

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

DEPT: Behavioral Health And Recovery Services

BOARD AGENDA # B-5

Urgent Routine

AGENDA DATE November 12, 2013

CEO Concurs with Recommendation YES NO
(Information Attached)

4/5 Vote Required YES NO

SUBJECT:

Consideration of the Mental Health Board Annual Report

STAFF RECOMMENDATIONS:

Accept the Mental Health Board Annual Report for FY2012-2013.

FISCAL IMPACT:

On September 10, 2012, the Board of Supervisors approved a Final Budget for Behavioral Health and Recovery Services of \$79,650,660. Of this amount, \$69,008,190 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 include Mental Health Services Act programming, as well as mental health education, prevention and outreach.

BOARD ACTION AS FOLLOWS:

No. 2013-586

On motion of Supervisor Withrow, Seconded by Supervisor Monteith
and approved by the following vote,

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

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) Approved as recommended

2) Denied

3) Approved as amended

4) Other:

MOTION:



ATTEST: 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 for FY2012-2013.

This has been an active year for Mental Health Board members. The Mental Health Board has been involved in several initiatives, including but not limited to the following:

- Two joint meetings were 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. One of the joint Mental Health Board/Advisory Board on Substance Abuse Programs meetings focused on the Promotores PEI project. The other joint meeting focused on a presentation on the Department's Mental Health Promotion Campaign. The two Boards continue to appoint Board Liaisons from each Board who attend the meetings of both Boards each month and report activities to each respective Board.
- Active participation in the planning for the MHSA Public Hearing that the Mental Health Board holds each year regarding the MHSA Annual Update.
- Significant involvement in several public meetings related to Mental Health Services Act planning, implementation, and updates, including a MHSA Plan Update for Fiscal Year 2012-2013. Mental Health Board members also participated in stakeholder and informational meetings and held a public hearing regarding the Annual Update for Fiscal Year 2013-2014.
- Scheduling a representative from the state level Mental Health Services Oversight and Accountability Commission (MHSOAC) to present on the role of the MHSOAC. Ideas that came up at this presentation became the foundation of a strategic planning retreat later in August 2013.
- Participation in a Multi-Cultural Training retreat held with NAMI affiliates from Merced, San Joaquin, Stanislaus and Tuolumne Counties. Each affiliate made a plan for the year to reach the underserved populations in their respective communities.
- In an effort to better understand how mental health issues were viewed in various cultures, presentations at several Mental Health Board meetings were dedicated to hearing from representatives of different cultural and ethnic groups in the county. In accordance with this, presentations on Hmong culture, on Latino culture, and on the work being done at The Bridge with Cambodian, Hmong and Laotian families.

Consideration of the Mental Health Board Annual Report

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- Continued participation by two members on the Doctors Behavioral Health Center Community Advisory Board. Information from these meetings was reported to the Mental Health Board membership.
- Site visits to Sierra Vista's LIFE Path Early Intervention Program, Aspiranet, West Modesto Wellness Center, Parents United, Empowerment Center, and West Modesto King Kennedy Drop in Center. Members toured the facilities/programs and spoke with staff regarding their operation.
- Dr. Schlaepfer and Jack Waldorf provided a presentation at the Board of Supervisors for May is Mental Health Month where Mr. Waldorf accepted the proclamation announcing May 2013 as May is Mental Month in Stanislaus County.
- Receiving information and discussing services in the Sheriff's Office Detention Facilities for inmates with a mental illness. Captain Duncan of the Sheriff's Office and his staff provided extensive information and answered questions regarding this population in the jail as well as provided information regarding the impact of AB 109, Public Safety Realignment, and future plans for services for inmates with a mental illness.
- Participation on various Quality Improvement Councils, including the Quality Measures Review Committee for services provided by Doctors Behavioral Health Center.
- Supporting several community-based events, such as the National Alliance for Mental Illness' local chapter trainings ("Family to Family", Provider trainings, and "In Our Own Voice") as well as events held in the community. All of these events were focused on the reduction of stigma and the community's inclusion of individuals who struggle with mental illness.
- Scheduling a presentation on services to individuals who are homeless and mentally ill.
- Two new members, Jerald Rhine and Vern Masse, were appointed to the Mental Health Board by the Board of Supervisors.
- Appointment of an ad hoc committee to review the Bylaws. Amendments were recommended, approved by the whole Board and forwarded to the Board of Supervisors for approval on April 16, 2013.
- A Veterans Committee was approved as a standing committee with the approval of the Bylaws by the Board of Supervisors. Vern Masse volunteered to Chair the Committee with the assistance of Karl von Spreckelsen.

- Members were recognized as part of the Behavioral Health and Recovery Services Volunteer Recognition Celebration. Those members who were not present at the event were awarded certificates and a pin at the Mental Health Board meeting.
- In collaboration with the Behavioral Health and Recovery Services Information Technology Department, members continue to post information regarding the Stanislaus County Mental Health Board on its website. Information posted includes agendas, minutes, the Annual Report, bylaws, mission statement, role and responsibilities, member information, a brochure on the Board, a fillable application and links to appropriate sites.
- Pursuant to AB 1234, members required to attend the Ethics Orientation for Public Officials seminar attended the training. Members unable to attend the seminar completed the training on line.
- 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:
 - Maintaining a full board reflective of the diversity of the community
 - Holding joint meetings with the Advisory Board on Substance Abuse Programs regarding mental health and alcohol and drug program issues that support the goal of recovery in the broadest sense and support collaboration with primary care.
 - Ensuring that the psychiatric inpatient hospital, Doctors Behavioral Health Center (DBHC), and the new Psychiatric Health Facility provide excellent care and treatment to individuals with a mental illness. Members will continue to attend the citizen advisory board established by Doctors Behavioral Health Center to oversee operations at the psychiatric hospital and DBHC staff will attend the Mental Health Board meetings.
 - Continuing to advocate for adequate resources to address the significant unmet needs for mental health services that exist in Stanislaus County.
 - Supporting 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.

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
November 12, 2013

ANNUAL REPORT TO THE BOARD OF SUPERVISORS

November 12, 2013

**INTRODUCTION
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OLDER ADULT SYSTEM OF CARE COMMITTEE
ADMINISTRATIVE/FISCAL SERVICES COMMITTEE
CRIMINAL JUSTICE OVERSIGHT COMMITTEE
MANAGED CARE COMMITTEE
IMPACT COMMITTEE
VETERANS' 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 in Stanislaus County. Members include four consumers (31%) and ten family members (77 %). The membership includes a total of 4 members (31%) who are both consumers and family members, and 6 members (46%) who are family members. The Mental Health Board membership includes one Latino member, one African American member, and one Southeast Asian member. Pursuant to statute, a member of the Board of Supervisors is also a Mental Health Board member. Members of the Mental Health Board are appointed based upon Supervisorial District. In the past, efforts to bring the Board to full complement included out-of-district appointments. This practice will not continue as both Board of Supervisor members and Mental Health Board members wish to be appointed from the district in which they reside. 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. Currently, concerted efforts to recruit individuals representing the various ethnic and cultural groups in the county are being made.

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 eight 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, Veterans' 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 substance use). Ad hoc committees are used when needed to address issues that arise.

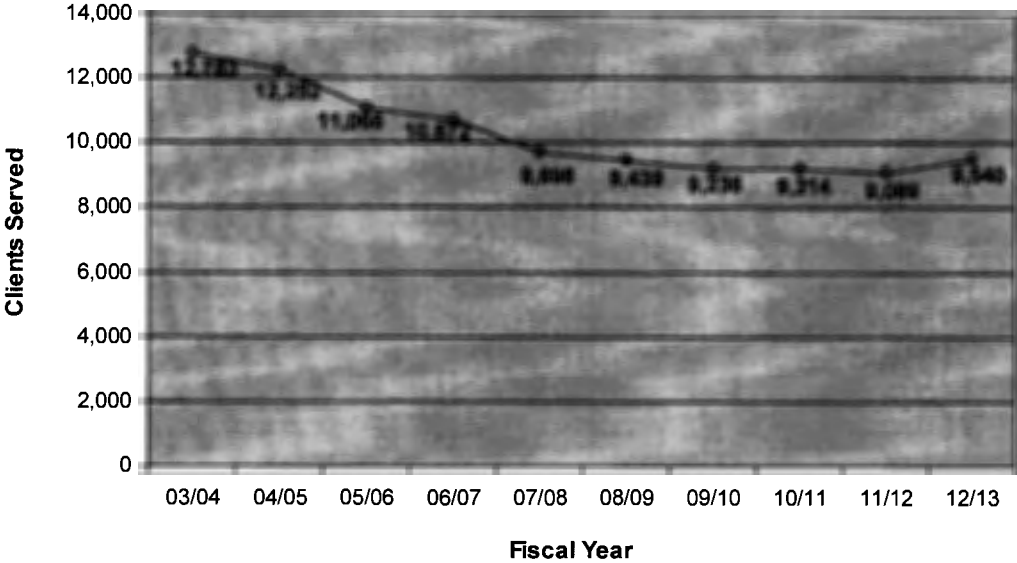
The Mental Health Board is responsible for acting as a liaison to the Board of Supervisors. The Mental Health Board is tasked with identifying issues affecting the community as it relates to mental health needs for consumers and those who advocate for them. Members of the Mental Health Board feel strongly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

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

Collaborative efforts were a high priority during the preceding year, and remain so during the tenuous budget years Behavioral Health and Recovery Services has experienced, and may continue to experience. The need to pool resources between public agencies and community-based agencies, as well as the need for information sharing with other county Mental Health Boards remain primary objectives. Members held meetings at Doctors Behavioral Health Center and the Transitional Age Young Adult Drop-In Center this year to solicit input and encourage community involvement. The Mental Health Board will continue to seek information and work with others in the mental health community.

