

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

DEPT: Behavioral Health and Recovery Services

BOARD AGENDA # B-6

Urgent

Routine

AGENDA DATE October 18, 2011

CEO Concur with Recommendation YES  NO   
(Information Attached)

4/5 Vote Required YES  NO

SUBJECT:

Consideration of the Mental Health Board Annual Report

STAFF RECOMMENDATIONS:

Accept the Mental Health Board Annual Report.

FISCAL IMPACT:

On September 13, 2011, the Board of Supervisors approved a Final Budget for Behavioral Health and Recovery Services of \$71,141,509. Of this amount, \$63,343,003 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. 2011-639

On motion of Supervisor Withrow, Seconded by Supervisor O'Brien

and approved by the following vote,

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

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) X Approved as recommended

2) \_\_\_\_\_ Denied

3) \_\_\_\_\_ Approved as amended

4) \_\_\_\_\_ Other:

MOTION:



ATTEST: CHRISTINE FERRARO TALLMAN, 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:

- Significant involvement in several public meetings related to Mental Health Services Act planning, implementation, and updates. Mental Health Board members participated in stakeholder and informational meetings and held a public hearing regarding the Annual Update for Fiscal Year 2011-2012.
- 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, the Board recognizes 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.
- Two joint meetings are held annually with the Advisory Board for Substance Abuse Programs in order to continuously focus on the integration of services for mental health and substance use disorders. The two Boards agreed to the appointment of Board Liaisons from each Board who attend the meetings of both Boards each month and report activities to their respective Board.
- Two Mental Health Board meetings were held in community-based settings in order to provide visibility of the Board and to encourage community input.
- Because of the Mental Health Board's interest in continuing to have high-quality inpatient psychiatric services in Stanislaus County, two members participate on the Doctors Behavioral Health Center Community Advisory Board.
- Members participated on various Quality Improvement Councils, including the Quality Measures Review Committee for services provided by Doctors Behavioral Health Center.

- Mental Health Board members attended meetings and served as members of the California Association of Local Mental Health Boards and Commissions and served as that organization's past President.
- The Mental Health Board has been a supporter of several community-based events, such as the National Alliance for Mental Illness' local chapter trainings ("Family to Family", Provider trainings, and "In Our Own Voice") as well as events held in the community including 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 illness.
- Pursuant to the Welfare and Institutions Code, members conducted a closed session to interview an applicant for Mental Health Director as the result of the pending retirement of the current Director. The Board made a recommendation to the County Chief Executive Officer to approve the appointment of Madelyn Schlaepfer, Ph.D.
- In collaboration with the Behavioral Health and Recovery Services Information Technology Department, members developed a website to post information regarding the Stanislaus County Mental Health Board. Information posted includes agendas, minutes, the Annual Report, bylaws, mission statement, role and responsibilities, member information, a brochure on the Board, a fillable application and links to appropriate sites of interest.
- Board members participated in the Alcohol and Other Drug Stakeholder process, which is part of the Mental Health Services Act Innovations Project. Stakeholders were invited to review the Alcohol and Other Drug budget and assist in identifying reductions and changes to Alcohol and Other Drug services.
- Pursuant to AB 1234, Members attended the Ethics Orientation for Public Officials seminar presented by County Counsel. Members unable to attend the seminar completed the training online.
- Members participated in the exit conference for the State Department of Mental Health's triennial system and medical record audit of Behavioral Health and Recovery Services.
- Members attended a California Institute for Mental Health sponsored training, "Using Data for Continuous Quality Improvement". Members completed the data workbook at the training. The workbook was assigned to committees for review and to add data from the perspective of their committee's system of care and target populations. The final workbook was approved by the entire Mental Health Board and submitted to the California Mental Health Planning Council.

- Board members reviewed the Cultural Competency Plan prior to submission to the State Department of Mental Health, specifically addressing the section on the Mental Health Board.
- Members reached out to other regional Mental Health Boards to discuss possible joint meetings. Several members attended Mental Health Board meetings in other counties.
- Members were presented certificates of appreciation from the Department for their volunteer efforts on behalf of the Department, consumers and families.
- 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.

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

- With the passage of the Mental Health Services Act (Proposition 63), Mental Health Board members have been busy assisting BHRS with the planning and implementation processes. The Mental Health Board plans to be active in assisting Behavioral Health and Recovery Services in monitoring program outcomes for Mental Health Services Act programs. The Mental Health Board will assist the organization in the implementation of Innovation projects. Additionally, the Mental Health Board will conduct public hearings as needed to comply with Mental Health Services Act statutes.
- The Mental Health Board will continue to hold joint meetings with the Advisory Board on Substance Abuse Programs regarding mental health and alcohol and drug program issues that support the Behavioral Health and Recovery Services strategic goal of behavioral health integration.
- Mental Health Board members are invested in ensuring that the psychiatric hospital, Doctors Behavioral Health Center, provides excellent care and treatment to individuals with a mental illness. Members attend the citizen advisory board established by Doctors Behavioral Health Center to oversee operations at the psychiatric hospital. Doctors Behavioral Health Center staff have also been invited to present to the Mental Health Board on a 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 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 years Behavioral Health and Recovery Services has experienced, and will continue to do so for some time. The need to pool resources between public and community agencies as well as information sharing between other Mental Health Boards remains a primary objective. Members will continue to participate on the California Association of Local Mental Health Boards and Commissions. 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, which developed a stakeholder process to 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: Madelyn Schlaepfer, Director

Telephone: 525-6205



# Stanislaus County Mental Health Board

## Annual Report

Presented to the Stanislaus County  
Board of Supervisors  
**October 18, 2011**

# ANNUAL REPORT TO THE BOARD OF SUPERVISORS

October 18, 2011

INTRODUCTION  
MISSION STATEMENT  
MENTAL HEALTH BOARD MEMBERS  
EXECUTIVE SUMMARY

CHILDREN'S AND TRANSITIONAL AGE YOUTH SYSTEM OF CARE COMMITTEE  
ADULT SYSTEM OF CARE COMMITTEE  
OLDER ADULT SYSTEM OF CARE COMMITTEE  
ADMINISTRATIVE/FISCAL SERVICES COMMITTEE  
CRIMINAL JUSTICE OVERSIGHT COMMITTEE  
MANAGED CARE COMMITTEE  
IMPACT COMMITTEE

PRIORITIES/CHALLENGES



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

## **INTRODUCTION**

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

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

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

The Mental Health Board is comprised of a wide range of individuals representing the diversity of the County population. There are currently 13 members on the Board, comprised of consumers of mental health services, family members of consumers, mental health professionals and others interested and concerned about the mental health system. Members include five consumers (38%) and eleven family members (85%). The membership includes a total of 11 members (85%) who are consumers or family members. Five 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 a mental illness in Stanislaus County must be given the utmost priority in terms of continued support and resources to maintain programs that currently exist within the system. Members of the Mental Health Board are committed to this goal.

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

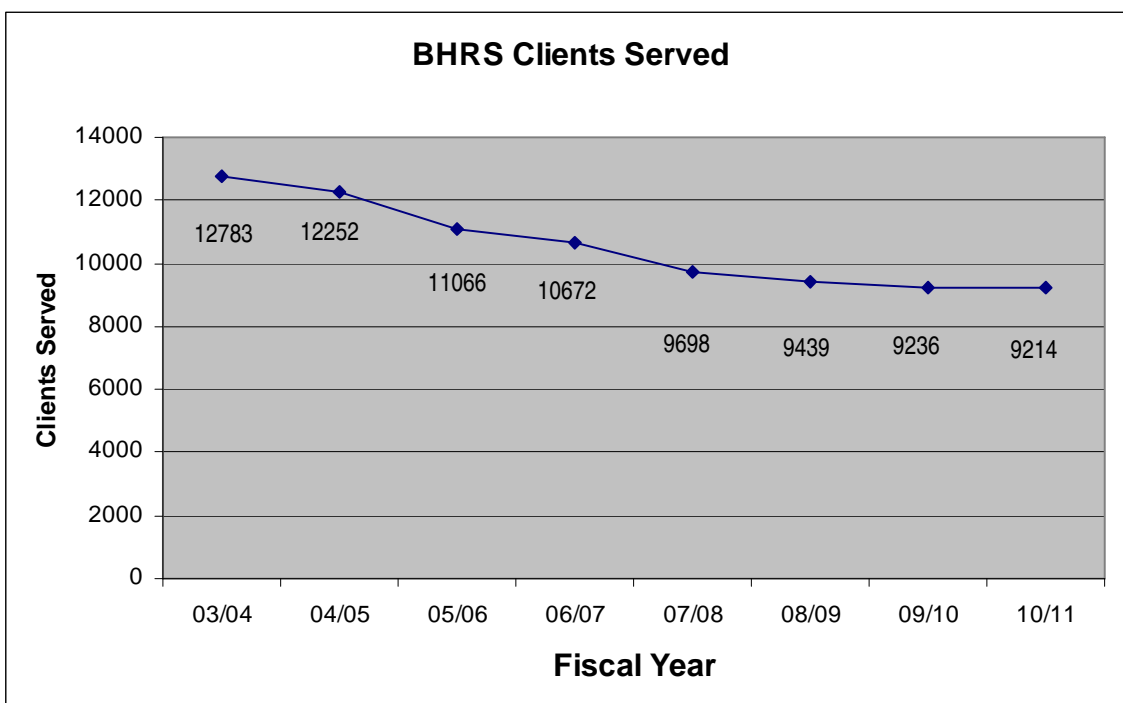
Behavioral Health and Recovery Services has made the shift from only delivering behavioral health services for individuals in need of those services toward something very different. The Department is dedicating part of its efforts toward developing and enhancing the capacity of communities in Stanislaus County to support recovery and wellness for members of those communities who have a mental illness or an alcohol or drug problem. While Behavioral Health and Recovery Services will continue to be a provider of expert behavioral health services,

