

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

DEPT: Behavioral Health And Recovery Services

BOARD AGENDA # B-8

Urgent

Routine

CEO Concurs with Recommendation YES  NO   
(Information Attached)

AGENDA DATE November 17, 2015

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 Fiscal Year 2014-2015.

FISCAL IMPACT:

On September 16, 2014, the Board of Supervisors approved a Final Budget for Behavioral Health and Recovery Services (BHRS) of \$88,876,760. Of this amount, \$77,775,153 funds public mental health services in Stanislaus County. Services range from crisis services, acute psychiatric hospitalization, and placement in Institutes of Mental Disorder (IMD) and State Hospitals to outpatient mental health services, which include Mental Health Services Act programming, including mental health education, prevention and outreach.

BOARD ACTION AS FOLLOWS:

No. 2015-574

On motion of Supervisor Chairman Withrow, Seconded by Supervisor Chiesa

and approved by the following vote,

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

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. Mental Health Board (MHB) 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 MHB 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 Fiscal Year 2014-2015.

In this past year, the MHB experienced significant turnover in membership. Consequently, a mentorship program was initiated to enable new members to have a better understanding of the responsibilities of the MHB and to participate more fully and meaningfully on the MHB.

The MHB has continued to work on the five goals identified in the strategic planning process, which occurred in 2013. These goals were:

- 1) to promote departmental and MHB accountability and outcomes,
- 2) to increase visibility and communication with the community and elected officials,
- 3) to advocate for mental health issues at the local level,
- 4) to develop MHB competency, and
- 5) to embrace diversity internally and externally.

All goals were reached during Fiscal Year 2014-2015; however, outreach and communication efforts with various sectors will continue.

As in previous years, 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. It is expected that a more formal discussion of the potential integration of both boards will occur in the upcoming year. In addition, a member of the MHB attends the ABSAP meeting and reports at both meetings about the activities of the other board.

The Mental Health Board has been involved in visiting numerous programs as well as having monthly presentations on a variety of topics, including but not limited to the following:

- Presentations on: a pilot program in Modesto City Schools using a behavioral health consultation model, older adult services, culturally competent and linguistically appropriate kinship support services for caregivers raising children of a relative, information about the Psychiatric Health Facility (PHF), Youth in Mind, services provided by El Concilio, the role of Behavioral Health Advocates, the Housing Continuum, and BHRS' Volunteer Program.
- Active participation in the planning for and conducting of the Mental Health Services Act (MHSA) Public Hearing that the Mental Health Board holds each year

regarding the MHSA Annual Update. The public hearing was held on April 23, 2015.

- Reviewed highlights of the BHRS' Performance Contract for Fiscal Year 2014-2015 with the State Department of Health Care Services.
- Continued efforts on the part of the Veterans Committee to work on three goals related to veterans. The goals were: educating BHRS staff related to veteran issues; establishing a veteran's treatment track as part of the existing Mental Health Court; and looking at ways to reduce suicide on the part of veterans.
- Participation in a training offered by the Local Mental Health Boards and Commissions. Training focused on, among other things, understanding expectations of being a board member, advocating for mental health and substance use disorders issues in the community, and networking with other county board members.
- Continued participation by designated 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 several programs.

#### **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 17, 2015

# ANNUAL REPORT TO THE BOARD OF SUPERVISORS

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IMPACT COMMITTEE  
VETERANS' COMMITTEE

**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. Currently there are 12 members on the Board, comprised of consumers of mental health services, family members of consumers, mental health professionals and others interested and concerned about the mental health system in Stanislaus County. The composition of the Mental Health Board meets the statutory requirements for having consumers and family members on the Board. The Mental Health Board membership is diverse, including two Latino members, two African American members, 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 be discouraged as Board of Supervisor members wish to appoint and Mental Health Board members wish to be appointed from the district in which they reside. However, a Board of Supervisors member may initiate an out-of-district appointment if he is willing to cede a vacancy in his district and the candidate is agreeable to this as well. Mental Health 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 the Adult System of Care, Older Adult System of Care, Children's System of Care, Managed Care, Administrative/Fiscal, Criminal Justice Oversight, Veterans and Impact. 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 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.

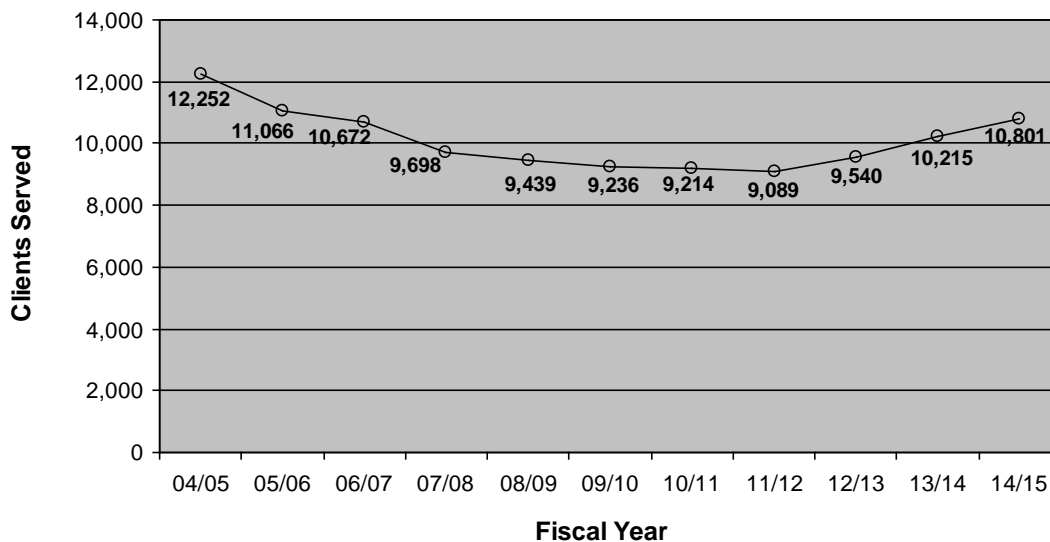
Mental illness is not confined to individuals, alone. Mental illness affects family members, businesses, law enforcement, schools and the community as a whole. Those who experience serious and persistent mental illnesses are frequently homeless, may have co-occurring substance use issues and, sometimes, 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 even as the economy is improving locally. The need to maximize resources among and 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 (BHRS). This work is accomplished through the Adult System of Care, Older Adult System of Care, Forensics Services, the Children's System of Care, and Managed Care Services. During Fiscal Year 2014-2015, the Department's budget increased by 7% to \$88,876,760, of which \$77,775,153 was designated for Mental Health programs. Total staffing for the Department, including Substance Use treatment staff, is approximately 377 full-time staff. Behavioral Health and Recovery Services served 10,801 unique clients last fiscal year; this amount is up 5.7% from the prior fiscal year. The charts below show historical data on the number of clients served.