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. During FY2012-2013, Behavioral Health and Recovery Services was responsible for a budget of \$79,650,661 (\$70,292,122 for Mental Health programs). Staffing for the Department includes approximately 352 full-time staff, 69 extra help staff and 45 personal service contractors. Behavioral Health and Recovery Services served 9,540 unique clients last fiscal year; this amount is up from the prior fiscal year. The charts below show historical data on the number of clients served as well as the budget history for Behavioral Health and Recovery Services.

BHRS Clients Served



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

Jack Waldorf, Chair

Chip Langman, Vice Chair

Supervisor Terry Withrow

Christopher Cataline

Charles Grom

Annie Henrich

Kimberly Kennard, DSW

Erin Lesan

Vern Masse

Lynn Padlo

Jerald Rhine

Karl von Spreckelsen

Ritta Sudnikoff

Catherine Szakmary

MENTAL HEALTH BOARD EXECUTIVE SUMMARY

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

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

Over the past several years, 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 substance use 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. In early 2012, Department managers and program coordinators were provided training on and, in turn, also committed to the change initiatives. This fiscal year, these managers and coordinators have been working with their line staff on the four change initiatives and reporting out on their progress quarterly. The Mental Health Board is committed to working with Behavioral Health and Recovery Services and the Board of Supervisors to support the implementation of these initiatives and to making certain that the funds necessary to maintain essential programs and services are provided.

The Mental Health Board strongly supports the Department's direction related to strengthening the community's capacity to support emotional health and wellness in Stanislaus County. With continued concerns related to declining health and social services funding overall, the Board

agrees with the recognition that the County cannot provide mental health services to all who need them. In addition, not all individuals choose to seek care from the county, preferring other options such as faith-based alternatives, community support groups or primary care. As a result, the Mental Health Board strongly supports the organizational initiatives of fiscal sustainability, community capacity building, a focus on results, and leadership development.

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

- In collaboration with the Behavioral Health and Recovery Services Information Technology Department, members continue to post information regarding the Stanislaus County Mental Health Board on its website. Information posted includes agendas, minutes, the Annual Report, bylaws, mission statement, role and responsibilities, member information, a brochure on the Board, a fillable application and links to appropriate sites.
- Pursuant to AB 1234, members required to attend the Ethics Orientation for Public Officials seminar attended the training. Members unable to attend the seminar completed the training on line.
- A Multi-Cultural Training retreat was held with NAMI affiliates from Merced, San Joaquin, Stanislaus and Tuolumne Counties. Each affiliate made a plan for the year to reach the underserved populations in their respective communities.
- The Board decided to have presentations from various ethnic minorities. In accordance with this, a presentation on Hmong Culture and how Hmong individuals perceive mental health was given to the Board.
- Two joint meetings were held annually with the Advisory Board for Substance Abuse Programs in order to continuously focus on the integration of services for mental health and substance use disorders. The two Boards continue to appoint Board Liaisons from each Board who attend the meetings of both Boards each month and report activities to each respective Board.
- One of the joint Mental Health Board/Advisory Board on Substance Abuse Programs meetings was held at Doctors Behavioral Health Center for a presentation about Doctors Behavioral Health Center services. The other joint meeting focused on a presentation by the Sheriffs Department about their management of offenders with mental health and/or substance use disorders who are incarcerated.
- The Doctors Behavioral Health Center Administrator was asked to attend monthly Mental Health Board meetings or to send a designee. A report from the Administrator was added to the agenda as a standing item. Members will be able to pose questions or concerns regarding Doctors Behavioral Health Center at this time.
- Because of the Mental Health Board's interest in continuing to have high-quality inpatient psychiatric services in Stanislaus County, two members participate on the Doctors Behavioral Health Center Community Advisory Board and report information to the Mental Health Board membership.
- A number of members made site visits to Sierra Vista's LIFE Path Early Intervention Program, Aspiranet, West Modesto Wellness Center, Parents United, Empowerment Center, and West Modesto King Kennedy Drop in Center. They toured the facilities/programs and spoke with staff regarding their operation.

- Dr. Schlaepfer and Jack Waldorf provided a presentation at the Board of Supervisors for May is Mental Health Month where Mr. Waldorf accepted the proclamation announcing May 2013 as May is Mental Month in Stanislaus County.
- A presentation on AB 109, the Public Safety Realignment, was provided as well as information on efforts of the Stanislaus County Corrections Community Partnership.
- An Ad Hoc Forensic Subcommittee was appointed to review forensic program-related topics.
- A presentation was presented on the developments in Prevention & Early Intervention, as well as the Promotores program.
- An extensive overview of the Fiscal Year 2012-2013 Proposed Budget for Behavioral Health and Recovery Services was presented to the Mental Health Board in July.
- Significant involvement in several public meetings related to Mental Health Services Act planning, implementation, and updates. Mental Health Board members participated in stakeholder and informational meetings and held a public hearing regarding the Annual Update for Fiscal Year 2012-2013.
- Members participated on various Quality Improvement Councils, including the Quality Measures Review Committee for services provided by Doctors Behavioral Health Center.
- The Mental Health Board has been a supporter of several community-based events, such as the National Alliance for Mental Illness' local chapter trainings ("Family to Family", Provider trainings, and "In Our Own Voice") as well as events held in the community. All of these events are focused on the reduction of stigma and the community's inclusion of individuals who struggle with mental illness.
- A presentation on services to individuals who are homeless and mentally ill was scheduled.
- Members were recognized as part of the Behavioral Health and Recovery Services Volunteer Recognition Celebration. Those members who were not present at the event were awarded certificates and a pin at the Mental Health Board meeting.

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

CHILDREN'S AND TRANSITIONAL AGE YOUTH SYSTEM OF CARE COMMITTEE

Committee Chair: Lynn Padlo

Budget: \$ 19,638,945

Services: 4,783 clients served

Programming Overview and Focus

The Children's and Transition Age Youth System of Care continues to provide services to children and youth with serious emotional and behavioral disturbance and their families throughout Stanislaus County. In most cases these services are provided with agencies that serve children. Of the 41 Children's and Transition Age Youth System of Care programs, approximately half are operated directly by Behavioral Health and Recovery Services (BHRS) 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; numerous school sites as well as Headstart and preschool sites; family day care providers; and family resource centers.

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

The collaborative partnerships developed over the past 20 years have had a tremendous positive impact on how services are provided. By working with the multidisciplinary teams and families, youth are able to have an integrated plan of service and access the resources of each agency. Many of the programs have shared funding and all programs are developed in partnership with families, agencies, and staff. The ability of the System of Care programming to produce excellent outcomes is the result of these collaborations. Currently, the Mental Health Services Act essential elements (general standards) are incorporated into the Children's and Transition Age Youth System of Care values and match well with these values: community collaboration, cultural competence, clients and family driven services, wellness recovery and resiliency focus and integrated services for clients and families.

The current focus for the Children's and Transition Age Youth System of Care is to work within the continuing extraordinary budget limitations inherent again this year and to continue to build collaborations, to plan and implement Katie A, to continue to provide Wraparound as well as adjunct services (TBS [Therapeutic Behavioral Services] and HBS [Home-Based Services]) as an alternative to hospitalization and out-of-home placement for children and youth, and to continue to improve staff productivity. With the closure of the children's psychiatric unit in September 2006, programming has continued to successfully divert youth to a highly intensive alternative in-home program, Aspira Stabilization Program, to avoid out-of-county hospitalizations. These are minors that would likely have been hospitalized without intervention. This has been a very successful alternative to inpatient programming.

Accomplishments

Last year, the Mental Health Board Children’s System of Care Committee has toured a number of Children and Transition Age Youth programs. The following is a summary of those meetings including program descriptions, accomplishments and outcomes for several of them:

Date of Visit	Program
07/10/12	Center for Human Services
08/14/12	SED/SBS
09/11/12	Youth and Family Services
10/9/12	CAIRE Center/Family Justice Center
11/13/12	Kirk Baucher – Stone Soup Festival
01/10/13	800 Scenic
03/05/13	Leaps and Bounds
03/13/13	Sierra Vista Early Psychosis “Life Path” Program
04/10/13	Family Partnership Program
05/02/13	TBS/Home Based/IRC

SED/SBS (Special Education/School Based Services)

Last year Special Education (SED)/ School Based Services (SBS) continued with MOUs from both SELPAs so that services were provided status quo from the previous year prior to the mandate suspension. The services provided are for the students at both the lower and higher end of need. Counselors are in a variety of high school, junior high school, and elementary classrooms. The elementary classrooms are located at Rose Ave Elementary School and SED has added one FTE behavior health specialist who is working with both special education and high risk youth on their campus. SED program was able to maintain students on the public campus who in the past might have ended up in Non Public School placements. Last year SED/SBS served approximately 365 clients.

Youth and Family Services

The Youth and Family Services (YFS) program continues to provide family-focused, comprehensive, outpatient mental health assessments and treatment for the children and families of this county. This year, YFS has successfully implemented a Pediatric Consultation Clinic, which is a community capacity building project, where doctors can refer patients under the age of 18 for a psychiatric consultation and receive feedback on prescribing medications and other mental related recommendations. Last year YFS served approximately 300 clients and the Pediatric Consultation Clinic served 16 families.

CAIRE Center/Family Justice Center

The CAIRE (Child Assessment Interview Referral Evaluation) Center, a BHRS program established in 2004 and funded with a CalEMA Grant, provides therapeutic services to child victims of abuse and trauma. In November of 2010, The Family Justice Center (FJC) was established to serve victims in Stanislaus County; it is a place of support and advocacy for victims of abuse, domestic violence and elder abuse. The CAIRE Center was re-located to this site and has flourished ever since.