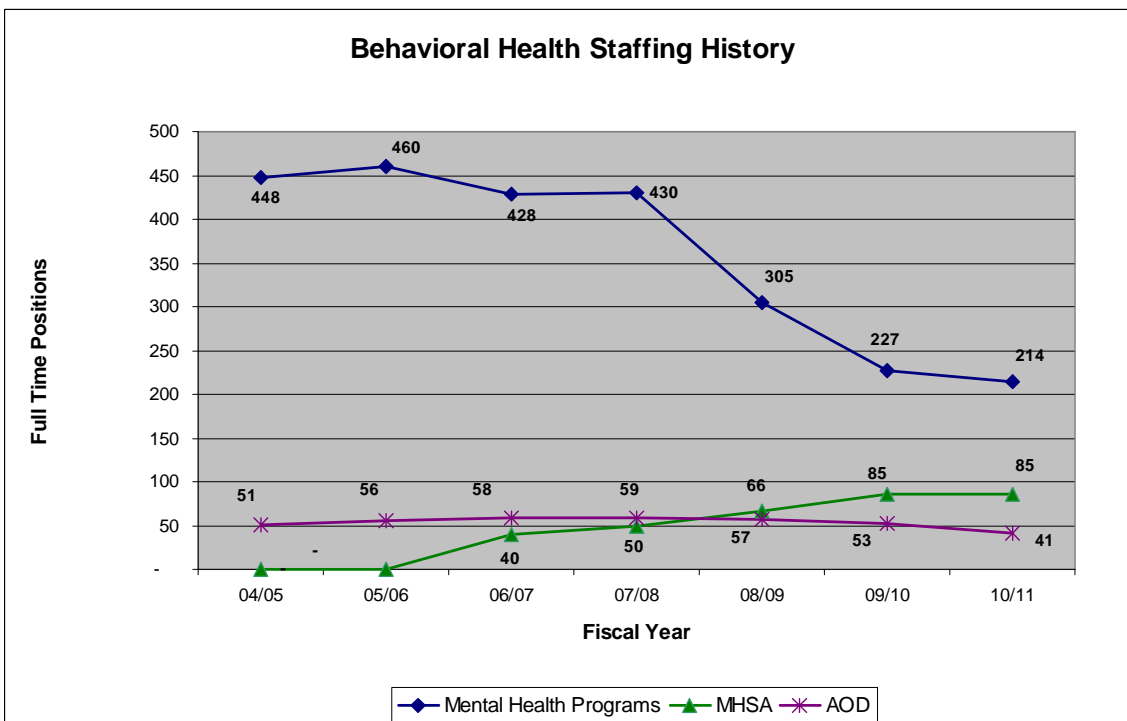
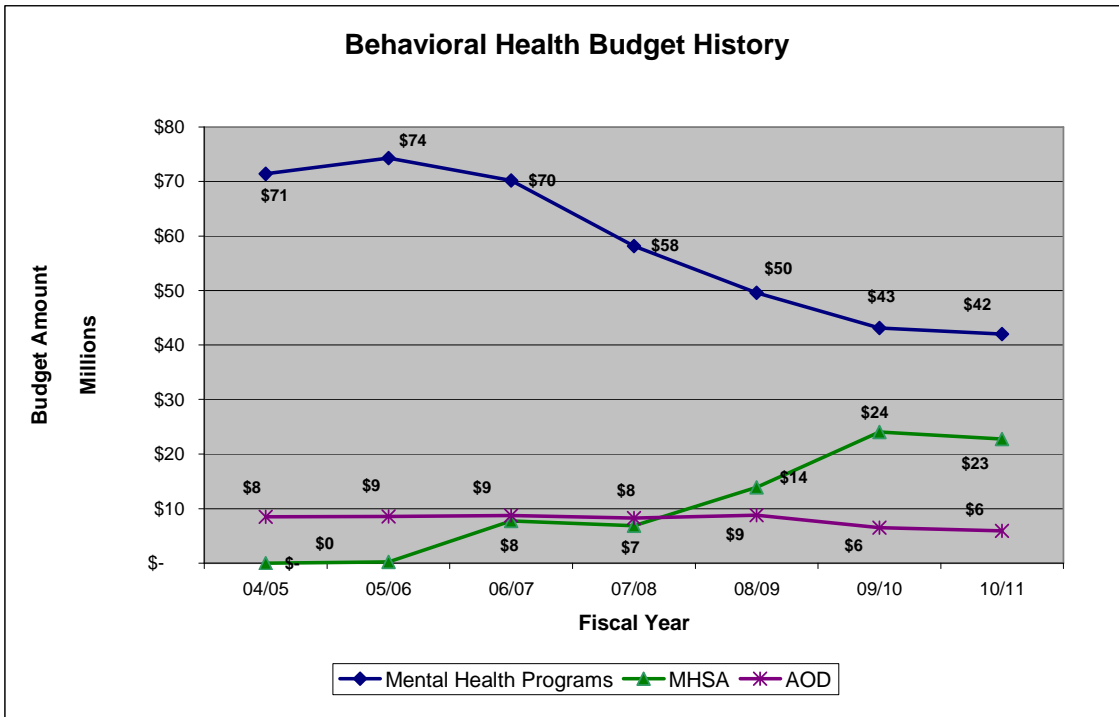
especially for those most in need of assistance, the Department is increasingly collaborating to deliver outcomes and results, not services. The Senior Leadership Team has committed to the following four long term organizational change initiatives: a focus on results, a commitment to community, leadership development and fiscal sustainability. The Mental Health Board is committed to working with Behavioral Health and Recovery Services and the Board of Supervisors to support the implementation of these initiatives and to making certain that the funds necessary to maintain essential programs and services are provided.

Collaborative efforts were a high priority during the preceding year, and remain so during the tenuous budget years Behavioral Health and Recovery Services has experienced, and will continue to experience for some time. The need to pool resources between public agencies and community agencies as well as the need for information sharing between other Mental Health Boards remain primary objectives. Members held meetings in Patterson and Turlock 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 is an active participant in the Association and serves as Past President.