### 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

Kimberly Kennard, DSW, Chair

Jack Waldorf, Vice Chair

Supervisor Terry Withrow

Tony Flores

Annie Henrich

Sheila Kendall

Vern Masse

Yvette McShan

Frank Ploof

Jerald Rhine

Jerold Rosenthal

Virginia Solorzano

Ritta Sudnikoff

## **MENTAL HEALTH BOARD EXECUTIVE SUMMARY**

Fiscal Year 2014/2015 was a productive time for the Mental Health Board (MHB). Though many MHB members resigned or did not wish to be re-appointed, five members have been appointed this fiscal year. Currently, there are 12 members with three current vacancies. In order to assist the new members in understanding the programs and issues that the board deals with, a mentorship program has been initiated. Thus far, the mentorship program has been very successful and the participants have a better understanding of the Mental Health Board.

The Board continued to work on the five strategic planning goals that were identified in 2013. The five goals that were identified were: 1) To promote departmental and MHB accountability and outcomes, 2) To increase visibility and communication with the community and elected officials, 3) To advocate for mental health issues at the local level, 4) To develop MHB competency, and 5) To embrace diversity internally and externally. Due to the shift in members, the ad hoc committees were reformed to develop plans to meet the goals, and, as a result, all goals have been completed. All interested board members have the opportunity to continue outreach and to visit programs in the community each month.

In order to keep the MHB up-to-date on department programs and contracts, a schedule of site visits and program evaluations was established. Each of the standing committees was responsible for visiting programs in their area of oversight and noting their outcomes and needs of each program, while using the Results-Based Accountability approach. Approximately 25 programs were visited, and special attention was given to the input of those who received services from the programs. Subsequently, the Mental Health Board made various recommendations through the Mental Health Services Act stakeholder process on program expansions and plan revisions.

Monthly presentations to the MHB are one way to help members better understand the various internal and external programs and community partners. .

### Highlights of presentations:

- Serious Emotional Disturbance (SED) Endowment Collaborative – Modesto City Schools contracted with Behavioral Health and Recovery Services (BHRS) School Based Services to utilize a bilingual Mental Health Clinician to engage in a pilot program using the behavioral/mental health consultation model.
- Performance Contract – Per state requirements for MHB review, the County's Performance Contract for Fiscal Year 2014-2015 with the State highlights included Contract Certification Clauses, Doing Business with the State of California, Program Specification, Funds Provision and Information Confidentiality and Security requirements.
- Older Adult Program presentation focused on a description of the program, changes and volunteers and their activities.

- Kinship Program – The mission of this program is to provide culturally competent and linguistically appropriate kinship support services to caregivers who are raising their relative’s children. The presentation described a number of the activities and supports provided by this program.
- Veterans Committee – The mission of this new committee is to find what services are needed to better serve veterans in our county and what gaps in services there may be. Three goals were established including education of BHRS staff, establishing a veteran’s treatment track as part of the existing Mental Health Court, and looking at ways to reduce suicide on the part of veterans in Stanislaus County.
- Psychiatry Health Facility (PHF) – The PHF is a 16 bed locked facility. The clients are admitted due to one or more of the following: danger to self, danger to others, or gravely disabled. Accomplishments and remaining challenges were included in the presentation.
- Stanislaus Youth in Mind – This group is a youth leadership group focused on improving the lives of young people ages 12 – 28 that are impacted by the mental health system through education, advocacy, and collaboration.
- El Concilio – This organization is a non-profit, community-based organization established in 1968 with the goal of improving the quality of life of Latinos and underserved communities. They provide services aimed at creating self-sufficiency through culturally competent counseling, referrals, education, outreach and engagement in an effort to promote hope, resilience, recovery and improvement in quality of life for consumers and their families.
- Housing Continuum – In this presentation, the three types of housing: emergency, transitional, and permanent supportive housing were discussed as well as the Shelter Plus Care program.
- Volunteer Program – This program addresses the needs of consumers, family members and diverse community members who wish to volunteer in a variety of ways in the public mental health system as part of their recovery.
- Behavioral Health Advocate (Family Advocate) – Their focus is to assist families with accessing, understanding, and utilizing mental health, alcohol and drug services.

In addition, at the March 2015 MHB meeting, a presentation was provided regarding the Mental Health Services Act (MHSA) Fiscal Year 2015 – 2016 Annual Update, which included background information on the five components, funding allocations, and details about proposals. Additional information about the funding proposal that was approved by the MHSA stakeholders as well as strategies for possible future MHSA growth was shared. The Annual Update was posted for public review and comments on March 24, 2015 for 30 days.

