program outcomes and make appropriate recommendations to Behavioral Health and Recovery Services.

## 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 the continued implementation of the approved Plans and in monitoring program outcomes. The Mental Health Board will assist the organization in the planning and implementation of its efforts around Mental Health Services Act funding for Innovation projects. Additionally, the Mental Health Board will conduct public hearings as needed 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 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 committee established by Doctors Behavioral Health Center to oversee operations at the psychiatric hospital. Administrative staff have also been invited to present to the Mental Health Board on a quarterly 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 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, 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.

- 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 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. We 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.
- Mental Health Board members have also committed to participating in the Behavioral Health and Recovery Services Mental Health Services Act Innovation Project once approved. The Innovation Project will develop stakeholder processes that enable community and County partners to join with Behavioral Health and Recovery Services leadership in building consensus about how to address the emerging budget shortfalls across the mental health and alcohol and drug budgets and how to leverage available resources to improve behavioral health outcomes across the County.