This report will highlight some of the programs currently in place at Behavioral Health and Recovery Services. This work is accomplished through several Systems of Care mentioned earlier; the Adult System of Care, Older Adult System of Care, Forensics Services, the Children's System of Care, and Managed Care Services. Behavioral Health and Recovery Services is responsible for a budget of \$71,141,509 and a staff of approximately 340. Behavioral Health and Recovery Services served 9,214 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 clients served as well as 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**

Karl von Spreckelsen, Chair

Jack Waldorf, Vice Chair

Supervisor Terry Withrow

Francisco Alvarez

Christopher Cataline

Elisa Duke

Carlos Fierros

Annie Henrich

Kimberly Kennard, DSW

Chip Langman

Maria Ontiveros

Lynn Padlo

Ritta Sudnikoff

Catherine Szakmary

## **MENTAL HEALTH BOARD EXECUTIVE SUMMARY**

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

- Pursuant to the Welfare and Institutions Code, members conducted a closed session to interview an applicant for Mental Health Director as the result of the pending retirement of the current Director. The Board made a recommendation to the County Chief Executive Officer to approve the appointment of Madelyn Schlaepfer, Ph.D.
- In collaboration with the Behavioral Health and Recovery Services Information Technology Department, members developed a website to post information regarding the Stanislaus County Mental Health Board. Information posted includes agendas, minutes, the Annual Report, bylaws, mission statement, role and responsibilities, member information, a brochure on the Board, a fillable application and links to appropriate sites.
- Board members participated in the Alcohol and Other Drug Stakeholder process, which is part of the Mental Health Services Act Innovations Project. Stakeholders were invited to review the Alcohol and Other Drug budget and assist in identifying reductions and changes to Alcohol and Other Drug services.
- Pursuant to AB 1234, Members attended the Ethics Orientation for Public Officials seminar presented by County Counsel. Members unable to attend the seminar completed the training on line.
- Members participated in the exit conference for the State Department of Mental Health's triennial system and medical record audit of Behavioral Health and Recovery Services.
- Members attended a California Institute for Mental Health sponsored training, "Using Data for Continuous Quality Improvement". Members completed the data workbook at the training. The workbook was assigned to committees for review and to add data from the perspective of their committee's system of care and target populations. The final workbook was approved by the full Board and submitted to the California Mental Health Planning Council.
- Board members reviewed the Cultural Competency Plan prior to submission to the State Department of Mental Health, specifically addressing the section on the Mental Health Board.
- Members reached out to other regional Mental Health Boards to discuss possible joint meetings. Several members attended Mental Health Board meetings in other counties.
- 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.

- 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.
- Significant involvement in several public meetings related to Mental Health Services Act planning, implementation, and updates. Mental Health Board members participated in stakeholder and informational meetings and held a public hearing regarding the Annual Update for Fiscal Year 2011-2012.
- 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, the Board has agreed with 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.
- Two joint meetings are held annually with the Advisory Board for Substance Abuse Programs in order to continuously focus on the integration of services for mental health and substance use disorders. The two Boards agreed to the appointment of Board Liaisons from each Board who attend the meetings of both Boards each month and report activities to each respective Board.
- Because of the Mental Health Board's interest in continuing to have high-quality inpatient psychiatric services in Stanislaus County, two members participate on the Doctors Behavioral Health Center Community Advisory Board.
- Members participated on various Quality Improvement Councils, including the Quality Measures Review Committee for services provided by Doctors Behavioral Health Center.
- Mental Health Board members attended meetings and served as members of the California Association of Local Mental Health Boards and Commissions and a member served as that organization's past President.
- The Mental Health Board has been a supporter of several community-based events, such as the National Alliance for Mental Illness' local chapter trainings ("Family to Family", Provider trainings, and "In Our Own Voice") as well as events held in the community such as 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 illness.
- Members were presented certificates of appreciation from the Department for their volunteer efforts on behalf of the Department, consumers and families.

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



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

**Committee Chair:** Francisco Alvarez

**Budget:** \$17,357,199

**Services provided:** 5,126 clients served and 111,969 services provided

### Programming 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 disturbances and their families throughout Stanislaus County. Of the 32 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 under contract by community-based agencies. Children's and Transition Age Youth System of Care teams are co-located with Child Welfare, Probation, Juvenile Hall, Special Education, Health Services Agency, numerous school sites (28), as well as Head Start 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 18 years have had a tremendously positive impact on how services are provided. By working with multidisciplinary teams, youth and their families are able to have an integrated plan of service and access the resources of each agency. Many of the programs have shared funding and are developed in partnership with families, agencies and staff. The ability of 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. The System of Care values match well with the Mental Health Services Act essential elements of 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 wraparound, 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 the Aspira Stabilization Program, a highly intensive, alternative in-home program to avoid out-of-county hospitalizations. The Aspira Stabilization Program served 115 children/youth last fiscal year, of which only three were hospitalized. These are minors that would likely have been hospitalized without intervention. This has been a very successful alternative to inpatient programming.

Similarly, three other intensive in-home services are provided, Therapeutic Behavioral Services, Sierra Vista Home-Based Services, and wraparound, a new program highlighted later in this report. These services provide intensive services to help youth succeed at home and avoid costly and disruptive out-of-home placements.

#### Passages Wilderness Program

The Passages Wilderness Program is an adventure-based wilderness experience that provides a safe environment for children and youth served by the System of Care to engage in various therapeutic activities. The goals of Passages is to assist participants to build trust, help others, take responsibility for themselves, increase self-esteem, and help overcome fears. Week-long sessions are held in the High Sierras during the summer. Activities include group activities, challenge courses, a ropes course, wilderness skill building, along with day hikes and overnight backpacking trips. The Passages Wilderness Program is jointly staffed by Behavioral Health and Recovery Services staff and camp personnel. The camp personnel provide the expertise in the wilderness programs and leadership development, while Behavioral Health and Recovery Services staff is on site to provide support, therapeutic intervention, group facilitation, and participate with clients in the daily camp activities. A clinical milieu is creatively woven into the daily camp activities, enriching the experience for the youth and assisting them on the road to emotional recovery. In 2010, two sessions were offered in the months of July and August, serving 38 children and youth.

#### Child Assessment Interview Referral Evaluation Center

The Child Assessment Interview Referral Evaluation (CAIRE) Center was established in 2004 and is funded with a California Emergency Management Agency (CalEMA) Grant, which provides therapeutic services to child victims of abuse and trauma. In November 2010, the Family Justice Center was established to serve victims in Stanislaus County, a place of support and advocacy for victims of abuse, domestic violence and elder abuse. At that time, the CAIRE Center was re-located to the Family Justice Center site. This move has had positive outcomes for children and their families. The space has allowed the clinical staff to establish a much better therapeutic environment and has allowed for a designated therapy room within the CAIRE Center. CAIRE Center staff received an additional one-time grant to implement a therapeutic play room. Child victims of abuse now have a better therapeutic environment that is much more conducive to the therapeutic process. In addition, the Family Justice Center has also allowed staff the ability to immediately connect families with the various resources available on site. The collaboration among Family Justice Center providers continues to grow, always mindful of the needs of the family and child victims that come through the doors. The CAIRE Center has provided services to over 1,200 child victims of abuse and their non-offending family members.

#### Josie's Service Team and Drop-in Center

Josie's Service Team and Drop-in Center, a program for transitional age youth and young adults funded by the Mental Health Services Act, continues to develop and grow. In 2010, the program implemented an Aggression Replacement Therapy group successfully, began a Pregnant and Parenting Group, co-sponsored the Transitional Age Youth Leadership Conference at Modesto Junior College (where 250 youth were in attendance), and hosted a young ladies spa retreat to help reinforce positive coping skills, self-esteem and self-care. The Young Adult Advisory Council continues to thrive with increased membership. Twenty members of the Young Adult Advisory Council were able to take a field trip to the Museum of Tolerance to increase awareness of cultural diversity. Several fundraisers made this trip possible.

### Family Partnership Center

The Family Partnership Center continues to provide a “one stop shop” experience for children and families to meet their needs for mental health services, psychiatric services, support services, including education and information, respite, referral and linkage, advocacy, wellness, and social and recreational activities. Kinship Support Services and Parent Partnership Project programs are part of the Family Partnership Center. Staff of these two programs continue to serve on four community boards and committees addressing the special education needs of children and families. On-going collaboration with Modesto Junior College, the Girl Scouts, and Al-Anon continue to serve the interests of clients. In 2010, a Seeking Safety Group was implemented for the Center’s transitional aged youth. Guardianship services, provided to relative caregivers, were re-implemented after being eliminated due to funding shortages in previous years. A local attorney interested in senior advocacy began a Guardianship Workshop at Family Partnership Center to assist participants with the paperwork and processes related to obtaining guardianship of their relative children/grandchildren.

### Youth and Family Services

The Youth and Family Services program continues to provide family-focused, comprehensive outpatient mental health assessment and treatment for children and families of Stanislaus County. Accomplishments include providing an annual picnic for clients and families, increasing services for Spanish-speaking individuals, and completing a Seeking Safety group. Youth and Family Services has been planning and will soon implement a Pediatric Consultation Clinic, which is a community capacity building project. The clinic will allow doctors to refer patients under the age of 18 for a psychiatric consultation and receive feedback on prescribing medications and other mental health related recommendations. Two additional groups will be developed this year to meet the needs of children and their families, an Alcohol and Other Drugs Seeking Safety group and a Parenting Group/Parent Night in the fall for English and Spanish-speaking parents in collaboration with the National Alliance for Mental Illness.