The following is a summary of this team’s accomplishment this last year:

- The CAIRE Center team is meeting with, or following up with, all children/youth that come through the Family Justice Center for a forensic interview in order to assess for the need for services and complete appropriate engagement and referral.
- The CAIRE Center team has collaborated with the Family Justice Center staff to assess and refer children/youth to mental health resources when they have been directly referred by the Family Justice Center or have arrived from the community. This includes referrals that have not come through forensic interview, but may have experienced trauma (i.e. exposure to domestic violence).
- The CAIRE Center team has provided services to approximately 178 children/youth since its grant year started on 10/1/12.

Non Public School (Kirk Baucher School)

The Non-Public School (Kirk Baucher School and Sierra Vista Learning Center) continue to provide services to high end clients who present with severe behavioral and emotional issues. The school continues to adapt a Multi-Model Treatment Approach which incorporates Individual Counseling, Group Rehab, Collaboration, Family Support, Case Management and Medication Support. The clinical team continues to utilize a strength based approach and provide additional clinical support during crisis times. During the last fiscal year, a total of eighteen (18) Day Treatment (DT) clients were closed from DT services, and a total of twenty-one NPS Outpatient clients were discharged.

One of the strength based activities at Kirk Baucher is “Stone Soup.” Each year the school puts on a performance called, “Stone Soup”, a tradition for the children and staff at Kirk Baucher School. The staff and children work together to perform for family, friends and community members. The children learn about community, sharing and caring for those around them. After the performance, everyone is served “Stone Soup” to share and enjoy together.

Leaps and Bounds & Sierra Vista Early Intervention 0-5EIP

These results are based upon outcome measures received from parents participating in our early interventions (0 to 5 years old) outpatient clinics. Below is what has also been reported to the Children and Families Commission.

<p>Activity 1</p>	<ul style="list-style-type: none"> • Improved Mental Health of Children 0-5 <i>Outcome: 92% of parents report improvement in their child’s mental health symptoms</i>
<p>Activity 2</p>	<ul style="list-style-type: none"> • Family Relationships <i>Outcome: 98% of children and families show improvement in parent/child relationship per clinician report</i>
<p>Activity 3</p>	<ul style="list-style-type: none"> • Improvements in Family Functioning and Reduction in Risk Factors for Child Abuse and Neglect <i>Outcome: 81% of parents show reduction in stress factors for child abuse and neglect</i>
<p>Activity 4</p>	<ul style="list-style-type: none"> • Caregivers Have Improved Knowledge and Skills to Parent Their Children <i>Outcome 95% of parents report positive gains in parenting skills</i>

Activity 5	<ul style="list-style-type: none"> • Improve Access to Early Preventative Mental Health Services Outcome: 1192 children receive early preventative mental health services
Activity 6	<ul style="list-style-type: none"> • Programs Partner and Network to Provide More Effective Services Outcome: 100% of family resource staff report satisfaction with consultation and collaboration
Activity 7	<ul style="list-style-type: none"> • Increase Provider Capacity. Improved Quality and Stability of Early Learning Programs and Daycares Outcome: 95% of children show improvement in their behavior by early education staff

The clinical focus of the programs is to decrease the impact of mental health symptoms in either the parent or child which is having a challenging impact on the relationship between parent and child. There has been an increase in children presenting with exposure to drugs and alcohol in utero as well as an increase in children with developmental delays in addition to behavioral health issues.

Aspiranet WRAP

Wraparound services are a strength based, family centered, individualized program offering opportunities for youth to remain in or return to a family setting. Children and families that are referred to the program are at risk of group home level 10 placement. Referrals are made through an interagency screening committee by the Department of Human Services, Probation, and Mental Health. The Aspiranet Wraparound program responds promptly to all referrals and collaborates with community partners throughout the treatment process. Wraparound is a planning process that walks the family through a series of steps and designated family centered phases. The ultimate goal is to keep children with their birth families, with relative care givers, or foster families by providing intensive, comprehensive integrated and creative treatment intervention support services.

The Wraparound treatment team consists of a facilitator, clinician, support counselor, and psychiatrist (as needed). The WRAP team works together, closely with the family and all other support networks, to prevent a higher level of care/placement.

This program continues to be successful in reaching the goals/treatment plans of the clients being served, with an average duration of treatment being 6-9 months. WRAP serves approximately 12 slotted foster care youth, 6 AAP youth and 3-6 Intensive Family Maintenance youth at any given time.

Other Aspiranet Programs and Services

Risk Assessment

Risk Assessment (RA) serves all of Modesto City Schools’ youth who are determined to be a danger to themselves or others. RA staff responds to the identified school “as needed” to assess the risk level of the student. A collaborative decision is made that includes school staff, the student, and the student’s parent(s). If the student is not determined to be “at risk” he/she is connected with resources that meet their needs. If he/she is found to be “at risk,” MPD is contacted to establish a 5150 hold and transport the client to DMC ER for further evaluation. RA staff contacts Stanislaus Community Emergency Response Team to collaborate desired treatment for this student. When needed, RA staff will follow up with the student/family to ensure ongoing safety. Risk Assessment serves approximately 40-50 students per year.

TBS

Therapeutic Behavioral Services (TBS) serves clients of ages 0-21 who have full scope Medi-cal and are currently seeing a specialty mental health provider. We provide services throughout Stanislaus county as well as outlying areas such as Merced, San Joaquin and Tuolumne Counties. There is no limit to the number of contacts or number of hours in which we may provide these services, as they are uniquely tailored to clients' needs. On average, TBS services are provided anywhere from 3-5 times per week per client until the transition phase occurs in which services slowly taper off until the client is closed. TBS clients are eligible for our services because they are at risk of losing placement and/or moving to a higher level of care, are at risk of psychiatric hospitalizations, or are stepping down to a lower level of care. They receive an assessment and are assigned a Therapeutic Behavioral Aide who meets with the client and family 1:1 and implements behavioral modification techniques, self-management skills, and parenting skills needed to stabilize risk factors. TBS services are provided in the home, school, and community when the behaviors are occurring. TBS served approximately 82 clients last year and had an average of 30 clients open at any given time.

Aspiranet Turlock and Modesto Outpatient Clinics

Outpatient services are provided to children (0-18) and families with Medi-Cal. These clinics also accept private insurance and provide services at discounted rates. Services begin with a behavioral health intake. Clients are then assigned to a clinician and/or a Behavioral Health Specialists depending on the need. Clinicians provide necessary clinical treatment for the identified problems. Treatment includes individual, family, group, and/or couples therapy. Clients are also provided with case management and psychiatric services as needed. The goals of treatment include: strengthening family relationships, building communication, reducing conflict, increasing coping skills, providing hope, improving parenting skills, improving school behaviors and treating issues such as ADHD, depression, anxiety, psychosis and trauma. Clients are discharged upon successful completion of their treatment goals. Average length of stay for clients is around 6-9 months. These programs serve over 460 clients and families annually.

Sierra Vista Home Based Services (HBS)

The Home Based Services Program at Sierra Vista Child & Family Services is an intensive, family-systems-focused, in-home clinical program funded through a contract with Stanislaus County Behavioral Health and Recovery Services.

A current service provider such as a case manager, an outpatient clinician, or a social worker identifies a family for HBS. After identification at a weekly referral meeting, a family is provided with an assessment to determine if they are appropriate for the program. Once services have begun, a family is connected with a mental health case manager, if one has not already been assigned. Since it is common for these families to be involved with multiple agencies and service providers, a BHRS case manager assists in keeping services linked. Interagency collaboration and communication are stressed to help ensure cohesive services. One way HBS assists with the collaboration and coordination of services is to hold monthly "case reviews". During these meetings, discussions are held to evaluate goals, measure progress, and identify needs. Case managers, clinicians, and other agency representatives are routinely invited; attendance has been positive. Ongoing communication with collaborating service providers and lengthy discussions with family members assists with the team-oriented planning and decision making that is vital to the HBS family-strengths approach.

Other CSOC Programs/Accomplishments:

Sierra Vista Attention Deficit Hyperactivity Disorder (ADHD)

ADHD Clinic

The ADHD program continues to provide individual and group treatment modalities. Although each client and family's treatment is conducting according to an individualized plan of care, it has been very effective and efficient to provide group treatment with an emphasis on specific issues that our clients generally struggle with across contexts. These groups have included anger management, organizational skills, social skills and communication skills. Our staff use Evidence Based Practices that guide the clinician through treatment of symptoms with specific techniques that have been proven to be effective through study and research.

Josie's Place

The following information on Josie's Place Drop-in Center was also reported in our Mental Health Services Act Plan Update.

Josie's Place Drop-in Center is a bustling center of activity with diverse transitional age young adults (TAYA) (18-25 years of age) interacting with the culturally diverse staff that includes African American, White, Hispanic, and Asian individuals. Josie's is excited about the new addition of an Assyrian staff member to help reach out to a much underserved Assyrian population in our community. Outreach to and participation from Lesbian, Gay, Bi-sexual, Trans-sexual and Questioning (LGBTQ) youth is present in the social milieu and cultural sensitivity of services.

Josie's Place is a membership-driven "clubhouse" type model that also has service teams in the center: Josie's Place Intensive Services and Supports (ISS) and a Full Service Partnership (FSP) called Josie's TRAC (operated by Telecare Recovery Access Center). Services are offered in English, Spanish, Laotian, and Assyrian languages, at all levels of service. Aggression Replacement Training groups were offered as part of the array of services at the Center. Due to the success, we have had to increase the number of group classes offered. We have also increased the number of staff trained so that we can meet the needs of the clients and increase groups as needed. Life skills group is offered as an ongoing option as well as collaboration with Data Management Services to have computer tutoring on-site to help young people learn computer skills, fill out resumes etc. Men's and Women's peer support groups as well as an LGBT support group are offered to all members of Josie's with a pending Pregnant and Parenting group and social anxiety groups on the horizon. Our mental health teams are able to provide service to Medi-Cal, uninsured and the underserved populations in our county. Our Drop in Center staff includes four youth who have lived experience as a consumer or family member and six volunteers to help with group support, outreach and peer-related activities and engagement as well as two mental health professionals to help support the needs of the team overall. They conduct groups and provide individual support to youth. In addition to traditional support groups, the center also offers group activities that including outings that provide peer interaction to help support each other around development of social skills, related coping skills, and building/enhancing individual strengths and leadership skills. Some groups include skill building such as "Music for the Soul" which teaches consumers to read music and play guitar, art groups and physical health related activities as well and a cinema therapy group that has been well received. We are currently working on adding additional services to meet the needs of the young ladies and TAY youth with children in order to meet the needs of our young people. All activities/groups are open to both youth who receive mental health services and those who have milder mental health needs and use the drop in center peer support.