MHB members attended training that was offered by the Local Mental Health Boards and Commissions (LMHB/C). The learning objectives for these trainings have been to increase awareness of the legal requirements for the LMHB/C, to understand the expectations of being a board members, to develop strategies to build a strong, effective and responsive LMHB/C, to learn how to improve stakeholder participation and how to advocate for mental health, substance use disorder issues in the community, and to network with other county board members. Lastly, the Mental Health Board

decided to rejoin the California Association of Local Mental Health Boards new leadership.

Because so many of those who have a mental illness self-medicate with street drugs, the MHB is actively involved with the Advisory Board on Substance Abuse Programs (ABSAP) Board. A designated member of the Mental Health Board attends every ABSAP Board meeting, and reports back to the Mental Health Board. In addition, the two boards meet jointly in April and November, and they have discussed the potential establishment of a foundation that could receive donations to assist mental health and substance use treatment programs and their clients.

Respectfully submitted by Dr. Kimberly Kennard, Chair

## CHILDREN'S SYSTEM OF CARE COMMITTEE

**Committee Chair:** Jerald Rhine

**Senior Leader:** Shannyn McDonald

The Children's System of Care committee oversees a variety of programs, some of which will be highlighted herein. This Committee is concerned with children and youth exhibiting serious emotional behavior disturbances. There are a multitude of programs of which approximately 50% are BHRs-based and 50% Community-based partnerships. Listed below is a sampling of the eight programs visited during the 2015 year.

**ASPIRANET:** Staff welcomed the visitors and introduced staff members and presented a summary of their services.

- **Wraparound** is an intensive service which includes a parent partner, support counselor, facilitator, clinician, and a psychiatrist as part of the team. Wraparound services are a strength-based, family-centered, individualized program offering opportunities for youth to remain in or return to a family setting. Children that are referred to the program are at risk of group home level 10 or higher placement. Referrals are made through an interagency screening committee by the Department of Human Services, Probation and Mental Health. This program responds promptly to all referrals and collaborates with community partners throughout the treatment process. It is a planning process that guides 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. 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. Referrals have increased significantly over the past few months, and the Wraparound program continues to adapt staffing requirements to meet the demands of the community.
- **Outpatient services** are provided to children (0-18) and families with Medi-Cal, private insurance or a sliding fee. Services begin with an intake, performed by a qualified staff and are then assigned to a clinician. Clinicians provide necessary treatment for the identified problems which includes individual, family, group, and/or couples therapy, case management and psychiatric services, as needed. The goals of treatment include: Strengthening family relationships, building communication skills, reducing conflict, increasing coping skills, providing hope, improving parenting skills, improving school behaviors, and treating issues such as ADHD, depression, anxiety, and trauma. Clients are discharged upon successful completion of their treatment goals.
- **Aspiranet Stabilization Program (ASP)** is a crisis-based program that serves children and youth ages through the age of 17 with Stanislaus County Medi-Cal 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 in which they reside. Services cover individual and family counseling, in the home, school, or office setting. Quick access to psychiatric services and respite care, as needed, is available. 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. 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.

In the last Fiscal Year, ASP served 219 clients. Of these 219 clients, 138 were referred by CERT from the ER, 3 were referred by Modesto City Schools Risk Assessment, and 78 clients were referred upon discharge from an inpatient hospitalization. At the time of the Stabilization Assessment, 48 (22%) clients were connected to a long term provider. At the time of discharge from the Stabilization program, 194 (89%) clients were connected to a long term provider. The ability of ASP to connect a client to a mental health provider decreases the likelihood of them needing to rely on emergency services for future crisis. 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 13 clients required a hospitalization. Prior to ASP services, these (219) clients may have required admission to a psychiatric unit in order to stabilize their high risk behaviors that put them at danger to themselves or others.

- **Risk Assessment (RA)** serves approximately 40-50 students/year from 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 the student. When needed, RA staff will follow up with the student/family to ensure ongoing safety.
- **Therapeutic Behavioral Services (TBS)** is a Medi-Cal mental health service that provides one-to-one behavioral intervention for children and young adults up to 21 years of age. In providing treatment, the collaborative team first identifies interfering and/or high-risk behaviors, then develops and implements a targeted plan to improve the behaviors of the child/youth. Behaviors addressed in the program are those that pose extreme risk to the children or youth themselves and/or to their primary care givers (e.g. parents, foster families, residential providers etc.). Such behaviors include, but are not limited to, the following: aggression, defiance, emotional expression. This service is provided for as many hours per day as needed to address the targeted behaviors. TBS offers support to the child/youth and

caregivers to develop improved emotional and behavioral control skills. A transition plan to help phase out treatment is included in the plan development.

**JUVENILE JUSTICE BEHAVIOR HEALTH PROGRAM:** CSOC committee members revisited Juvenile Justice AOD-Commitment Facility. The Program Coordinator shared relevant information and reiterated that some 20% of youth in the Justice System have a severe mental disorder and 60% have some mental disorder. Since 1994, the stated goal was to provide mental health and substance use services to Juvenile Hall youth or those on probation with the mission as follows: keep youth with their families, reduce the rate at which youth re-offend, promote personal and family integrity by providing well-integrated, culturally competent services that empower the family and child to have a voice in treatment and services.