### School Bases Services

School Bases Services has had a challenging year. Despite these challenges, staff has been trained on Aggression Replacement Therapy and will begin to apply this in groups at school sites. The program has trained and implemented the Child Adolescent Needs Strengths so that measures of improvement can be presented to families and goals can be generated that are more meaningful and relevant. The training on Teens Addiction Severity Index continues to take place as School Based Services becomes ever aware of youth with drug and alcohol issues. Additionally, Stanislaus County continues to have the lowest residential treatment rates of a county our size; and three students reunified with their families this year.

### Leaps and Bounds

Leaps and Bounds is an outpatient behavioral health program focused on serving infants, toddlers and pre-school children, ages 0-5 years and their families. Leaps and Bounds and Sierra Vista Child and Family Services’ Early Intervention Program formed a collaborative that provides services for the Stanislaus County Children and Families Commission, while continuing to provide traditional mental health services. The Commission contract has provided for flexible and early preventative mental health services and the provision of consultation and training to

child care providers. This year, the collaborative exceeded its goals in terms of numbers served, hours of service provided, and improvements in several key areas of mental health functioning.

Leaps and Bounds and Sierra Vista Child and Family Services' Early Intervention Program are not mandated programs. Since services are voluntary, the programs have remained adaptive to the needs of the community while continuing to meet agency requirements, Commission requirements, and the requirements of other mental health funding sources. The programs provide services in the home and in the community at times that work best for participants. The programs use a model that is based on building relationships and building capacity within current family and organizational systems. In order to continually improve the quality of services provided, several feedback instruments are gathered during the year.

The following outcomes are based upon surveys and clinical measures:

- Improved mental health of children 0-5

Outcome: 92% of parents whose children are participating in mental health services report a reduction in the child's mental health symptoms and improvement in child functioning.

- Family Relationships

Outcome: 73% of parents whose children are participating in treatment report an improvement in their relationship with the child.

- Improvements in family functioning and reduction in risk factors for child abuse and neglect

Outcome: 82% of parents participating in treatment report a reduction in risk factors for child abuse and neglect within 12 months of treatment.

- Caregivers have improved knowledge and skills to parent their children

Outcome: 99% of children whose parents completed the survey report positive skill gains.

- Improve access to early preventative mental health services

Outcome: 89% of children 0-5 showed improvement in behavior by early education providers.

- Programs to partner and network to provide more effective services

Outcome: 100% of Family Resource Center staff reported satisfaction with mental health consultation at their sites.

- Increase provider capacity - improved quality and stability of early learning programs and daycares

Outcome: 95% of daycare providers reported a willingness to continue to work with children with serious behavioral problems as a result of mental health consultation.

## Wraparound

Wraparound is a collaborative program implemented by Behavioral Health and Recovery Services, Community Services Agency and the Probation Department administered by Aspira-Net. It is a planning process that walks the family through a series of steps and designated family-centered phases. The ultimate goal of Wraparound is to keep children with their birth families, with relative care givers or with foster families by providing intensive, comprehensive, integrated and creative treatment intervention support services.

Wraparound services are designed to be flexible in nature and will consider, blend and incorporate the family's voice in the decision making process. The strengths for the family will be utilized as the foundation of the planning process.

Wraparound is another way in which staff can attempt to keep youth out of higher levels of care. Keeping this in mind, Wraparound relies on a family-centered, team-based approach.

Wraparound provides a caring team who will get to know and honor the family culture; an individualized family centered plan which embraces the strengths and needs of the family; referrals and linkages to community based resources, supports and services; and unconditional care until success is achieved.

## Center for Human Services

The Center for Human Services developed and implemented Alcohol and Other Drug Youth Treatment Services which began on July 1, 2010. This program provides a 13-week alcohol and other drug outpatient treatment program for youth in Stanislaus County.

### **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 in substance abusing families and finding effective tools for treatment.
- Adoption of more Evidenced Based Practice research and training to enhance programming.
- More fully utilize outcome data to guide service delivery.
- Due to budget changes, Behavioral Health and Recovery Services is no longer responsible for providing AB 3632 services. The responsibility and accountability has now shifted to education. Collaboration and planning with Modesto City Schools will continue to ensure the best possible transition for children and families receiving education related mental health services with the AB 3632 services.

## **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 17 years of data collection experience, there is a wealth of information including the following:

### Reducing Out-of-Home Placement:

Having enjoyed one of 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 averaged three clients 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 14 years.

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

Severely Emotionally Disturbed School Based Services have been able to avoid out-of-home placement for over 98.5% 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 a 90% reduction in homelessness rates among the youth that they serve.

### Client Satisfaction:

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

### Ethnicity of Clients:

The Children's and Transitional Age Youth System of Care served the following diverse client families during 2010:

#### Race:

- African American: 3%
- Asian: 5%
- Native American: 1%
- Other: 29%
- Caucasian: 61%

#### Ethnicity:

- Hispanic: 42%

## ADULT SYSTEM OF CARE COMMITTEE

**Committee Chair: Chris Cataline**

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

**Services provided:** 4,597 individual clients served and 110, 490 services provided

### Program Overview

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

The overall capacity of the regional service system remained unchanged from the previous fiscal year in terms of mental health services. There continues 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.

### StanWORKs Behavioral Health Services

StanWORKs Behavioral Health Services is fully integrated into the Adult System of Care. These services are provided in partnership with the Community Service Agency at the Hackett Road and Turlock sites. Service delivery at this site has been changed to a Brief Treatment Model with all Mental Health Clinicians receiving training and supervision in this model. The Alcohol and Other Drug Program has refocused on treatment along with monitoring treatment at the First Step and Stanislaus Recovery Center programs.

### Mental Health Services Act Programs

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

Housing: Target 70% reduction in homeless days

Outcome:

	<i>12mo Prior</i>	<i>(Normalized) current year</i>	<i>% of reduction</i>	<i>Actual days</i>	<i>% of reduction</i>
Partnership TRAC	2,898	464	84%	150	95%
Westside SHOP	3,632	224	94%	336	91%

Target Achieved (Total reduction of 93% or 7,028 days)

Incarceration: Target 36% reduction

Outcome:

	<i>12mo Prior</i>	<i>(Normalized) current year</i>	<i>% of reduction</i>	<i>Actual days</i>	<i>% of reduction</i>
Partnership TRAC	724	85	88%	85	88%
Westside SHOP	398	68	83%	8	98%

Target Achieved (Total reduction of 93% or 1,723 days)

Hospitalizations: (this data not required by contract)

Outcome:

	<i>12mo Prior</i>	<i>(Normalized) current year</i>	<i>% of reduction</i>	<i>Actual day's</i>	<i>% of reduction</i>
Partnership TRAC	394	150	62%	150	62%
Westside SHOP	888	11	99%	7	99%

Target Achieved (total reduction of 85% or 1,272 days)

(Josie's Tract which deals with Transitional Age Youth has been transferred to the CSOC this year. Discuss of same can be found under the Children's System of Care.)

Housing and Employment

Housing and employment 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. This fiscal year, 123 individuals and/or families were placed in permanent housing. Seventy-seven individuals and/or families were placed in Transitional Housing of which 15 of those moved into some type of permanent housing during the fiscal year.



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 30 to 35 with an additional nine individuals continuing their jobs from Fiscal Year 2009-2010. In addition, collaborative relationships have been established with Heifer International and Project Uplift.

#### Garden Gate Respite Center

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

#### Wellness Recovery Center

The Wellness 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 a service for needed supports. The program offers services for adults with a 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 and 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 Recovery Services and Turlock Recovery Services

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

#### Psychiatric Consultation Clinic

The Psychiatric Consultation Clinic has provided a valuable support to community physicians by having a Behavioral Health and Recovery Services psychiatrist 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. This clinic temporarily stopped taking referrals for a period of five months as the long time psychiatrist left and a replacement was not readily available.

#### Integrated Service Agency

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 the billing of psychotropic medications to the County instead of to Medi-Cal.

Community Emergency Response Team

The Community Emergency Response Team (CERT) provides emergency psychiatric evaluations at local emergency rooms and at Doctors Behavioral Health Center for Stanislaus County residents who are Medi-cal beneficiaries or who are uninsured. In addition, this team of psychiatric nurses and clinicians consults and provides joint visits with Modesto Police officers when requested. The Community Emergency Response Team completed 3,092 emergency psychiatric assessments this fiscal year. This team also provides the bulk of the Medi-Cal assessments and referral for non-emergency psychiatric services. This fiscal year, 458 assessments were provided.