The Young Adult Advisory Counsel (YAAC), a consumer based counsel, provides leadership opportunities for the young adults and a greater voice in the daily activities and operating Josie's Place Drop-in Center overall. The group provides opportunities for Leadership skills and empowering young adults to advocate for their needs/ wants is encouraged and supported with training opportunity to help enhance skills and build confidence for young consumers. The YAAC decided not only to focus on TAY needs at Josie's this year but also to give back to the community. In November they conducted a canned food drive and put together care packages for TAY with families in need and in December held a coffee and doughnut outreach to the Homeless population in Modesto as well. We are proud that our young people were represented throughout the community during events that included the Modesto Pride Conference, Mental Health Diversity Week Celebration, Community Outreach forums in Turlock, and Youth Leadership Conference in collaboration with MHSA PEI and Rainbow Prom, which included collaboration with PEI leadership groups and the new Chapter of Youth in Mind.

Our young people are active in TAY advocacy outside of our county as well. Two of our young people were chosen to participate in CAYEN at the state level putting together conferences and representing the needs of TAY on a larger scale throughout the state and working to put together the Youth in Mind conference held at CMACY this year. The MHSA chose Josie's Place as one of only five sites in the state to conduct a stakeholder meeting with TAY Adults re: the needs for additions or changes around mental health services in California. We were quite proud and the young participated whole heartedly.

One of our challenges is always meeting the needs of TAYA in all parts of Stanislaus county. Some of the outlying communities in our county do not have the opportunity to utilize the Drop in Center portion of our center as much as we would like due to transportation and geography. The team and consumers are working on expanding drop in center activities and mental health into the outlying communities via community collaboration/capacity building with hopes this could be established by June 2014. This year, due to MHSA Innovations funding, we are excited to have been able to add an additional clinician at both the GSD and FSP levels and additional psychiatric time for mental health treatment in order to be able to meet the needs of all consumers.

Juvenile Justice

Juvenile Justice Behavioral Health (JJBH) is comprised of several different programs and components that work collaboratively in the best interest of our clients and families. Programs include: Juvenile Justice Outpatient, Mental Health Services Act/Full Service Partnership (MHSA/FSP) program that provides Aggression Replacement Training (ART), an evidenced based-practice; and Juvenile Drug Court (JDC). Services are also provided inside Juvenile Hall and in the new Juvenile Commitment Center. All referrals come from our referring partner, Juvenile Probation.

The following is a summary of this team's accomplishment this last year:

- JJBH has transitioned to the use of Anasazi to capture all services provided in Juvenile Hall and has been working towards an integrated medical record between BHRS and the Juvenile Hall medical services team so that treatment services can be better coordinated and services improved for our young people.
- Juvenile Justice is partnering with the Stanislaus County Probation Department to provide services in the new Juvenile Commitment Facility with the focus of providing evidence-base practices including MRT, ART, and trauma-informed care.

- JJBH has obtained funding from probation to expand our substance abuse services both in custody and out of custody and have begun using the evidenced-based practice Moral Reconciliation Therapy (MRT). All JDC staff have been trained and certified in MRT, enhancing the treatment in this program. We are hopeful that this will improve our outcomes, increase our client success, and decrease the time it takes to complete this intensive substance abuse program.
- JJBH has created unique and valuable opportunities for leadership and growth for our clients and their families. We have hired a Youth Leadership Specialist to create leaderful opportunities for our probation youth to participate in as a way to decrease recidivism rates and improve pro-social behavior. As part of Juvenile Justice's commitment to youth leadership, several JJ/JDC youth have participated in youth leadership conferences, including at the annual CMHACY/YIM Conference in Pacific Grove. Four (4) Juvenile Justice youth attended Reach for the Future, a 3-day youth leadership conference in Butte County.
- JJBH is invested in becoming a leaderful organization. Several staff have assumed leadership roles. A leadership team has been developed and includes many staff invested in the improvement of the JJBH team and the services that are provided.
- Communication and partnership between JDC staff has greatly improved.
- One staff member has been training teachers and staff at Elliot Alternative Education Center in Aggression Replacement Training (ART) as part of JJBH's Community Capacity Building efforts.
- JJBH has chartered a chapter of the state-wide youth mental health advocacy organization, Youth in Mind, for Stanislaus County. This is open to all young people, ages 12-28 years of age.
- JJBH has created an "annual open house" to help improve communication and relations with probation, other community partners, our clients and their families, and the community at-large.

Changes and 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 in utero or in life by exposure to substance abuse in families and finding effective tools for treatment;
- Adoption of more Evidenced-Based Practice research and training to enhance programming;
- Continuing to more fully utilize outcome data to guide service delivery;
- Implementation of four (4) new contracts with the schools to provide assessments, treatment and support services for children and families as well as teachers;
- Continuing implementation of and Electronic Health Record; and
- Planning and implementation of the terms of the settlement of the Katie A lawsuit.

CSOC 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:

Out of County Hospitalizations of Minors:

Aspiranet Stabilization Program (ASP)

ASP is a crisis based stabilization program that serves children and youth ages 0-18, with Stanislaus County Medical or those who are uninsured. Referrals come from our Community Emergency Response Team, where ASP responds immediately to the ER. Other referrals are from our County Hospital Liaison for children who are being discharged from inpatient hospitalizations out of county. The goal of the program is to prevent current and further psychiatric hospitalizations by providing intensive services in the county they reside in. Services include individual and family counseling, in the home, school, or office setting. We have quick access to psychiatric services and respite care as needed. Treatment plans are developed with the client, family, and current providers to decrease "at risk" behaviors, by increasing utilization of coping skills and establishing a support network. Services are provided as often as required to ensure safety to our clients, including 24 hour on-call for after business hours. ASP Clinicians conduct ASAP-20 (Adolescent Suicide Assessment Protocol) during intake as well as discharge, to assess for client's risk level and determine if ASP services would help to reduce the client's risk. Services are authorized for up to 30 days, at which time clients will be connected to a long term provider to continue with ongoing mental health treatment and medication if needed.

During the past year ASP served 214 clients. All of these clients were referred to ASP in hopes of preventing a hospitalization or a re-occurring hospitalization upon discharge from a psychiatric inpatient hospitalization. During this timeframe, only 7 clients required a hospitalization (4 of which were referred upon discharge of a psychiatric inpatient hospitalization). Prior to or without ASP services, these (214) clients may have required admission to a psychiatric unit in order to stabilize their high risk behaviors that made them a danger to themselves or others.

We have captured data that indicates that over 50% of the Medi-Cal and uninsured minors hospitalized from Stanislaus County are new and have not had contact with our CSOC. We ensure that these minors are transitioned to ASP services upon discharge and then referred on to other services if deemed necessary.

Client Satisfaction:

Ninety percent (90%) of youth reported, *"Overall, I am satisfied with the services I received"* and 91% of parents/guardians reported, *"Overall, I am satisfied with the services my child received"*.

Ethnicity of Clients:

Due to having a new data system in our EHR, we were not able to get the Race and Ethnicity information for this report.

ADULT SYSTEM OF CARE COMMITTEE

Committee Chair: Chris Cataline

Budget: \$19,236,163

Individuals Served: 2982

Program Overview

The overall capacity of the regional service system remained unchanged from the previous fiscal year in terms of mental health services. There continue to be two Regional Teams, one in Turlock and one in Modesto. Medi-Cal recipients and other high-risk individuals have priority with regard to receiving services. Referrals to alternative community providers are being made for those consumers who are not able to be served by the specialty mental health system. Efforts to collaborate with community-based organizations are critical when service demand exceeds capacity. Some of the tools used in the Integrated Dual Diagnosis Treatment approach continue to be utilized at regional service locations in Modesto and Turlock and also at partnership locations. Substance use treatment in the Adult System of Care locations has been severely reduced with only treatment for individuals with both mental illness and substance use disorders available in the regional teams. Stand alone substance use treatment is currently not available in the regional teams, but as funding for this becomes available, this will be considered.

StanWORKS Behavioral Health Services

StanWORKS Behavioral Health Services are 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 in this program has been changed to a Brief Treatment Model with all Mental Health Clinicians receiving training and supervision in the model. The Alcohol and Drug program has refocused on treatment along with monitoring treatment services at First Step Perinatal Program and Stanislaus Recovery Center.