There are three programs. For Juvenile Hall, (1) youth are screened and assessed for service need, (2) crisis intervention, counseling, family interventions, advocacy, can be provided, and (3) psychiatric evaluation and medication, if indicated. An Outpatient Program includes the above steps used in Juvenile Hall and additional services for parent groups, intensive case management, clean and sober activities, and referrals. Further, the program provides Aggression Replacement Training through the Mental Health Services Act and the reduction of aggressive/assaultive behaviors and replacement with more positive, appropriate responses as the goals. Team members are as follows: 1) Probation Officer who works closely with the youth and their family to monitor the term of probation, attendance and participation; 2) a Behavioral Health Specialist working collaboratively with the youth and family to find resources that will enable the youth to be successful in reaching treatment goals; 3) a medical partnership of a psychiatrist who provide evaluations and a nurse for ongoing medication support. The only negative seemed to be of underutilization of the facility due to success in lowering the number of clients being referred and served. However, it was stated by the committee that this was an excellent program and learning experience.

**LEAPS AND BOUNDS:** Board Members were introduced to the Program Coordinator, who welcomed the committee for a tour of the program and introduced the multidisciplinary staff members. Leaps and Bounds is an outpatient program for children 0-5 years of age and their parents. Services include parent/child therapy, play therapy, child development education and assistance with accessing mental health services as well as other early intervention programs in the community. Focus is on assistance in developing strong relationships between parents and their young children. The childcare consultation program works with daycare providers, parents and children, with the goal to have children and families ready for kindergarten and able to maintain their childcare placement. Staff shared the positive progress that is being made with Leaps and Bounds families. It was a good opportunity for staff to get feedback on the work that they do and continue to be validated on the importance of the services offered to the community. Board comments included positive impressions of the playroom set up. Staff looks forward to hosting the Mental Health Board in the future and thanked members for the time and interest in the program.

**CHILD WELFARE MENTAL HEALTH:** The Child Welfare Mental Health team provides mental health services to children and young adults in Stanislaus County who are part



of the foster care system. This program has been co-located within Community Services Agency – Child Welfare Department for over 17 years, which is unique throughout the state. This team provides services in collaboration and partnership with Child Welfare. There are four programs within Child Welfare that serve this population; Outpatient Mental Health Team, CAIRE Center, Substance Use Disorder Program, and Katie A (Pathways to Well Being).

- **Outpatient Mental Health Team:** Complete 100% mental health assessments for all children who enter the foster care system between the ages of 3 months and 21 years. This team assessed over 350 children this year. The clinicians have a case load of clients that they provide ongoing mental health services. They work collaboratively with social workers who can and do refer clients for assessment at any time there is a need identified. They meet the needs of clients by providing services in the home, school and community.
- **CAIRE Center:** There are 2 clinicians that are co-located at the CAIRE Center and provide mental health services to children who have to participate in a Forensic Interview. These clinicians provide crisis and ongoing services to the clients and their families. They average seeing over 200 children annually. The work on a multi – disciplinary team that consist of Law Enforcement, District Attorney, Child Welfare, Haven, and Family Justice Center.
- **Substance Use Disorder Program (SUD):** The SUD program at Child Welfare consists of 3 SUD Certified/Registered counselors that provide SUD assessments for the parents of the children in the child welfare program who may be in need of SUD services. The counselors conduct assessments and provide recommendations for their substance abuse needs.
- **Katie A:** This program is in the process of hiring 4 clinicians that will be providing mental health services to the Katie A subclass members. These clinicians will be working collaboratively with the outpatient team and with the contractor, AspiraNet, who will be assisting with providing Child and Family Team meetings and coordination of services.
- **SIERRA VISTA LIFE PATH EARLY PSYCHOSIS:** This is a program for youth and adults who experience early symptoms of psychosis. The facility is easily located in the central part of town. It includes education for families and youth, early intervention, crises and relapse prevention, hopes for lasting independence for all while empowering family members. The program is specifically designed to provide *Early Intervention* for 14 – 25 year old Stanislaus County Residents who have experienced initial symptoms of psychosis within the last year. It provides intensive treatment for consumers, families, caregivers, and significant support persons across a spectrum of specialized services, tailored to meet the unique needs of each participant. It may include screening and assessment, diagnosis, individual and family counseling, Multi-Family Group, crisis and relapse prevention, education and vocational support, independent living skills support, family support education, psycho-educational workshops, outreach, medication and treatment and recovery

planning. A primary goal is to support consumers in discovering their life path potential by decreasing the disabling effects from untreated psychosis.

Support for consumers, families, caregivers, and significant support persons is a mainstay for the LIFE Path Program. The program is comprised of a comprehensive team of mental health and medical professionals including a mobile team that provides direct service to its consumers in the home and community. Additionally, the LIFE Path Program is dedicated to the ongoing efforts of mental health awareness by increasing collaboration and education to community partners in order to heighten understanding of early symptoms and decrease the stigmatization of psychosis.

LIFE Path is a collaboration of Sierra Vista Child & Family Services, Center for Human Services, and Stanislaus County Behavioral Health and Recovery Services.

- **THE LAST RESORT:** Though BHRS does not contract with The Last Resort for mental health services, Mental Health Board members were interested in this program for youth. They met with the Program Manager, Family Coordinator, CSOC Manager and six residents in treatment. This non-profit program has been in operation for five (5) years. This psychosocial program has a maximum of six residents. Most of the referrals come through hospitals, especially Kaiser, due to contact with child welfare. All residents have an alcohol and/or drug problem, as well as underlying mental health problems. The program attempts to provide a “family” like atmosphere including manners, duties, responsibility, socialization and time management. Generally education is handled through a local continuation high school or the child’s home school as an Independent Program. Parents visit weekly, if possible. The clients spoke highly of the program. It was enlightening to the Board members to become more acquainted with this program. It should be noted that BHRS does contract with The Last Resort for outpatient Drug Medi-Cal services.
- **OAKDALE FAMILY RESOURCE AND COUNSELING CENTER:** This Center is under the auspices of the Center For Human Services (CHS). At the current time, CHS has a coordinator, five full time staff members and two part time clinicians at this location. CHS core programming includes education that focuses on child development, parenting, and promoting family health and function. An extensive overview and tour was made. The scope of the program was commended. BHRS uses some space at the Center. The services that BHRS offers at this site include psychiatric services, SED services to East Valley Education Center School, and clinical work with clients and families living in this area. Josie’s Place has programming at this site as well for Transition Aged Young Adults. Youth in Mind also meets here.