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

<u>Ethnicity</u>	<u>Number of Consumers</u>	<u>Percentage</u>
American Indian/Alaska	41	0.9%
Asian/Pacific Islander	133	2.9%
Black	262	5.7%
Filipino	36	0.8%
Hispanic	1,469	32.2%
Other	33	0.7%
White	2,494	54.7%

**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.
- Form a collaboration with California State University Stanislaus and Telecare to offer a series of focus groups to consumers regarding what they need to be successful in the community.
- Develop a comprehensive report that summarizes LOCUS (Level of Care Utilization System), Milestones in Recovery and priority areas of focus for use in client program planning.
- Review possible use of Recovery Centered Clinical Services handbook regarding recovery in group format
- All Adult System of Care staff will complete the California Brief Multicultural Competence Scale three day training.
- Continue the 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.

- Continue work on creating fidelity measures for all Evidence Based Practices used in the Adult System of Care.
- Integrate Results Based Accountability outcomes for two adult contractors by July 1, 2012.
- Maintain productivity at all Adult System of Care programs that bill Medi-Cal at 55% or higher.

### **Outcomes and Accomplishments**

- The Adult System of Care developed a comprehensive LOCUS (Level of Care Utilization System) training and all System of Care staff received training.
- Adult System of Care staff participated in training through the Telecare Medical Director in the area of creating a Culture of Recovery.
- Modesto Recovery Services continued a Dual Diagnosis Treatment Tract that includes alcohol and other drug group treatment and mental health treatment focusing on how the two issues influence each other. In addition, four Behavioral Health Specialist staff have significant alcohol and other drug services experience and work with dually diagnosed clients. The groups for these clients started in October 2009. There have been 20 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 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 productivity monitoring project continued with the goal of 55% productivity level for Adult System of Care staff. In June 2011, productivity for the three Regional Teams was as follows: Wellness Recovery 55%; Modesto Recovery Services 56%; and Turlock Recovery Services 56%.
- The Homeless Outreach Team, which focuses on outreach and engagement with individuals who are homeless and with other agencies serving individuals who are homeless, has been fully implemented.
- Behavioral Health and Recovery Services Adult System of Care had 862 consumers participate in the semi-annual Mental Health Statistics Improvement Program (MHSIP) State Satisfaction Survey. Overall 82% of the responses were favorable.
- A CO-OP agreement was finalized between Behavioral Health and Recovery Services and the State Department of Rehabilitation as another resource for consumers.

- Behavioral Health and Recovery Services employment and housing services completed the process of becoming certified through California Association of Rehabilitation Facilities to allow continued work with the California Department of Rehabilitation.
- In July 2009, when Stanislaus County assumed responsibility for the Employment Program, there were two consumers employed. During the last fiscal year, Behavioral Health and Recovery Services has had 22 consumers in temporary employment and 35 consumers in individual community placement, part-time or full-time. They also maintained nine individuals in employment who began their employment in Fiscal Year 2010-2011.
- 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. Turlock Recovery Services has recruited and trained two volunteer drivers, which has increased accessibility for consumers.

### **Future Challenges and Changes**

- The reorganization of the State Department of Mental Health and the State Department of Alcohol and Drug Programs into the Department of Health Services presents a challenge.
- The redesign of Realignment Funds in the State Budget for Fiscal year 2012-2013 could have significant impact on the Behavioral Health and Recovery Services and the Stanislaus County budgets.
- The current economy and high unemployment rates continue to impact the employment of individuals with severe mental illness.
- The impact of Health Reform regarding Integrated Behavioral Health/ Physical Health programs is currently unknown.
- 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 billing and administrative information and a pilot on clinical progress notes.

## PREVENTION AND EARLY INTERVENTION

### Program Overview and Changes

Behavioral Health and Recovery Services has initiated the implementation of Stanislaus County's Prevention and Early Intervention Plan. The 18 new programs and initiatives, which are now part of the Adult 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, now serves as the energy and partnerships as Behavioral Health and Recovery Services initiates 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:

- Community Capacity Building
- Mental Health Promotion
- Prevention and Early Intervention

Rather than depend on an increasingly and inadequately funded public mental health system to take care of mental health needs, Prevention and Early Intervention services provide resources to build community capacity to strategically leverage Prevention and Early Intervention funding to identify, catalyze, mobilize and support the strengths, assets and resources that exist within communities to meet these needs. The capital for leveraging Prevention and Early Intervention funding comes 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 include establishing Prevention and Early Intervention projects and integrating mental health promotion campaigns with existing community assets, such as networks of social support, healthcare systems, school systems, and community-based organizations. Expected outcomes include 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 the following:

- Implementation of 17 new prevention and early intervention programs and initiatives

Services include early intervention services for older adults, mental health services in primary care rural clinics, early psychosis intervention services for youth ages 16 to 25, youth leadership initiatives, community capacity building initiatives, and many other prevention services developed to create a "help first system."

- Implementation of results-based accountability for all new Prevention and Early Intervention programs and services

Behavioral Health and Recovery Services has established as a priority that all Prevention and Early Intervention programs develop results for services. This takes our commitment to measurement of actions from counting the numbers and types of services available to developing a true assessment of actual results flowing from supports and interventions.

- Implementation of an early psychosis intervention program in partnership with Sierra Vista Children and Family Services and the Center for Human Services

The program provides services for transitional age youth, 16 to 25 years old experiencing the onset of psychosis. The program was modeled after the successful efforts in the Early Assessment Support Team (EAST) model in Portland, Oregon, and the Portland Early Identification and Referral (PEIR) model in Portland, Maine.

- Implementation of embedded mental health clinicians in primary care rural clinics

The focus of the program is to connect individuals experiencing the onset of mental illness with mental health services and community supports through primary care clinics within their respective communities. Program sites include Turlock, Hughson, Ceres, Newman, Patterson, and West Modesto.

- Implementation of a community capacity-building project in the gang injunction area

In partnership with the District Attorney’s Office, Modesto City Schools, the Modesto Police Department and the Stanislaus County Sheriff, Prevention and Early Intervention staff 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 along with the gang injunction creating a safer environment for community change efforts. An emerging group of residents have formed the Hands United Collaborative and are currently undergoing training on behavioral health community capacity building and results-based accountability. In addition, Hands United is developing partnerships with service providers, faith-based communities, schools, and law enforcement with the intent of strengthening the capacity of the local community collaborative focused on promoting and improving emotional health and wellness.

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	Nine Community Health Outreach Worker/Promotores projects: Newman, Patterson/Grayson, Turlock, Ceres, West Modesto, North Modesto/Salida, Riverbank, Oakdale, and Hughson.

PROJECT		PROGRAM		CONTRACTOR / STAFF
2	Emotional Health, Awareness, Support	3	Mental Health Promotion Campaign	Imagine Public Relations
		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	1Center 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

- The sheer number of Stanislaus County and contracted programs that have been implemented over the last ten months has challenged staff and has required greater focus to maintain progress in all programs.
- With the implementation of many new programs, Behavioral Health and Recovery Services staff were challenged to promote these new and essential programs to those most in need and to service/agency partners.
- Educating the service system and the public on the intention of prevention and early intervention services distinct from mental health treatment services.
- Training and skill building in the area of prevention and early intervention for new program staff, and community partners.

## Priorities and Outcomes

- A priority for Fiscal Year 2010-2011 was the development of results-based accountability framework outcomes for each program. Behavioral Health and Recovery Services accomplished this goal, and each program has a set of outcomes that will continue to be refined and progress tracked over time, with the intent of learning and improving service delivery for the community. Behavioral Health and Recovery Services has established as a priority that all Prevention and Early Intervention programs develop results for services from the start of a program. All Prevention and Early Intervention 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”, Behavioral Health and Recovery Services means “is anybody better off” because of the programs and services.
- Continue to train staff and educate the public on the distinctions between prevention/early intervention and treatment services.
- Develop structures to ensure resources are maximized to reach those most in need with quality service and a focus on results (improving people's lives).
- Develop a promotion and marketing campaign for Prevention and Early Intervention services for both the general public and service/agency partners.



## OLDER ADULT SYSTEM OF CARE COMMITTEE

**Committee Chair:** Jack Waldorf

**Budget:** \$1,701,158.

**Services Provided:** 377 individual clients served and 8,871 services provided

### Program Overview

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

The primary goal of programs in the Older Adult System of Care is to maintain high quality, senior-focused services. The Senior Access Team, now called the Senior Access and Treatment Team is the core program for older adult services. This team focuses on medication services and case management, provides assessments and assists with linkages to outpatient services, including employment and housing. The Mental Health Services Act-funded Senior Access Resource Team begun 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.