Mental Health Services Act Programs

The Mental Health Services Act (MHSA) programs in the Adult System of Care are fully implemented and operational. Telecare has two adult programs: Westside SHOP and Partnership TRAC. These programs provide Assertive Community Treatment, Intensive Outpatient and Wellness Level care to adults who are homeless or at risk of becoming homeless and have a serious mental illness. The program provides continuous street outreach to underserved adults. In March 2013, Telecare expanded their services to include a Discharge Team to follow up on all county patients discharged from the psychiatric inpatient unit. This services was created as part of the implementation of the Department's strategic plan for 24/7 secure mental health services. It is expected that this team will be able to ensure better adherence to discharge plans for clients. The team also responds to the Emergency Room to assess any clients who reappear for hospitalization to attempt to avoid re-hospitalization of these individuals. Telecare also provides services similar to those provided in the adult programs described above to Transition Age Youth through Josie's TRAC. Outcomes are listed below:

Housing: Target 70% reduction in homeless days

Outcome:	12mo Prior	*(Normalized) current year	% of reduction	** Actual days	% of reduction
Partnership TRAC	3283	1007	69%	722	78%
Westside SHOP	2738	259	91%	443	84%
Josie's TRAC	928	203	78%	242	74%

Target Achieved (Total reduction of 80% or 5542 days)

Incarceration: Target 36% reduction

Outcome:	12mo Prior	*(Normalized) current year	% of reduction	** Actual day's	% of reduction
Partnership TRAC	213	66	69%	92	57%
Westside SHOP	78	56	28%	97	0%
Josie's TRAC	771	38	95%	45	94%

Target Achieved (Total reduction of 78% or 828 days)

Hospitalizations:

Outcome:	12mo Prior	*(Normalized) current year	% of reduction	** Actual days	% of reduction
Partnership TRAC	873	131	85%	183	79%
Westside SHOP	668	46	93%	80	88%
Josie's TRAC	357	58	84%	69	81%

Total Reduction of 83% or 1566 days

Housing and Employment

Housing and employment services continue to be major focuses of the Adult System of Care. Staff currently assist approximately 200 individuals and family members in maintaining subsidized supportive housing. The supportive services programming currently utilizes the Solutions for Wellness Psycho-Educational Program to empower and inspire people with psychiatric disabilities to live a healthy lifestyle. Other supportive services include, but are not limited to, independent living skills, relapse prevention in collaboration with medical care providers, education and coping skills; these are key areas of service as well. The Adult System of Care has served 117 individuals and/or families in the Permanent Housing Program, with 15 current vacancies for 132 permanent housing slots. Sixty-nine individuals and/or families were

served in the transitional housing program, of which 19 moved into some kind of permanent housing and 8 reported moving in with family or friends during the fiscal year.

Employment services are available to current Adult System of Care consumers interested in employment, pursuing a career path utilizing the educational system, and/or accessing Department of Rehabilitation services. Behavioral Health and Recovery Services has operated the Employment Program since July 2009. Some Behavioral Health and Recovery Services clients are eligible for services utilizing federal funds through the State Department of Rehabilitation for work-related expenses. Individual services provided may consist of Job Development, Job Coaching either off or on-site, Pre-Employment skill building such as: interview skills, resume writing, maintaining healthy relationships in the workplace, etc. The Employment staff worked with 107 individuals, who had some type of interest in Employment Services. The number of individuals who were employed either permanently or temporary and/or volunteered in the community during the fiscal year was 32. There were 14 permanent placements, 13 temporary placements and 5 volunteer placements.

Garden Gate Respite Center

The Respite Center at Garden Gate (GGR) provides a safe, comfortable environment for individuals who are homeless and appear to be mentally ill. Help is provided to homeless individuals so that they may get off the streets and be linked to appropriate resources within the community. The center is open 24 hours a day, 7 days a week with 2 awake and alert staff on-duty at all times. Services are provided for up to 6 adult individuals at a time, with facilities for the disabled in place for those who need them. Each person's stay is evaluated on a daily basis and length of stay is tailored to the individual's needs. The target population consists of adults (18 years of age or older) with a mental illness who do not meet Welfare and Institute Code 5150 criteria and are: homeless or at risk of homelessness, transient, or at risk of victimization and/or incarceration. Some of these individuals may also have a co-occurring substance abuse disorder. The Respite Center works in conjunction with the Outreach Team and law enforcement. This collaboration helps to minimize the negative impact of the homelessness for the individual, as well as our community. In keeping with the MHSA vision, GGR employs a large number of consumers whose lived experience is a valuable commodity in the program. The number of unduplicated individuals who came through the GGR doors was 377.

Wellness Recovery Center

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

There is a united Peer voice developing in locations through-out Stanislaus County Behavioral Health and Recovery Services. In recent times there has been a need for a refreshing of ideas and attitudes on how WRC continues to grow and remain an innovative highly respected model both locally as well as across the state. The senior leadership team has seen the need for more viable Peer consumer presence within our department. Thus, going forward using the Center for Hope and Renewal philosophy, there will be peers or consumers providing peer supports. Program staff and volunteers will help their peers with system ***navigation***, personal goal/hope ***restoration*** and ultimately community ***reintegration***.

Modesto Recovery Services and Turlock Recovery Services

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

Psychiatric Consultation Clinic

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

Integrated Service Agency

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

Ethnicity of Consumers

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

<u>Ethnicity</u>	<u>Number of Consumers</u>	<u>Percentage</u>
American Indian/Alaska	41	0.9%
Asian/Pacific Islander	133	2.9%
African American	262	5.7%
Filipino	36	0.8%
Hispanic	1469	32.2%
White	2494	54.7%
Other	33	0.7%

Priorities

Priorities for the Adult System of Care include the following:

- Results Based Accountability outcomes for all Adult System of Care programs will be specified by working with the Outcomes Manager and ASOC Clinical Manager during the next fiscal year, with an emphasis on learning and program improvement.
- Continue to focus on developing successful measures to help individuals transition into the community for psychiatric care when specialty mental health services are no longer needed.

- Adult System of Care leadership team will develop and implement a Behavioral Health and Recovery Services Transformational Elements implementation and assessment plan.
- Implementation of the final components of the Electronic Health Record will be a central focus.
- Continue to refine and assess the impact of the new Transition TRAC Program focused on managing the huge increase in psychiatric hospitalizations/discharges by looking at “back door” (discharge follow-up team) options.
- Maintain productivity at all Adult System of Care programs that bill Medi-Cal at 55% or higher.

Outcomes and Accomplishments

- The ASOC has focused on the implementation of electronic health record system. The initial phases of implementation included practice management, progress notes, assessment and treatment planning, and the clinician and doctor’s homepages. As with any large-scale EHR implementation project, this effort has required substantial amount of energy and attention from staff and management. Staff and management continue to work together to fully implement the software and ensure the integration of quality mental health services. Ultimately, this tool will greatly increase the efficiency and effectiveness of mental health treatment services for our clients. Client information is readily available across the system for services providers, greatly increasing efficiency and reducing risk.
- Acting from the BHRS Transformation Framework in the area of Community and Leadership, the ASOC has initiated a project to further strengthen the peer support network approaches within the organization. The wellness level programming was restructured, separating the peer support component from service coordination and psychiatric services to further clarify and define the role of peers within the organization. A coordinator was hired to specifically provide leadership in this area of the organization with a focus on creating communities of support beyond the professional mental health services, and in natural communities of support.
- 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 that have significant alcohol and other drug treatment experience work with dually diagnosed clients.
- ASOC continues to collaborate with multiple agencies and community partners to further develop and strengthen services at the Ninth Street Mental Health service site. In addition to BHRS and contractor operated mental health treatment programs, the site also houses the National Alliance on Mental Illness (NAMI) and a growing, robust network of peers focused on mutual aid and support in their recovery. The ASOC has initiated planning to expand this model to other regional teams.
- The ASOC programs have initiated the use of LOCUS, acting on our commitment to Results. Staff has begun to use the tools and collect data. However, due to the EHR implementation, BHRS has not developed the infrastructure to fully realize the benefit of the LOCUS data. With the EHR implementation coming to an end, BHRS will continue to focus in the implementation of LOCUS.

- Behavioral Health and Recovery Services Adult System of Care had 401 consumers participate in the semi-annual Mental Health Statistics Improvement Program (MHSIP) State Satisfaction Survey. Overall, 80% of responses were favorable.
- BHRS continues to ensure transportation barriers are addressed for clients in the outlying county areas (i.e., Patterson, Oakdale and Ceres). BHRS continues to focus on providing transportation for medication appointments and treatment services, utilizing both peer volunteers and BHRS staff.

Future Challenges and Changes

- Impact of Health Reform regarding Integrated Behavioral Health/ Physical Health programs can bring numerous benefits to residents of Stanislaus County. However, the increased number of individuals eligible for services may stretch already limited outpatient clinical resources.
- The reorganization of the State Departments, including the new Department of State Hospitals, continues to be a challenge as new procedures and personnel are put in place.
- The current economy and high unemployment rates continue to affect the employment of individuals with severe mental illness.
- The Adult System of Care continues to focus on integrating Physical and Mental Health services and creating Health Homes for all individuals.
- Integration of the four Behavioral Health and Recovery Services Transformational Elements at the treatment team level by translating the concepts into examples that are familiar to those systems continues to be a focus.

PREVENTION AND EARLY INTERVENTION (PEI)

Budget: \$ 4,021,376

Program Overview:

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

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

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

Accomplishments:

Mental Health Board Engagement

The Mental Health Board (MHB) Impact Committee visited 12 programs sites and directly engaged program participants, asking about the impact of services and any additions needs or services that the department can address. Additionally, the MHB Impact Committee met with the PEI Manager and Senior Leadership to discuss program sites visits and how to continue to support programs that are reaching the community, as well as programs that can improve access. The MHB will continue to meet with the PEI Manager and Senior Leadership Team to visit all PEI programs and directly have conversations with programs participants and community members. The MHB Impact Committee is committed to a focus on results and ensuring programs are supported in assessing the impact of their programs and efforts.

A Focus and Commitment to Results

Behavioral Health and Recovery Services has established a priority that all Prevention and Early Intervention programs develop a plan to assess the results of the services they provide. As a result, all Prevention and Early Intervention programs have adopted the Results Based Accountability (RBA) framework as a tool to guide program actions and strategies toward a set of results from the inception of a program. By “results”, Behavioral Health and Recovery Services measures “How much did we do?”, “How well did we do it?” and “Is anybody better off?” because of the Prevention and Early Intervention programs and services.