Respectfully submitted by Jerald Rhine

## **ADULT SYSTEM OF CARE COMMITTEE**

**Committee Chair:** Vacant (Chris Cataline through March 2015)

**Senior Leader:** Kevin Panyanouvong

The Mental Health Board (MHB) Chair of the Adult System of Care (ASOC) Committee resigned from the MHB in late March. Subsequently, it has been difficult to fill the vacancy on this committee. The ASOC Committee has not had a meeting since the Committee Chair resigned from his seat as a Mental Health Board Member. A recommendation to merge this committee with the Older Adult System of Care Committee was presented at the Mental Health Board on September 24, 2015, and the recommendation was approved. Both Systems of Care serve adults ages 18 and up and share clients and services.

As a system of care, ASOC has followed a clear set of philosophies and values to guide BHRS behavioral health practices. Programs and services are continually being evaluated to improve access, increase timeliness, and enhance quality of care for individuals and family members living with serious mental illness (SMI). In the past year, funding from the Mental Health Services Act has allowed a reduction in caseload sizes for some of the service teams, enabling staff to provide more targeted, wrap-around services to individuals with the most intensive needs. High on our list of challenges is the expansion of services to meet the needs of individuals suffering from co-occurring mental health illnesses and substance use disorders (SUD), as well as the expansion of engagement and outreach activities to reach the unserved and underserved populations.

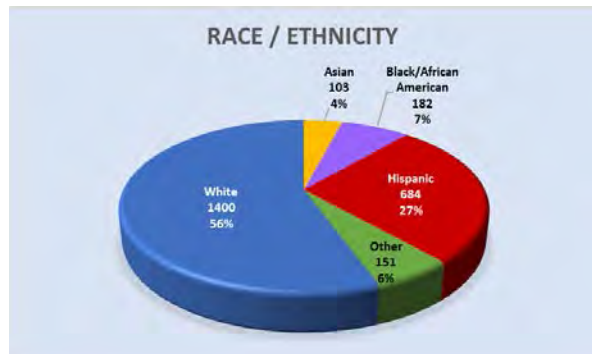
Site visits during Fiscal Year 2014-15 afforded members of the Mental Health Board ASOC Committee opportunities to better understand treatment provisions offered by regional treatment teams, and to witness first hand, the collaboration that exists among ASOC service providers and community partners in strengthening service delivery and outcomes.

### **Highlights:**

- Board members visited ASOC treatment teams, including Telecare Recovery Access Center (TRAC), Integrated Services Agency (ISA) that is operated by Turning Point Community Program (TPCP), Turlock Recovery Services (TRS), and Modesto Recovery Services (MRS).
- ASOC added two outreach and engagement teams, targeting the unserved, underserved Latino population and residents located in the rural areas of the county. Operated by Telecare Corporation, staff provides assertive outreach and mobile assessments to individuals needing behavioral health services. The primary goal of the team is to engage individual in their living quarters, including homeless shelters, sites down by the river, or at a makeshift camp in the park. This strategy challenges traditional approaches to mental health services, where individuals are referred through an access line, and subsequently assessed in an

office setting. Outreach and mobile assessments expedite the referral process and minimize the wait time for those exhibiting symptoms of mental illness.

- Transition TRAC is a contracted program (through Telecare Corporation) launched over two years ago with the goal of engaging and linking individuals discharged from psychiatric hospitals as quickly as possible to outpatient services, thereby reducing the likelihood of a hospital readmission. In collaboration with Data Management System and Performance Measurement (DMS/PM), ASOC identified key program indicators, and developed the appropriate tracking tools to monitor service delivery and measure service outcomes.
- Implementation of a new Full Service Partnership (FSP) program began in November 2014. Operated by Turning Point Integrated Services Agency (ISA), the new FSP program provides 24/7 wrap-around services for consumers suffering from chronic homelessness, and those with prolonged history of hospitalization. Through more specialized care and a smaller caseload, team members utilize the “whatever it takes” approach to keep this group of clients, who require a very intensive level of intervention, to keep them out of locked facilities and to develop treatment goals to transition them back into the community.
- Total number of unique individuals served by ASOC treatment teams during Fiscal Year 2014-15, and their race/ethnicity breakdown is shown below. Numbers served are unique within a quarter, but duplicated across quarters. Year to date (YTD) total is unduplicated count.



Respectfully submitted by Kevin Payanouvong, LCSW

## OLDER ADULT SYSTEM OF CARE COMMITTEE

**Committee Chair:** Annie Henrich

**Senior Leader:** Kevin Panyanouvong

This OASOC Committee meets once a month on the second Wednesday of each month, 4:00-5:00pm at the High Risk Health and Senior Access/Senior Access Treatment Team program located at 303 Downey Avenue, Modesto, CA 95354.