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 (SART). 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 help, rehabilitative services, crisis intervention, and individual counseling and/or group therapy. To be eligible for services, a client must have a serious and persistent mental illness (e.g., schizophrenia, major depression, bipolar disorder). The Senior Access Resource Team serves individuals who are unserved as well as those who are underserved. Individuals who qualify may be at risk of losing placement or currently homeless. Clients may also be at risk for institutionalization or hospitalization. They may be uninsured, be a Medi-Cal beneficiary or be insured under Medicare/Medi-Cal. Privately insured individuals are considered after rigorous screening and advance approval by the System of Care Chief.

## Changes

Effective June 2011, the Senior Access Teams merged with the Health Mental/Health Team to create a new program, High Risk Health and Senior Access. This consolidated program will serve the same target populations originally identified and utilize the same strategies originally outlined in the community planning process. Graduated levels of care are being added to the program. Community issues identified during planning are continuing to be addressed in the new program, including serving all age groups, serving diverse communities, serving individuals with co-occurring issues, serving uninsured/underinsured individuals, serving people with co-occurring health issues, serving individuals involved with other agencies (e.g. reduce risk for emergency room use, law enforcement, homelessness).

The High Risk Health and Senior Access program will serve adults (18 – 59 years) and older adults (60+ years) with significant, ongoing, possibly chronic, health conditions co-occurring with a serious mental illness as well as, functional impairments related to aging. The sub-group of transition-aged adults (55-59 years) with a serious mental illness, co-occurring substance abuse disorders and/or other physical health conditions is included in the target population. Within the identified group of service recipients, the priority population is individuals who are primarily uninsured as well as individuals from racially and/or culturally diverse communities (including Lesbian, Gay, Bisexual, Transgender and Questioning) who may not have access to well-coordinated health/mental health services. They may also be individuals who are homeless or at risk of homelessness, at risk of institutionalization, hospitalization and nursing home care, or frequent users of emergency rooms for health care.

Service strategies include access 24 hours a day, seven days a week to a known service provider, an individualized service plan, a multidisciplinary treatment approach, wellness and recovery focused group and peer support, linkage to existing community support groups, peer support and recovery groups for individuals with co-occurring health and mental health disorders. Both service recipients and family members receive education regarding the management of both health and mental health issues as well as benefits advocacy support and housing support. Additionally, introduction of graduated levels of service within the Full Service Partnership Program will allow service recipients to move through services of varying intensity, connect with community supports and exit services when appropriate. The structure of graduated levels of care will replicate the three levels of outpatient care currently offered within other Full Service Partnership programs in Stanislaus County.

## Accomplishments

- Served 337 Stanislaus County seniors who have a serious and persistent mental illness
- Reduced homelessness in the Full Service Partnership program by 99.3 % in the last year, which continues a three year trend
- Reduced the instances of acute psychiatric hospitalization in the Full Service Partnership program by 81.6%
- Reduced the instances of institutionalization in the Full Service Partnership program by 23.3% in the past year
- Ethnically diverse Senior Access Team staff members (African American, Hispanic, Filipino, Caucasian).

- Completed 247 depression screenings in the community during National Depression Screening Day and the following week in Stanislaus County (October 2010)
- Increased socialization opportunities for all clients. This included trips to the Pumpkin Festival, Modesto Nuts baseball game, Christmas Tree Lane, and the Asparagus Festival in Stockton. Program staff collaborated with the community agency of Turning Point-ISA to provide Thanksgiving and Christmas dinners for consumers
- A social work intern from California State University, Stanislaus successfully completed field studies with Senior Access Teams over the past academic year.
- Approximately 26 nursing students from Modesto Junior College and California State University, Stanislaus came to SATT/SART as part of their program requirements to complete their clinical hours for their psychiatric rotation
- Collaborated with Project Yes through Stanislaus County Office of Education which provided two part-time paid drivers to assist with transportation needs
- Helped consumers reach their goals of being increasingly more independent and stable
- Extension of an hour of the one-stroke painting group for consumers
- Creation of a Peer Support Group
- Addition of a community mental health support group in Oakdale
- Worked collaboratively with Health Mental Health Team staff, with consumers from the Health Mental Health Team increasingly attending more and more groups at SATT/SART, which in turn has facilitated the integration of the three teams
- Continued improvement on meeting Medi-Cal requirements for scheduling mental health assessments for older adults with a goal of 95% or better. In the last two quarters, the program has been able to schedule clients within 30 days at 100% and 91% respectively. This is a result of improved internal practices for scheduling these appointments.
- Moved and integrated the Senior Access Treatment Team and the Senior Access and Resource Team with the Health Mental Health Treatment Team to create the High Risk Health and Senior Access program.
- Expansion of the number of hours provided for transportation from 40 hours a week to 70 hours a week.

### **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.

- The paperwork demands for data collection are significant for the Senior Access Resource Team Full Service Partnership program.
- Provide transportation to all High Risk Health and Senior Access program consumers in need of such support.

### **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, which are 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 337 individuals a total of 8,871 services in 2010. 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 18 homeless seniors and seniors at risk of losing their homes.
- 18.3% of combined caseload of consumers reside in Turlock which is significantly higher than other Full Service Partnership programs, which averaged 7.0% the prior year.
- The majority of clients served by the two Older Adult System of Care programs were women (73%), who live in Stanislaus County. 68% of clients were white, 17% Hispanic, 5% African American, 2% Filipino, 1% Asian Pacific, and approximately 6% from other ethnic groups. Eighty-nine percent spoke English, 7% Spanish and 3% Assyrian. Most clients suffered from a mood disorder. The majority lived independently, on disability or retirement income. Approximately 7% received Medicare and 70% were Medicare/Medi-Cal beneficiaries.

## **Cultural Competence**

- 68% of clients were white, 17% Hispanic, 5% African American, 2% Filipino, 1% 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:** \$71,141,509 for total Department; \$ 63,343,003 for Mental Health programs

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

### Overview

The Administrative and Fiscal sections of Behavioral Health and Recovery Services comprise Accounting/Budgeting, Accounts Payable and Receivable; Administration; Business Office, Benefits Advocacy/Patient Finance and Medical Records; Contracts and Insurance Certification; Data Management Services and Performance 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 Behavioral Health and Recovery Services 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.

In an effort to aid in the development of administrative and support staff, Senior Leadership representatives from Administration, Administrative Services, Data Management Services, Human Resources and Training, and Managed Care Services began holding joint, quarterly all-staff meetings. These gatherings provide an opportunity for administrative and support staff to share accomplishments, receive departmental updates and network with each other. To date, staff have been provided information on Mental Health Services Act programs and accomplishments, Results Based Accountability and Community Capacity Building.

Sectional highlights of accomplishments for the past year include:

#### Administration

- In conjunction with General Services, coordinated replacement of worn carpet in Administration and Department conference rooms;
- Supported and participated in Mental Health First Aid training for clerical and support staff;
- Facilitated the transition of three Senior Leadership positions.

#### Contract Services

- Successfully completed the renewal of 167 Fiscal Year 2011-2012 agreements by June 30, 2011;

- Created a shared directory for all current Behavioral Health and Recovery Services agreements. Scanned or converted all agreements into Adobe Acrobat format (PDF) and thereby eliminated the need for Senior Leaders, Program Monitors and many administrative staff to have hard copies of the current agreements;
- Created a “Contract Services” e-mail address and changed the language in Fiscal Year 2011-2012 agreements to require contractors to file reports electronically. This will allow Contract Services to post the contract program reports in a shared directory and avoid distributing the reports on paper.

#### Data Management Services

- Purchased network infrastructure and server equipment and software for new Electronic Health Record (EHR);
- Facilitated on-going EHR Implementation Workgroup, including production of a monthly EHR newsletter to keep staff and partners abreast of progress with the EHR project.
- Purchased and installed computers and software for various sites for the benefit of consumers and family members, and finalized job specifications for Technical Support Technicians to aid consumers and family members in the use of this equipment;
- Developed various database tracking systems to assist staff with reporting and claiming.
- Continued to manage challenges around the current IT system (Insyst) and the State’s Short-Doyle Medi-Cal Phase II changes and performance issues.