BHRS hired an Outcomes Manager (OM) to support the development of Performance Measurement and Evaluation of PEI programs. The OM provides management support and leadership in the development of performance measurement for both BHRS Treatment and PEI Programs. BHRS initiated a system-wide theory of change and the development of measurement tools to assess the impact of programs and initiatives. Along with other performance measures that assess efficiencies of programs, the tools include an assessment of program participants overall improvements in mental health and well-being and will be administered throughout PEI programs to assess the impact of programs and strategies. BHRS expects to implement the new assessment tools in 2013.

Mental Health First Aid Training (MHFA)

BHRS trained 161 individuals from various partner agencies in the evidenced-based MHFA. Mental Health First Aid is a groundbreaking public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. Mental Health First Aid USA is managed, operated, and disseminated by three national authorities — the National Council for Community Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health. Mental Health First Aid is offered in the form of an interactive 8-hour course that presents an overview of mental illness and substance use disorders in the U.S., introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and overviews common treatments. Those who take the 8-hour course to certify as Mental Health First Aiders learn a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.

Challenges

- BHRS hired an Outcomes Manager and an Outcomes Analyst to develop the internal expertise and capability to assess the impact of programs and to assist our program partners in their capacity to assess the impact their efforts and programs. Continuing to learn and assess our capability to support community-based programs and their efforts in assessing their impact will be a challenge.
- 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

- As PEI programs matured in their theory of change and capability, BHRS will now start to assess the impact on peoples' lives. All PEI programs will be required to assess overall improvements in mental health and well-being for program participants.
- Engage community stakeholders and begin to use RBA Performance Measurement Data to assess the impact and performance of programs and to make recommendations for program development, program redesign, or program defunding.
- Release the second round of funding for community capacity-building projects. These are contracts with community-based leaders and organizations to support the development and implementation community-driven plans to: (1) Improve and sustain the mental and emotional well-being of their members, (2) reduce stigma, (3) increase community-based

behavioral health supports for communities, and (4) strengthen community leadership to address behavioral health issues of their community.

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

PROJECT		PROGRAM		CONTRACTOR / STAFF
1	Community Capacity Building	1	Asset-Based Community Development	2 BHRS staff supporting 7 community efforts awarded for small behavioral health improvement projects, and 7 community collaborative focused on behavioral health.
		2	Promotores	Nine Community Health Outreach Worker/Promotores projects: Newman, Patterson/Grayson, Turlock, Ceres, West Modesto, North Modesto/Salida, Riverbank, Oakdale, and Hughson.
2	Emotional Health, Awareness, Support	3	Mental Health Promotion Campaign	Strategies included a campaign at regional movie theaters and malls focused on educating the community on the signs and symptoms of early psychosis and where to call for help and treatment, and the development of media and print materials targeting the Spanish-speaking community.
		4	Friends Are Good Medicine	<ul style="list-style-type: none"> • 1 FTE • Over 150 peer support groups identified and documented on an online and printed directory, and training for peer support group facilitators.
3	Adverse Childhood Experience	5	Teaching Pro-Social Skills	1 Mental Health Clinician .5 Youth Group Facilitator Groups sites at Modesto City Schools, Ceres Unified School District, Patterson Unified School District, and SCOE.
		6	Child Sexual Abuse PEI	Debra Johnson, Ph.D. <ul style="list-style-type: none"> • Expanding early intervention services for Spanish-speaking population • Established a 24 hour/7 days a week hotline
		7	Early Psychosis Project LIFE Path Program	Sierra Vista/Center for Human Services
4	Child / Youth Resiliency	8	Youth Leadership & Resiliency	<ul style="list-style-type: none"> • Center for Human Services – Patterson/Grayson • Sierra Vista – The BRIDGE • Sierra Vista - Hughson • West Modesto King Kennedy Collaborative-Project Uplift
		9	Children Are People	BHRS program implemented in partnership with Modesto City Schools and Capacity-building Project
5	Adult Resiliency &	10	In Our Own Voice (Anti-	National Alliance on Mental Illness

PROJECT		PROGRAM		CONTRACTOR / STAFF
	Connectedness		Stigma)	
		11	Arts for Adult Resiliency & Connectedness	BHRS did not implement program per MHSa Annual Update 2012/2013.
		12	Faith/Spirituality Resiliency & Connectedness	This program facilitates, encourages, and supports faith communities and spirituality groups throughout Stanislaus County to create increased social support and social connections for adults experiencing the impact of trauma and other risk factors. BHRS is supporting the development of 3 faith faith/spirituality collaborative.
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	<ul style="list-style-type: none"> • Nurtured Heart Program Patterson, CA • Creating Lasting Student Success (CLASS) Modesto City Schools
		18	Parents and Teachers as Allies	National Alliance on Mental Illness

OLDER ADULT SYSTEM OF CARE COMMITTEE

Committee Chair: Jack Waldorf

Budget: \$3,268,571

Services Provided: 313 individual clients served and 9,463 services provided

Mission Statement: High Risk Health and Senior Access Team will model an attitude of recovery in order to enhance and improve quality of life through compassion, education, acceptance, and community linkages and integration by doing whatever it takes.

Program Overview:

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, case management, and, at times, group therapy. The team provides assessments and assists with linkages to outpatient services, including employment and housing. The Mental Health Services Act (MHSA) 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. Effective June 2011, this team was combined with the MHSA Health/Mental Health Team and is now called High Risk Health and Senior Access.

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.

The second level of treatment (the highest in the adult system of care) is our High Risk Health and Senior Access team (HRH&SA). This program is funded by the Mental Health Services Act and provides intensive services 24 hours a day, seven days a week. High Risk Health & Senior Access program serves adults (18 – 54 years) transitional age adults (55-59) and older adults (60+ years) with significant, ongoing, possibly chronic, health conditions co-occurring with SMI as well as, functional impairments related to aging. The sub-group of transition-aged adults (55-59 years) with SMI, 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 LGBTQ) 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 for HRH&SA include 24/7 access to a known service provider, individualized service plan, 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 FSP 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 FSP programs in Stanislaus County. Our older adult program also has access to a medical doctor through Health Services Agency that consults with us monthly on medical issues related to our clientele. We also have a full time behavioral health advocate for the seniors in our program.

Results Based Accountability:

This data represent the accomplishments achieved in the programs:

- High Risk Health and Senior Access and Senior Access and Treatment Team provided 313 individuals a total of 9,463 services from July 1, 2012 to June 30, 2013. The Senior Access Treatment Team program capacity is approximately 120 clients. The High Risk Health and Senior Access program's annual service target for older adults is 60.
- Reduced homelessness in the Full Service Partnership program by 96.9 % in the last year, which continues a four year trend.
- Reduced the instances of acute psychiatric hospitalization in the Full Service Partnership program by 97.1%.
- Reduced the instances of incarceration in the Full Service Partnership program by 100% in the past year.
- Reduced the rate of acute medical hospitalization in the Full Service Partnership program by 85.2%.
- Completed 63 depression screenings in the communities of Oakdale, Waterford, Turlock, Patterson, and Modesto during National Depression Screening Day (October 2012).
- Secured housing for or helped retain the residences of an estimated 18 homeless seniors and seniors at risk of losing their homes.
- In the state required client satisfaction survey, the older adult programs averaged 86% favorable feedback overall.
- The Marriage and Family Therapist/Behavior Analyst intern worked with our clients and collected outcome measures on her work. The attached power point outline provides an overview of her work along with data on one client in which she helped this individual decrease the daily average blood sugar level along with their maximum daily blood sugar level.

Community Capacity Building:

In the spirit of reconnecting consumers to the community and strengthening the programs' internal community, the following was accomplished:

- Increased socialization opportunities for all clients. This included trips to go bowling, to the Health and Safety Fair in Turlock, to the Pumpkin Festival and Christmas Tree Lane. We also had a well attended Christmas Dinner at our site, with 90 plus participants.
- Marriage and Family Therapist/Behavior Analyst intern from California State University, Stanislaus successfully completed field studies with our High Risk Health and Senior

Access program over the past academic year.

- Approximately 60 nursing students through Modesto Junior College and California State University, Stanislaus came to HRH&SA as part of their program requirements to complete their clinical hours for their psychiatric rotation.
- Helped consumers reach their goals of being increasingly more independent and stable.
- The programs' One Stroke Paint group that is held at the Empowerment Center continues to be community-based.
- The capacity to work with volunteers has been increased, which, in turn, allowed an increase in the hours of transportation offered to clients to 80 hours a week, increased support for administrative staff, and increased support for consumers in their recovery.

Demographics/Cultural Competence:

- Ethnically diverse High Risk Health and Senior Access program staff members (African American, Hispanic, Filipino, Caucasian).
- The majority of clients served by the two Older Adult System of Care programs were women 72%, who reside in Stanislaus County. Most clients seen for services suffered from a mood disorder. The majority lived independently and were receiving disability or retirement income.
- Approximately 3% received Medicare only and 88% were Medicare/Medi-Cal beneficiaries.
- 62% of clients were white, 20% Hispanic, 8% African American, 1% Filipino, 2% Asian Pacific, and approximately, 1% from other ethnic groups. 87% spoke English, 7% Spanish, 2% Assyrian, 1% Farsi, 1% Portuguese, 1% Russian, and 1% other languages.
- High Risk Health and Senior Access programs will continue to increase outreach to the monolingual Spanish-speaking community.
- High Risk Health and Senior Access will continue efforts to address gender and ethnic disparities through collaboration with El Concilio, West Modesto King Kennedy Neighborhood Collaborative, The Bridge, and other community-based organizations and groups.
- High Risk Health and Senior Access teams will develop program information brochures and posters in other languages (e.g., Laotian, Hmong, and Cambodian) for posting at popular community locations such as grocery stores and clinics.

Challenges/Needs:

- Adapting to and making full use of our new electronic health record system.
- Providing services to the west side of Stanislaus County.
- Paperwork demands for data collection are significant for the High Risk Health and Senior Access Full Service Partnership Program.
- Providing transportation to all High Risk Health and Senior Access program consumers in need of such support.