As the new Senior Leader, Kevin Panyanouvong is focusing on the following:

- Strengthening/establishing a solid partnership within the community.
- Providing prevention and promotion services.
- Increasing outreach and engagement strategies to reach underserved older adult population.
- Improving access, timeliness of services, quality of care overall, and peer support.
- Program outcomes.
- Expanding programs/staffing to better serve BHRS clients and building capacity overall.
- Coordinating with two Medi-Cal managed care systems, Health Net and Health Plan of San Joaquin and their providers of mental health services, MHN and Beacon, respectively, to coordinate mild/moderate services under the new Affordable Care Act.

### **Program Highlights:**

High Risk Health and Senior Access Team is working on a plan to begin conducting outreach and engagement at Primary Care Physician (PCP) offices and at hospitals. The program is also focusing on outreach, targeting older adult Latinos, Southeast Asians and other ethnic groups residing in Stanislaus County.

Changes have been made to streamline how referrals are made so as to improve assessment wait time and to increase access to services in a timely matter. All calls go through the Access Line and then assessment appointments are given at the time of calls. Calls to the Access Line are being tracked. As a result, this new strategy helped to improve access and shorten wait time for services. The program still struggles with “no shows” and is working on identifying some of the factors contributing to no shows.

A Recovery Celebration Graduation was held in June 2015. Annie Henrich and Sheila Kendall attended. It was a happy celebration for many clients and their families. Music, dances, and a light lunch made it a fun party for everyone.

In June 2015, Annie attended the HRH & SA/SATT Cook-Off Contest held at Bennett Place, a permanent supportive housing facility. The clients had to use their commodities to cook a dish. It was a great success and all of the 6 contestants received a nice prize for the great job they did.

In July of 2015, Annie held a cooking lesson for the clients living at Bennett Place. The dish cooked was Pasta Alfredo with chicken. More cooking classes are planned in the future to help clients cook a healthy meal using ingredients provided.

Vickie presented to the OASOC Committee the HRHSA and SATT referral flow data charts for the past 6 months, January to June 2015, that showed the number of clients newly admitted to the programs and number of clients transitioned out to lower level of care such as Wellness Program and primary care settings.

Vickie Looney, RN, Program Manager, presented to the committee about the referral process with highlights on:

- Caseload Summary: HRHSA and SATT - opened and closed cases
- Program Demographics: HRHSA and SATT - age, gender, and ethnicity
- Assessments: referral and assessments summary
- Medi-Cal Access Team, Doctors Behavioral Health Center, and Psychiatric Health Facility - assessment and referral dispositions
- Community Provider Resource List and StanUp for Wellness brochures

The Program Coordinator attends monthly Senior Coalition Meetings at the Aging and Veteran Services and collaborates with community partners to better serve the older adult population.

Embedded in the Older Adult System of Care is the Community Hope and Recovery Peer Network. It has been an exciting year for the network, with lots of activities and events held throughout the year. The peer network collaborates with the Alano Club to put on monthly event to celebrate recovery. The celebration is held on the 1<sup>st</sup> Friday of each month, from 12:00 to 3:00 p.m. This is an important venue for clients to celebrate their accomplishments as they continue to work on their recovery. This is also a place that affords them the opportunity to socialize, connect with other peers, and establish supportive network.

### **Challenges:**

There is not enough connection with the Asian population at this time. Annie would like to see more outreach to the Asian groups in the area such as those from the different South East Asia countries including the Sikhs from India.

The ASOC Committee has not had a meeting since March subsequent to the Committee Chair's resignation from his seat as a Mental Health Board Member. A recommendation to merge the Adult System of Care Committee with the Older Adult System of Care Committee was presented at the Mental Health Board on September 24, 2015, and this recommendation was approved. Both Systems of Care serve adults ages 18 and up and share clients and services.

Respectfully submitted by Annie Thu Henrich

## **ADMINISTRATIVE AND FISCAL SERVICES COMMITTEE**

**Committee Chair:** Frank Ploof

**Senior Leader:** Scott Lines

The Administrative and Fiscal Service Committee's focus for the past year has been two-fold: 1) continuing its historical role of having department leads provide periodic updates of department accomplishments and issues, and 2) evaluating this historical role to insure the committee is functioning to add value to those departments it oversees. This committee's evaluation process triggered a Board level Ad-hoc committee to review and update guidance for all BHRS sub-committees. With the Ad-hoc work expected to be complete in 2015, this committee will follow applicable guidance.

For most of the year the committee was comprised of only one member, the Chair, and then in July a second member, Jack Waldorf, joined.

This area saw many changes in Department lead personnel with retirements and promotions which gave rise to some of the new staff asking some great questions leading to lengthy and productive discussions.

I have reviewed the minutes of this Committee for the past year. Following is a list of highlights for each area.

### **Finance**

- There was a 7% increase to the FY2014/15 legal budget compared to the FY2013/14, within that budget there were 23 new positions added.
- BHRS purposed a budget line-item for 17 new vehicles.
- BHRS worked in conjunction with other departments on revising the travel policy, limiting credit card overages and reducing audit transactions. All staff will be required to use per diem for meals.
- Piloted the revised Travel Authorization form in Administration.
- Finance was fully staffed and all employee evaluations were up to date.
- Finance staff attended several classes during the 2014 BHRS Safety Fair.

### **Contracts**

- Kasey Houck's last day was 03/20/15. Ron Gandy returned from retirement part time until a replacement was selected. Heather Duvall was hired June 1<sup>st</sup> as the new Contracts Division Manager.
- Renewed 129 contracts including standard provider and revenue contracts.
- Submitted RFP's for MHSA expansion.
- Contracts Division was fully staffed and all employee evaluations were up to date.
- Staff attended several classes during the 2014 BHRS Safety Fair.

- Contracts did not have any vacant positions so a request for an additional position for a Staff Services Coordinator was made to be able to handle the increasing volume of contracts that this unit oversees.