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

- Medical Records has been dedicating staff time to cleaning up duplicate and erroneous data in Insyst to prepare for the electronic conversion in Anasazi.
- Representatives from Medical Records, Business Office and Accounting have been part of the core implementation team for the Anasazi project.
- Business Office and Accounting have continued to partner with other support staff, the Department’s software vendor, and the State to work through significant problems and delays with the Short Doyle Phase II claiming system.
- Accounting and Business Office (including Benefits Advocacy) are successfully meeting all critical deadlines, despite critical staff changes and shortages.
- Worked with BHRS staff and community stakeholders to develop recommendations for the Fiscal Year 2011-2012 Alcohol and Drug Budget.

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

- In conjunction with Data Management Services, planned and created a training room that can be used for various Department training needs. The renovation of an exiting space minimized the space cost and enabled the Department an opportunity to create more functional workspace for staff.

- Coordinated the consolidation of three programs that serve similar populations into one shared facility. In addition to finding the space that met budget requirements, General Services supervised the lease process including the negotiations, the installation of data wiring as well as the physical move. This move is the largest to date and required five days to complete.
- Based on an existing ergonomic plan, General Services was able to replace over 20 workstations that could not be modified to meet ergonomic guidelines, resulting in a drop in ergonomic injuries. At the current rate, all outdated equipment will be replaced by the end of 2013.

### Human Resources/Training

- Met goal to have 50% of full time staff using the self service options in the PeopleSoft system to enter their own timecards;
- Completed multiple recruitments and actively coordinated with other County departments regarding interviewing/hiring staff subject to reductions in force;
- Workforce Education and Training (WET) conducted a stakeholder process at the WET Council meetings to extend the program budget through June 2014;
  - WET began a mini-stakeholder process regarding the Bachelor's Level stipend;
  - Placed a Nurse Practitioner psychiatric intern at Turlock Regional Services;
  - Rolled out Mental Health First Aid and Cultural Competency Training to staff;
  - Created a strategic training plan for 2011/2012

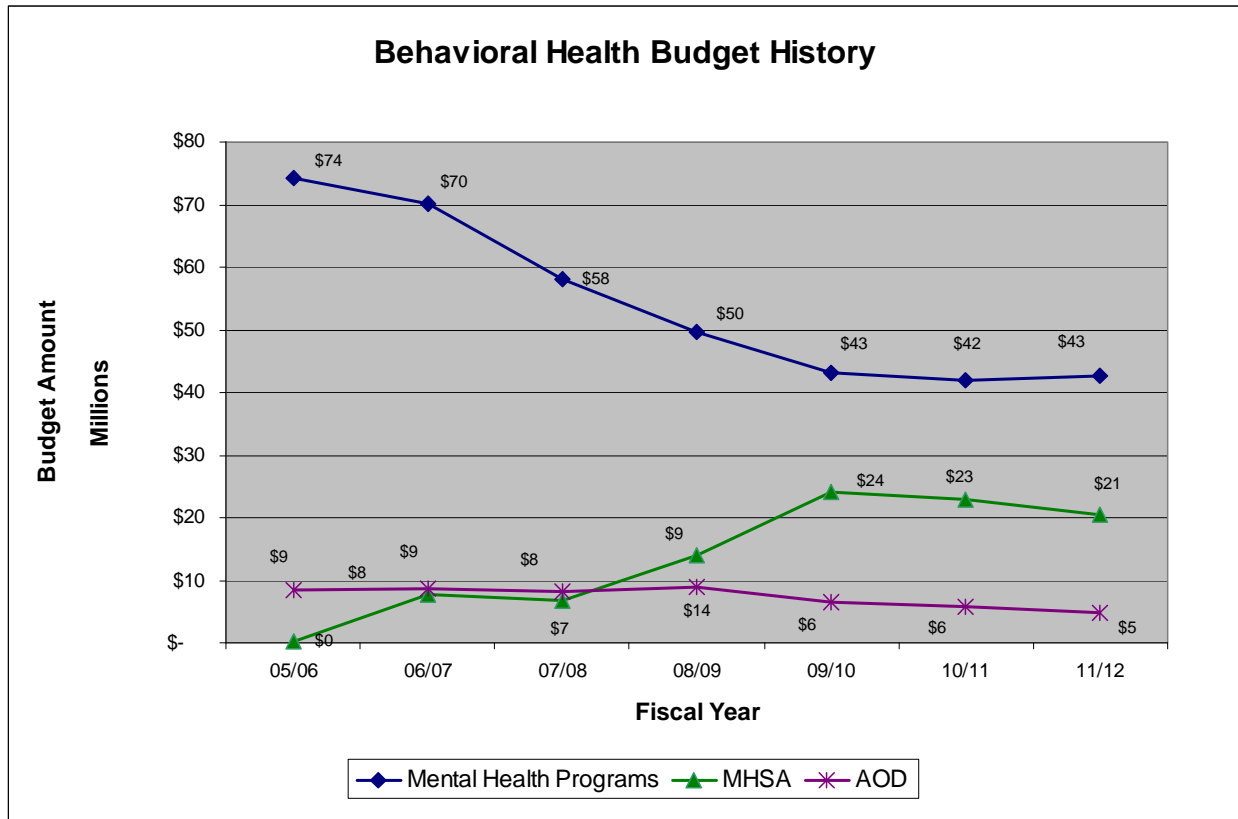
### **Challenges**

Budget concerns have been a challenge in this section for several years. Over the last five fiscal years, Behavioral Health and Recovery Services 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 Other Drug funding. 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 (MHSA) and Alcohol and Other Drug (AOD) over the last seven fiscal years.

As part of the State's Fiscal Year 2011-2012 budget balancing strategies, \$861 million statewide was diverted from the Mental Health Services Act to fund other Mental Health related state funded programs. In Fiscal Year 2012-2013, these programs will be part of the new Realignment 2012 which transfers administration of most state funded programs, including some entitlement programs, to counties along with a shift in funding to 100% sales tax. Fiscal Year 2011-2012 will serve as a transition year for the new realigned programs.





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;
- Funding changes as a result of the state's realignment of program and funding to counties as a budget balancing strategy;
- Hiring and training of new staff in Financial Services as a result of recent promotions and retirements;
- Implementation of the new federal 5010 electronic health record requirements;
- Staff training related to, and Implementation of, the PeopleSoft Payroll Self-Service Time Card entry project;
- Purchase and installation of a new air conditioning system for an older Department building;
- Continue to provide consistent support within the Administration Office to meet the needs of future changes

## **Priorities and Outcomes**

The priority of the administrative functional areas of Behavioral Health and Recovery Services is to support the needs of consumers and staff while ensuring budgetary proprieties. Goals for Fiscal Year 201-2012 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 2012-2013 budget in anticipation of further state and county cuts;
- Timely monitoring for all Department contracts;
- 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;
- Human Resources/Training Is focusing on Prevention and Early Intervention efforts with a mental health wellness campaign focus.

## **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 Department Stakeholder processes;
- Development and implementation of 11 new MHSA Innovations contracts;
- Development of new partners within the community to maximize all funding opportunities;
- Partnerships with local schools to encourage interest in the mental health field at various age levels;
- Continued support of the Mental Health Board.

## CRIMINAL JUSTICE OVERSIGHT COMMITTEE

**Committee Chair:** Ritta Sudnikoff

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

In Fiscal Year 2010-2011, 26% of individuals booked into the Stanislaus County Safety Center had some mental health contact with Behavioral Health and Recovery Services, of those, 9% were currently open and receiving services; 36% of individuals booked who had contact with Behavioral Health and Recovery Services were rearrested. This illustrates the ongoing need for collaborative efforts between the Criminal Justice System and Behavioral Health and Recovery Services 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, Behavioral Health and Recovery Services, and the Stanislaus Chapter of the National Alliance on Mental Illness. The goal of the 40-hour training is as follows:

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

Crisis Intervention Training for law enforcement officers continues to attract interested participants on a regular basis. Currently, Behavioral Health and Recovery Services is able to provide two academies a year. Local Law Enforcement is committed and able to participate in two academies per year. Classes in the fall of 2010 and Spring of 2011 were full. Forty officers were trained from Modesto, Turlock, Newman, and Manteca Police Departments as well as from the Stanislaus County Sheriff's Office. There continues to be interest expressed by other entities for this type of training. However, our focus continues to be with local law enforcement, both patrol officers and in-custody deputies.

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 use dialogue rather than force in situations that may have been previously considered potentially dangerous.