Priorities:

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

ADMINISTRATIVE AND FISCAL SERVICES COMMITTEE

Committee Chair: Chip Langman

Budget: \$ 9,048,387

Services provided: Support for all department functions

Overview:

The Administrative and Fiscal sections of Behavioral Health and Recovery Services comprise Administration; Contracts; Data Management & Performance Measurements; Financial Services; General Services; Medical Records, and Human Resources. 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 these sections with the opportunity to be creative in their input to other units in the Department and in the services that are provided by the Administrative and Fiscal units. Emphasis this year was placed on the implementation of the Strategic Plan for 24/7 Secure Mental Health Services, the implementation of the Electronic Health Record, and maximizing cost-effective and efficient business practices.

Sectional highlights of accomplishments for the past year include:

Administration:

- Successful conversion of Officer of the Day (OD) hard copy binder to an iPad: To have an efficient tool for the Senior Leadership team when scheduled for OD.
- Reviewed and revised all hard copy documentation.
- Scanned all documentation that is not available electronically.
- Developed a secure database to house OD documentation.
- Created an electronic file with hyperlinks.
- Improved checklist process: To ensure that all BHRS programs affected by a program event are represented and to ensure all Departmental, County, State and Federal requirements are addressed.
- Reviewed current process with the focus of roles and responsibilities.
- Communicated the revised process to the staff which have been identified as a lead and/or alternate.

Contract Services:

- Successfully completed the renewal of 186 Fiscal Year 2013/14 agreements by June 30 2013.

- Completely revised the Billing and Payment language in all agreements with contracted providers of Behavioral Health and Alcohol and Other Drug services for the Fiscal Year 2013/14 to comply with new California Department of Health Care Services requirements.
- Modified Personal Service Contractors (PSCs) for Fiscal Year 2013/14 to comply with the requirements of the Affordable Care Act (ACA).

Data Management Services & Performance Measurements:

- Working with BHRS staff and contract services providers, implemented Treatment Plans in Electronic Health Record, including training. Going forward, all new treatment plans, as well as annual reviews will be created and managed in the EHR. A single treatment plan will now exist for each client receiving services in Mental Health Treatment Programs, as well as in Alcohol and Other Drug programs, which should lead to more cooperation amongst providers and more coordinated care.
- Data Management Services and Performance Measurement staff completed a relocation to improve communication and coordination. Now all DMS/PM staff are located in Building G. at 800 Scenic Drive, organized by functional area (Help Desk/Applications Support; Desktop/Infrastructure; Software Development and Performance Measurement/Outcomes). The BHRS Server Room is also co-located with the teams.
- Server Room modernization continued in Fiscal Year 2012-2013, with the implementation of server virtualization, a high-performance and highly available Server Area Network (“SAN”) storage array, and a sophisticated backup system. This completes the planned on-site data center improvements.
- Data Management Services/Performance Measurement staff and Employment Services staff and consumers conducted a very successful State Consumer Perception Survey process. Performance Measurement staff held a “Survey Box Contest” to promote survey awareness and participation. Additionally, an electronic version of the survey was offered for the second year. With these efforts, a total of 1,969 surveys were completed. The response rate for the survey across all systems of care was 71.3%, the highest the department has achieved within the past five years.

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

- Staff turnover, primarily due to retirements and promotions, resulted in the addition of five new staff to the accounting team in FY12/13. These new staff members represent over half of the staff in Accounting Services.
- Successful completion of two fiscal years of mental health cost reports utilizing a newly revised state cost report template and data from the department’s new electronic health record, Cerner.
- Successfully submitting Cerner claims for all pay sources and processing manual and electronic payments.
- Efficiently transitioned Medicare claim submissions from Palmetto to Noridian.
- Process improvement involving the automation of quality assurance claims identified and implemented.

- With the implementation of Cerner, Medical Records staff have taken on the additional responsibility of processing requests to void services in the Electronic Health Record (EHR) and ensuring that the reasons for such requests are in alignment with the Organization's compliance standards. They have also assumed responsibility for correcting diagnosis forms when services are suspended for incorrect or missing diagnosis.
- The Benefit Advocates are successfully meeting all deadlines despite the enormous increase in DBHC admissions which require a significant amount of their time to be spent interviewing clients at the hospital.

General Services (Facilities and Purchasing):

- Facilitated the resurfacing of the west parking lot at 800 Scenic Dr.
- Completed the replacement of the carpets at 800 Scenic Dr. Buildings D and G.
- Completed the replacement of HVAC system at 800 Scenic Dr. Building J.

Human Resources, Payroll, Training and MHSA:

- All of the BHRS full-time (FT), non-management staff had been provided training regarding PeopleSoft self-service timecard entry.
- Coordinated the hiring/transfer of approximately 90 FT staff

MHSA Issues included:

- The Bennet Place Project Long-Term Affordable Housing, developed under Mental Health Services Act (MHSA) was submitted to the California Housing Finance Agency.
- The following three documents were adopted by the Board of Supervisors and approved to authorize the Behavioral Health Director to submit the plans to the Mental Health Oversight and Accountability Commission (MHSOAC).
- MHSA Annual Update FY13-14 - a complete report of all MHSA funded programs and services/activities conducted in FY11-12 as well as a forecast of service targets in FY13-14. This update included planning and development of two new Innovation (INN) projects, which will be implemented in FY13/14.
- MHSA Plan Update/Revision FY12-13 - an update that included expansion of a number of CSS programs and a Technology Needs program expansion.
- MHSA Annual Update FY12-13 - a complete report of all MHSA funded programs and services/activities conducted in FY10-11 as well as a forecast of service targets in FY12-13.
- MHSA Workforce Education and Training (WET) accountability combined with MHSA Planning to extend sustainability of WET and bring MHSA Planning closer to the center of Leadership decision-making and infrastructure.
- New MHSA WET/MHSA Planning manager hired, trained and completed successful and productive year in partnership.

- MHSA WET CASRA outcomes – FY11/12 and FY12/13 comparison was completed (see attached documents.)
- MHSA Administrative Clerk successfully supported Cultural Competency Committee and related newsletter.

CRIMINAL JUSTICE OVERSIGHT COMMITTEE

Committee Chair: Ritta Sudnikoff

Budget: \$ 3,032,066

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, and Behavioral Health and Recovery Services staff. The Committee provides oversight and advice to Behavioral Health and Recovery Services programs connected to criminal justice.

Crisis Intervention Training:

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

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

Crisis Intervention Training for law enforcement officers continues to attract interested participants on a regular basis. Currently, Behavioral Health and Recovery Services is able to provide two academies a year and local law enforcement is committed and able to participate in two academies per year. Classes in the fall of 2012 and spring of 2013 were full. Thirty-seven (37) officers were trained from Modesto Police Department, Stanislaus County Sheriff's Department, Stanislaus County Probation Department, and some officers from out of county.

Responses from officers and other graduates have shown that the information and training from these academies has made dealing with individuals with mental illness safer for both officers and citizens. Graduates are more informed about the effects of mental illness and use dialogue rather than force in situations that may have been previously considered potentially dangerous. There are many examples of how this training has been effective in our community. Following is the overall evaluation of the course for this past fall with 5 or 3 being highest scores and 1 being the lowest score:

	Rating Overall	How Familiar	How Useful	Content Consistent
Scale	1-5	1-3	1-3	1-5
16 Evaluations	4.8	2.4	2.8	4.8

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. Following is a recent Modesto Bee article highlighting the work of the Modesto Police Department and Restorative Policing.

TAYLOR: Modesto’s restorative policing works wonders

Published: October 2, 2013

By Steve Taylor

The afternoon started out quietly in the group home in central Modesto. The residents were beginning their bath routine when I answered the doorbell and found two cops on the porch asking for Roberta. “She called and threatened suicide,” one explained.

Not again. Roberta used her cellphone to call 911 every few weeks when she wanted some attention or an expensive vacation from the facility. She appeared beside me suddenly and gushed to one cop, “I feel like I wanna hurt myself,” with a smile. Meanwhile, I was buttonholing his partner, insisting, “She’s fine! She does this! Do not take her!” but the three were already forming a familiar procession line out to the cruiser for a compulsory trip to the behavior center.

The senior cop seemed sympathetic to my rant about the “need to understand the mentally challenged” and “wasted resources,” saying, “We have a program for problems between police and these kinda people,” gesturing toward a giggling Roberta, who by that time was being gently tucked into the caged back seat.

The Restorative Policing program he was talking about is not only a revolutionary law enforcement approach to protecting the mentally ill, homeless, and addicted around Modesto, but it also restores a citizen’s faith in government.

The Modesto Police Department runs the apparently rare restorative program through the person of John Wohler. If you’ve got substance abuse problems, have no place to stay, are hearing voices or all of the above and have been arrested more than twice this year, Wohler is probably on your case.

But the goal of his bird-dogging is to “get them the proper help or, as last result, get them into jail,” says Wohler.

He knows virtually every transient in the area by name or by description. A tall guy with no shoes and dirty dreadlocks panhandling by the mall? If he's violated "Stay Away" orders from local businesses or too many public intoxication busts, Wohler could tell you his name, drug of choice and psychiatric diagnosis.

Wohler also meets with the various mental health, substance abuse and outreach agencies tasked with providing services once each month at the MPD headquarters downtown to troubleshoot particular cases.

"I pick five or six individuals each month that I'm really concerned about and talk with everyone how we can reduce (law enforcement) contacts."

Wohler "prioritizes the habitual offenders or those we think are candidates for harming themselves or 'suicide by cop.'"

Roberta's case got me into one of these meetings, where the real press and the public aren't allowed because of privacy laws. There, a dozen agencies ranging from mental health outreach programs to neighboring police departments all discussed ways to assist what your uncle would call "bums."