### **Business Office**

- Since the Affordable Care Act was implemented, Medi-Cal reimbursement has increased 68.25%.
- Clients newly eligible under the Affordable Care Act have 100% federal reimbursement for Medi-Cal services, and all other Medi-Cal clients, not newly eligible, receive federal reimbursement at 50%.
- State Medi-Cal payment turnaround was 30 days.
- Hired a new Family Services Specialist at 500 9<sup>th</sup> Street to replace staff that transferred to CSA.
- Moved client balances from the old billing system to the Cerner, the new Electronic Health Record system. Statements were being sent out for services prior to 01/01/2012.
- Set up private insurance claims for billing.
- The fee schedule policy was revised with recommendations from the Senior Leadership Team for co-pays.
- Business Office staff attended classes during the 2014 BHRS Safety Fair as well as some supervisory classes and trainings, which included webinars offered by Stanislaus County.

### **Information Technology**

- The Cerner application is in production with CSOC Clinical EHR forms.
- Obtained switches, routers, and various other computer equipment for new Crisis Stabilization Unit.
- Completed upgrading the Window's 2003 servers.
- 2 new staff started on 04/06/15.
- Launched redesigned BHRS intranet web page.
- Started Prevention and Early Intervention's (PEI) outcome related specifications database system.
- Installed software upgrades for the EHR.
- Tested tele-psychiatry located at 500 9<sup>th</sup> St.
- Started a new process attaching lab results to client EHR.
- Created a new contractors web intranet to ensure secure access to the EHR.
- Launched DMS-5 training on 08/05/15.
- Developed dashboards and conducted Dashboard training.
- Staff attended classes at the 2014 BHRS Safety Fair.

### **Human Resources (HR)/MHSA Workforce Education and Training (WET)**

- Prepared request for an additional 22 positions to go the Board for approval.
- WET provided an annual update for the Stakeholders meeting on 05/01/15.
- Conducted annual volunteer celebration on 04/29/15.



- Employment Application Conviction Questionnaire was changed and is now emailed once an applicant has been screened in.
- Electronic timecards at the 800 Scenic campus are now up and running, although sick slips, mileage reimbursement and other documentation are still not electronic.
- Completed Personal Services Contract (PSC) renewals, extensions and adjustments for Fiscal Year 15/16.
- HR/Payroll piloted the electronic time card process to ensure a smoother transition when it goes out to the whole department.
- Worked toward filling multiple positions for MHSA.
- Completed various Memorandum Of Understandings on schedule.
- WET completed MHSA annual updates early to provide historical data for Fiscal Year 13/14.

### **Administrative**

- The new BHRS intranet website was launched. A “WEBCOM” committee was put together to provide monthly updates to the website with current, consistent and accurate information for staff usage.
- Worked on process improvements with procedures and policies for consistency, revisions, and updates with changes.
- BHRS Intranet continued to come together to update information for staff and outside contractors.
- Worked on a library of resources for clerical staff. These are standard procedures for all programs and will be available on the U drive.
- Continued testing the VoIP and Hiplink System used for emergency notifications.

### **Facilities**

- Worked on the preparations for the new Crisis Stabilization Unit.
- Juvenile Justice Youth Center trailer was installed and is now in use.
- Worked on reconstruction and updating of the old Empowerment Center after their move date.
- Worked on MHSA expansion space needs.
- Staff attended several trainings including supervisory and 2014 Safety Fair classes.
- Worked on a virtual Fleet Motor Pool to provide available vehicles for BHRS transportation needs.

Respectfully submitted by Frank Ploof

## CRIMINAL JUSTICE OVERSIGHT COMMITTEE

**Committee Chair:** Vacant

**Senior Leader:** Debra Buckles

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. Classes in the fall of 2014 and spring of 2015 were full. Forty-three officers were trained from Modesto Police Department, Stanislaus County Sheriff's Department, Stanislaus County Probation Department and some officers from out of county. One Mental Health Board member provided two presentations at the CIT trainings.

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. The evaluations of the CIT Academy remain very strong, earning an overall rating of 4.9 out of 5 and a rating of 2.5 out of 3, for usefulness for their duties. Comments are always good as well, with one officer commenting: "Very glad I signed up for training. I was honestly trying to get out of it due to workload but do not regret attending. Thank you for putting on such a well-structured program."

## **Restorative Policing**

This forensic, multi-disciplinary group meets to guide a community policing effort. 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 past year has seen a renewal in focus through structure and attendance. The Modesto Police Department's Sargent in charge attends along with several of his officers. Regular invites to key players has paid off with increased participation across agencies and disciplines. The meeting structure allows for a much more focused discussion on several individuals, often over several meetings. Treatment planning with individuals that are very difficult to engage in mental health services can be very rich with this forensic, multi-disciplinary approach.

## **Forensic System of Care Treatment Programs**

The Forensic System of Care served 582 individuals in the Fiscal Year 2014/2015. 75% of the individuals served were from Modesto and 85% were between the ages of 26-59. 53% were White, 33% were Hispanic, and 8% were Black/African American. All treatment modalities maintained a 75% non-booking rate while in treatment for the year with most months maintaining an 80% non-booking rate while enrolled in treatment.

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 of an expansion of the Integrated Forensic Team to provide mental health services to the post-released community supervision (PRCS) population in Fiscal Year 2011/2012. In Fiscal Year 2013/2014, the CCP increased funding to increase capacity for the PRCS population in the full service partnership program; a medication clinic was downsized since it was not being fully utilized to accommodate for much needed capacity in the full service partnership program.

The In-custody program, consisting of 3 Mental Health Clinicians, continues to do very well. The linkages to services post-release are beneficial to the individual and our criminal justice partners. They also continue to assist with maintaining current housing status while in jail. Behavioral Health and Recovery Services continues to be an active participant and voice in the Community Corrections Partnership.