### Restorative Policing

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

### Mental Health Court/Integrated Forensic Team

Budget for Fiscal Year 2010-2011 — \$1,427,391  
Individuals served - 100

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 needs. The key objective is to prevent the incarceration of individuals with a serious and persistent mental illness by securing their release from jail for appropriate community intervention and treatment services.

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

The Mental Health Court, built on the Drug Court Model, is an example of the collaboration between many county agencies within the criminal justice community. It is this partnership that has enabled the program to succeed from the unknown into the foundations for future growth. The program averages approximately 20 participants at any given time and the parameters have been re-evaluated 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 148 referrals
- Enrolled 60 participants
- Graduated 13 participants
- Currently has 5 individuals enrolled in the program
- Discharged 42 participants

### **Accomplishments**

- Stanislaus County continues to have a strong partnership within the Criminal Justice System. This type of partnership is very effective. The Integrated Forensic Team has shown a 90.2% decrease in jail days, and a 99.9% decrease in homeless days by individuals participating in this collaborative program.
- Crisis Intervention Training Academies have taken place twice this year.
- The growth of Restorative Policing by the continuing partnership with the Mobile Community Emergency Response Team.

### **Anticipated Challenges**

- Maintaining effective partnerships 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 is 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
- Finding appropriate treatment programs for individuals ready for discharge from the Integrated Forensic Team to allow capacity for the uninsured target population.

## MANAGED CARE COMMITTEE

**Committee Chair: Jack Waldorf**

**Budget: \$3,933,939**

**Services provided: 6,618 contacts for 4,342 individuals<sup>1</sup>**

**Services provided: 3,092 contacts for 2,150 individuals**

### Community Emergency Response Team

Community Emergency Response Team (CERT) provides emergency and urgent services to individuals and families experiencing behavioral health crises who are Stanislaus County Medi-Cal beneficiaries or uninsured residents. CERT services are available 24-hours/7 days a week. CERT is located at the Jana Lynn complex to better integrate services and improve coordination of services with the Adult System of Care. Virtually all emergency and urgent services to adults, older adults, children and adolescents are provided in the field, at area emergency rooms and Doctors Behavioral Health Center. CERT also continues to provide Managed Care access functions, but organizationally is now part of the Adult System of Care.

Our 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 CERT at the Jana Lynn complex 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. We believe this level of support helps people to cope more effectively with their problems and avert crises. In addition, the Medi-Cal access line is transferred to the warm-line for after hours contact. Between July 1, 2010 and December 31, 2010, warm-line staff responded to 3,712 calls for support and/or referrals, almost double last year's total of 1,924.

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 target populations.

### Access Line

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

## Assessment Services

In Fiscal Year 2010-2011, 557 contacts for 542 adult beneficiaries were provided.

The Community Emergency Response Team continues to take responsibility for most initial Medi-Cal assessments for adult Medi-Cal beneficiaries. This action makes CERT truly the front door for adults who have Medi-Cal. It also allows Adult System of Care regional teams the ability to refocus on providing services for individuals already receiving services, which continues to be important as the Adult System of Care manages its limited resources to provide crucial services. In response to client needs, 96 assessments were provided in Turlock as compared with 35 the year before.

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

Our goal is to schedule a Medi-Cal assessment within 30 days of the initial call. During Fiscal Year 2010-2011, 99% of 868 adult, 88% of 670 children and adolescents and 88% of 72 older adult Medi-Cal beneficiaries were scheduled for assessments within 30 days. The results for children and older adults show significant improvement over the previous year and we expect the trend to continue. The data for children and adolescents only includes those who were assessed by County program staff, as we do not have a reliable way to track assessments by contract agency programs.

We look forward to the implementation of a new information system and electronic health record in the next 12 months, which will substantially improve our ability to capture and monitor data. Organizational providers will also use the new system so we will have more accurate information about assessments for children and adolescents.

## Managed Care Administration

Managed Care Administration staff engage in a variety of activities including authorization of Medi-Cal services, reviewing inpatient documentation for medical necessity, quality assurance, payment of claims and processing appeals. Utilization Management (UM) includes two full-time clinical staff who authorize ongoing outpatient services, manage inpatient medical necessity reviews and manage authorization processes for foster children placed out-of-county who need mental health services. Utilization Management clinical staff are also available to provide support to hospital providers through concurrent discussions of medical necessity, which has helped to clarify provider understanding of medical necessity and reduce denied days. Utilization Management clerical staff receive and track provider appeals. This year, well over 600 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 majority of the appeals are from Doctors Behavioral Health Center. The Mental Health Plan Administrator and the Utilization Management Coordinator ensure that appeals are processed according to regulatory requirements.

## Collaborative efforts

- The California Department of Mental Health changed the process by which they assess client and family satisfaction with Mental Health Plan services. During Fiscal Year 2010-2011, they sent surveys to a sample of Medi-Cal beneficiaries in each county. To date, no information from that survey has been provided to counties. Behavioral Health and Recovery Services strongly believes in the value of obtaining client and family member feedback and continues to conduct a department wide survey in May even though not required. Again this year, we employed consumer and family members to provide assistance to clients and family members at each site. We received 2,082 responses this year.
- Utilization Management provided additional support to Doctors Behavioral Health Center through the Coaching Program. The goal of this program was to reduce the number of denials for payment by providing concurrent feedback to Doctors Behavioral Health staff regarding presence of medical necessity in daily documentation. The program was discontinued in December 2010
- Members of Doctors Behavioral Health Center administration and Behavioral Health and Recovery Services administration meet quarterly to review Doctors Behavioral Health Center's quality indicators. Members of the Mental Health Board Managed Care Committee also participate.

## **Accomplishments**

- For the first time in several years, the number of Managed Care services and unique clients increased slightly over the previous year.
- Warm-line staff responded to almost twice as many calls between July 1, 2010 and December 31, 2010 as they did during the same period in 2009.
- Managed Care staff are actively involved in the implementation of our new information system and electronic health record.
- A very successful customer perception survey was conducted in May 2011. Of the 2,082 clients and family members who responded, 83% were generally satisfied with the services they received.
  - 83% of older adults gave favorable responses.
  - 82% of adults reported satisfaction.
  - 80% of child and adolescents responded favorably.
  - 84% of family members of children and adolescents indicated satisfaction.
- 146 individuals completed Spanish-language surveys. 91% of these clients and family members reported general satisfaction with services.
  - 82% of four older adults reported general satisfaction
  - 93% of 19 adults said they were generally satisfied with services
  - 90% of 122 family members of child/adolescent clients indicated satisfaction



- 99% of adult Medi-Cal beneficiaries had assessments scheduled within 30 days of initial call. 88% of older adult and child/adolescent beneficiary assessment were scheduled within 30 days.
- Although we continue 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 88% of clients receive more than two visits in the six months after they begin receiving services.
- We had a very successful State Department of Mental Health Systems Review site visit in January 2011. The Department of Mental Health review team stated how impressed they were with our organization and with the very few areas of noncompliance.

### **Challenges**

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

<sup>1</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/or who receive brief group therapy and other services provided through Managed Care contracts.

## 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.

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 met 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. This year, the Committee will be reviewing Prevention and Early Intervention programs funded by Mental Health Services Act funding.

## PRIORITIES/CHALLENGES

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

- With the passage of the Mental Health Services Act (Proposition 63), Mental Health Board members have been busy assisting BHRS with the planning and implementation processes. The Mental Health Board plans to be active in assisting Behavioral Health and Recovery Services in monitoring program outcomes for Mental Health Services Act programs. The Mental Health Board will assist the organization in the implementation of Innovation projects. Additionally, the Mental Health Board will conduct public hearings as needed to comply with Mental Health Services Act statutes.
- The Mental Health Board will continue to hold joint meetings with the Advisory Board on Substance Abuse Programs regarding mental health and alcohol and drug program issues that support the Behavioral Health and Recovery Services strategic goal of behavioral health integration.
- Mental Health Board members are invested in ensuring that the psychiatric hospital, Doctors Behavioral Health Center, provides excellent care and treatment to individuals with a mental illness. Members attend the citizen advisory board established by Doctors Behavioral Health Center to oversee operations at the psychiatric hospital. Doctors Behavioral Health Center staff have also been invited to present to the Mental Health Board on a 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 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 years Behavioral Health and Recovery Services has experienced, and will continue to do so for some time. The need to pool resources between public and community agencies as well as information sharing between other Mental Health Boards remains a primary objective. Members will continue to participate on the California

Association of Local Mental Health Boards and Commissions. 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, which developed a stakeholder process to 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.