When asked if anyone knew of a similar program in any neighboring town or anywhere in the state, the group shook their heads. "It's cutting edge," offered one temporary housing rep.

Seeing the help available to those with serious problems and no personal resources to accomplish it was an inspiration. Hearing how few accepted help was crushing. As Wohler worked through the half-dozen dossiers, various agency representatives would pipe up, saying a variation of, "He refused services when we talked to him in his cardboard cabin a couple weeks ago."

If you're a recovery rookie, you'd think they're wasting their time and our money. What everyone in that room knows is this: The help has to be there when the person is ready to be helped.

Wohler is the perfect Mother Teresa to Modesto's street people – way north of 6 feet, 240 pounds and leading the evolution of law enforcement's rapport with our untouchables.

"Years ago, we didn't have a full understanding of mental illness or substance abuse reaction, which resulted in violent confrontations," Wohler says of the stoned transient or mentally ill person with threatening behavior. "We'd rush into the scene and not take into consideration a person's mental state, which could ultimately end in an officer-involved shooting. Now, we work to get them help so it doesn't come to that."

That man and the Restorative Policing program bought Roberta a few more months of stability (by agreeing to talk to caregivers on the phone before the police are sent) and has improved lives and prevented tragedies in ways that can never be measured.

Our very own MPD on the cutting edge? We've come to expect it. Taylor, a resident of Oakdale, is a behavior analyst. He was a visiting editor at The Bee in 2012. Send questions or comments to columns@modbee.com.

<http://www.modbee.com/2013/10/02/2954647/taylor-modestos-restorative-policing.html>

Mental Health Court/Integrated Forensic Team:

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 (CCP) funding an expansion of the Integrated Forensic Team to provide mental health services to the post-released community supervision (PRCS) population in 2011/2012. In 2012/2013 the CCP increased funding to increase capacity for the PRCS population in the full service partnership program, a medication clinic for an additional 100 individuals was funded and, in addition, three (3) Mental Health Clinicians were funded to augment mental health services provided to individuals while in-custody. The individuals working in-custody are assisting with maintaining current housing status while in jail, but more importantly they are focused on identifying appropriate follow-up plans for care once released from custody. Behavioral Health and Recovery Services continues to be an active participant and voice in the Community Corrections Partnership.

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 has a capacity for approximately 20 participants at any given time. This is flexible capacity in that the treatment slots are part of the Integrated Forensic Team and can, thus, be utilized for other clients if court appropriate candidates are not available. With continued support and constant evaluation, the program has the potential to serve a greater population involved in the criminal justice system for no other reason than having a mental illness. Typically, these clients have been very difficult to engage, having refused mental health intervention in the past.

Accomplishments:

- Stanislaus County continues to have a strong partnership within the Criminal Justice System. This type of partnership is very effective. The Integrated Forensic Team continues to show a decrease in jail days, and a decrease in homeless days by individuals participating in this collaborative program.
- Crisis Intervention Training Academies have taken place twice this year.
- The growth of Restorative Policing by the continuing partnership with the Mobile Community Emergency Response Team.
- Active participation in the Community Corrections Partnership with continued funding and expansion of services for individuals with mental illness and substance use disorders.

Anticipated Challenges:

- Maintaining effective partnerships in the midst of constant change, either dwindling resources or complete redesign due to assuming responsibilities previously held by the State. The commitment to remain in partnership is still a priority for all partners, but if staffing is reduced and individuals are given additional responsibilities, it becomes difficult. All partners need to be creative and flexible to maintain what has been created during periods of reductions and change.

- Coordinating mental health services upon release of inmates from jail
- Accessing appropriate housing for clients
- Finding appropriate treatment programs for individuals ready for discharge from the Integrated Forensic Team to allow capacity for others, especially the uninsured target population

MANAGED CARE COMMITTEE

Committee Chair: Karl von Spreckelsen

Budget: \$10,762,683

Services provided:

9,929 contacts for 6,425 individuals (CERT and all other sites that provided a crisis intervention and assessments)

Crisis Contacts: 4,898 (Medi-Cal 2,993 and Uninsured 1,736)

Assessments: 5,031 (Medi-Cal 4,520 and Uninsured 1,399)

Services provided by CERT:

3,301 contacts for 2,260 individuals

Crisis Contacts: 3,297 (Medi-Cal 1,782, Uninsured 1,399)

Assessments: 4 (3 Medi-Cal, 1 Uninsured)

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.

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 Consumer and Family Affairs Manager. 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, 2012 and June 30, 2013, warm-line staff responded to 2,018 calls for support and/or referrals, showing an increase from last year's totals of 1770.

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 Stanislaus County 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 staffs are unavailable to ensure access at all times.

Assessment Services:

The Mobile Assessment Team (MAT) is a part of the Community Emergency Response Team. MAT continues to take responsibility for most initial routine 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 focus 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.

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 and complete a Medi-Cal assessment within 30 days of the initial call. During Fiscal Year 2012-2013, 98% of 775 adult, 77% of 734 children and adolescents and 45% of 42 older adult Medi-Cal beneficiaries were scheduled for assessments within 30 days. The results for Older Adults and for Children show significant increases in the number of people receiving assessments. In addition, 72% of 668 adult, 67% of 621 children and adolescents and 22% of 27 older adult Medi-Cal beneficiaries have had completed assessments within 30 days.

We are currently implementing our Electronic Health Record, which will substantially improve our ability to capture and monitor data.

Managed Care Administration:

Managed Care Administration staff engage in a variety of activities including authorization of Medi-Cal services, reviewing inpatient documentation for medical necessity, quality assurance, and payment of claims and processing appeals. Utilization Management (UM) includes two full-time clinical staff that authorize ongoing outpatient services, manage inpatient medical necessity reviews, authorize and review treatment plans 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 staffs receive and track provider appeals. This year, providers appealed 313 Medi-Cal denials and 206 uninsured denials, which represents a significant reduction from the previous year. 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:

- During Fiscal Year 2012-2013, we received 1,969 responses for client and family satisfaction. The Department of Health Care Services will continue to require completion of the client satisfaction surveys (MHSIP).
- 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 if not required. Again this year, we employed consumer and family members to provide assistance to clients and family members at each program site.

- Members of Doctors Behavioral Health Center administration and Behavioral Health and Recovery Services administration meet quarterly to review Doctors Behavioral Health Center's quality indicators. Members of the Mental Health Board Managed Care Committee also participate.

Accomplishments:

- The number of Managed Care services and unique clients increased over the previous year.
- 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 2013. Of the 1,969 clients and family members who responded, 81.8 % were generally satisfied with the services they received.
 - 81% of older adults gave favorable responses.
 - 81% of adults reported satisfaction.
 - 80% of child and adolescents responded favorably.
 - 85% of family members of children and adolescents indicated satisfaction.
- 116 individuals completed Spanish-language surveys. 90.2% of these clients and family members reported overall satisfaction with services.
- 98% of adult Medi-Cal beneficiaries had assessments scheduled within 30 days of initial call. 45% of older adult and 77% of child/adolescent beneficiary assessment were scheduled within 30 days.
- The Department continues to face challenges in client retention. The measures of client retention are slightly lower than last fiscal year across ethnic groups. Across ethnic groups, between 58% and 70% of clients receive more than two visits in the six months after they begin receiving services.
- There was an External Quality Review (EQRO) in 2013. The review team was advised that the Department would begin gathering timeliness of access data during the third quarter 2013. In the future, the Department will have the ability to monitor the access and outcome areas regularly.
- In February 2013, the implementation of the Electronic Health Record Assessment, Treatment and Planning module began.

Challenges:

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

- Anticipated increase in clients with the upcoming implementation of the Affordable Care Act.
- Adequate staffing to provide services to the newly insured individuals of the Affordable Care Act.
- Opening a new Psychiatric Health Facility.

IMPACT COMMITTEE

Committee Chair: Catherine Szakmary

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

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

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

- Promotoras/Community Health Outreach Worker Programs in Turlock, Hughson, Oakdale, Riverbank, West Modesto King Kennedy Community Collaborative, Newman, North Modesto Family Resource Center
- Parents United
- Friends Are Good Medicine
- The Bridge Youth Builders
- In Our Own Voice

Members continue to explore ways of adding Applied Behavioral Analysis programming to the services provided by Behavioral Health and Recovery Services (BHRS). Several unsuccessful attempts were made by BHRS to meet with faculty at California State University, Stanislaus to collaborate on this.

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

PRIORITIES/CHALLENGES

The Mental Health Board held a facilitated strategic planning retreat in August 2013, to develop strategic priorities. The outcome of the retreat was the identification of five priorities. These are:

- Promote accountability and outcomes for BHRS and the Mental Health Board
- Increase visibility and communication with the community, including elected officials
- Advocate for mental health issues on the local level
- Develop Mental Health Board competency
- Embrace diversity internally and externally

Each of these priorities has an established workgroup that will work on developing SMART goals and objectives/expected outcomes for each priority.

In addition to the above priorities, the Mental Health Board will be involved in establishing a role for the Board with respect to the new Psychiatric Health Facility that is due to open in March 2014.

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:

- Maintaining a full board reflective of the diversity of the community
- Holding joint meetings with the Advisory Board on Substance Abuse Programs regarding mental health and alcohol and drug program issues that support the goal of recovery in the broadest sense and support collaboration with primary care
- Ensuring that the psychiatric inpatient hospital, Doctors Behavioral Health Center (DBHC), and the new Psychiatric Health Facility provide excellent care and treatment to individuals with a mental illness. Members will continue to attend the citizen advisory board established by Doctors Behavioral Health Center to oversee operations at the psychiatric hospital and DBHC staff will attend the Mental Health Board meetings.
- Continuing to advocate for adequate resources to address the significant unmet needs for mental health services that exist in Stanislaus County.
- Supporting 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.