An unanticipated, positive outcome for our Mental Health Clinicians working in-custody is the ability to track and link to Felony Incompetent to Stand Trial State Hospital patients from Stanislaus County, who are returning to the County. In Calendar Year

2014, 52 Stanislaus County residents returning from State Hospital were tracked. Of those 52 individuals, 41 of them were released to the community upon returning to court. BHRS was able to link 70% of the individuals to appropriate, outpatient mental health care upon their release.

### **Accomplishments**

- Active participation in the Community Corrections Partnership with continued funding and expansion of services for individuals with mental illness and substance use disorders.
- Co-location with the Probation Department and the Sheriff's Department in the newly dedicated Day Reporting Center.
- 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.
- BHRS treatment providers and our housing support program have collaborated this past year to develop and implement an intensive transitional housing program for our clients.
- Crisis Intervention Training Academies have taken place twice this year.

### **Anticipated Challenges**

- Accessing appropriate safe housing for our clients.
- Finding appropriate treatment programs for individuals ready for discharge from the Integrated Forensic Teams to allow capacity for the target population.
- Linking individuals to appropriate services who are classified as mild and moderately mentally ill, instead of our target population of seriously mentally ill. Following through with services may remain a challenge, since we are less likely to have direct involvement with the individual.
- Adjusting to the changes in the criminal sentencing laws which seemed to have resulted in increases in the Misdemeanant Restoration to Competency program and an increase in State Hospital releases .

Respectfully submitted by Vern Masse

## **MANAGED CARE COMMITTEE**

**Committee Chair:** Jack Waldorf

**Senior Leader:** Cherie Dockery

The Managed Care Committee reviews (2) state audits, the Annual External Quality Review Organization and the Triennial Medi-Cal Systems Audit. Both audits review access, services provided, the quality of care, BHRS internal processes, consumer participation, and other areas of the department.

The committee's primary focus is an analysis of the various aspects of the county's contractual relationship with Doctor's Behavioral Health Center and the county's Psychiatric Health Facility. This includes the trends and percentage of denied days and appeals, access, and re-hospitalization, as well as the Impact of AB109, the number of uninsured patients, and a comparison of the length of stay for insured and uninsured children and adult patients. We also discuss the impact of the (2) Managed Care Plans. Health Plan of San Joaquin and Health Net that are responsible for providing Mild to Moderate services to individuals with Medi-Cal.

The chairperson of the Managed Care Committee also serves as a Mental Health Board representative on the Doctor's Behavioral Center Advisory Board, where the committee's analyses are frequently considered.

Respectfully submitted by Jack Waldorf

## IMPACT COMMITTEE

**Committee Chair:** Jack Waldorf

**Senior Leader:** Kevin Panyanouvong

The purpose of the four-member Impact Committee is to evaluate the impact and make recommendations concerning departmental and contract programs. This is done through visits and discussions with both clients and staff of the programs, using the results-based accountability approach. In some cases repeated visits are made to ensure adequate input. This year the committee has evaluated the following Prevention and Early Intervention programs funded by the MHSA:

- 1) The Bridge - Southeast Asian Services
- 2) West Modesto Project Uplift Youth Leadership
- 3) Ceres School District Nurtured Heart
- 4) Golden Valley Primary Care Behavioral Health Integration, West Turlock
- 5) West Modesto Youth Mentorship
- 6) West Modesto Promotores
- 7) West Modesto Beyond the Walls Outreach and Engagement
- 8) Child Sexual Abuse Early Intervention
- 9) Waterford Improvement Team
- 10) Oakdale Promotores
- 11) West Modesto Community Health Outreach/Promotores
- 12) El Concilio Outreach and Engagement, Keyes
- 13) NAMI Ending the Silence

All of the programs that were evaluated were successful in reaching unserved and underserved ethnic and cultural communities at risk for mental illness. Most of the programs serve difficult-to-engage groups.

The committee's reports are forwarded for discussion with departmental staff and program managers, who use them for planning, targeting, and program improvement. The information in the reports has provided opportunities to particularly successful programs for increased funding through the stakeholder process. It has also provided for increased access for other at-risk cultural groups, and for additional training for program managers, clients, and community members.

Respectfully submitted by Jack Waldorf

## **VETERANS' COMMITTEE**

**Committee Chair:** Vern Masse

**Senior Leader:** Debra Buckles

Mission is to see what services are needed to better serve veterans and what gaps in services there may be.

Three goals of the committee were:

1. Educate Mental Health staff regarding Military Culture, resources and effective techniques for connecting with veterans.
2. Establish a veterans treatment track on to the existing mental health court.
3. Look at how to reduce veteran suicides in Stanislaus County

Last year three trainings were provided to mental health and interested community partners. This year trainings were provided to several local police department's negotiators and SWAT teams. Additional trainings are being scheduled for the mental health staff and will be a part of annual training schedule.

Information regarding resources for veterans has been added to the wellness web-site.

On July 1, 2015, Stanislaus Superior Court received a grant to implement a veteran's treatment track. Implementation meetings are scheduled each month with March being the target date to begin operating the program for veterans.

The Veterans Administration is responsible for providing services to honorably discharged veterans and provides services to the bulk of veterans in our county. Behavioral Health and Recovery Services identified less than one per cent of their customers as being veterans. With two of the sub-committee's three goals met, leaving only the veterans treatment track uncompleted, it was decided it was appropriate to have the Criminal Justice subcommittee follow through with that goal and eliminate the Veteran's committee of the Mental Health Board.

Respectfully submitted by Vern Masse