Stanislaus County Mental Health Board

Annual Report

Presented to the Stanislaus County
Board of Supervisors
November 25, 2014

ANNUAL REPORT TO THE BOARD OF SUPERVISORS

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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 six consumers (31.6%) and ten family members (52.6%). The membership includes a total of 10 members (52.6%) who are both consumers and family members. The Mental Health Board membership includes 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 both Board of Supervisor members 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. 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.

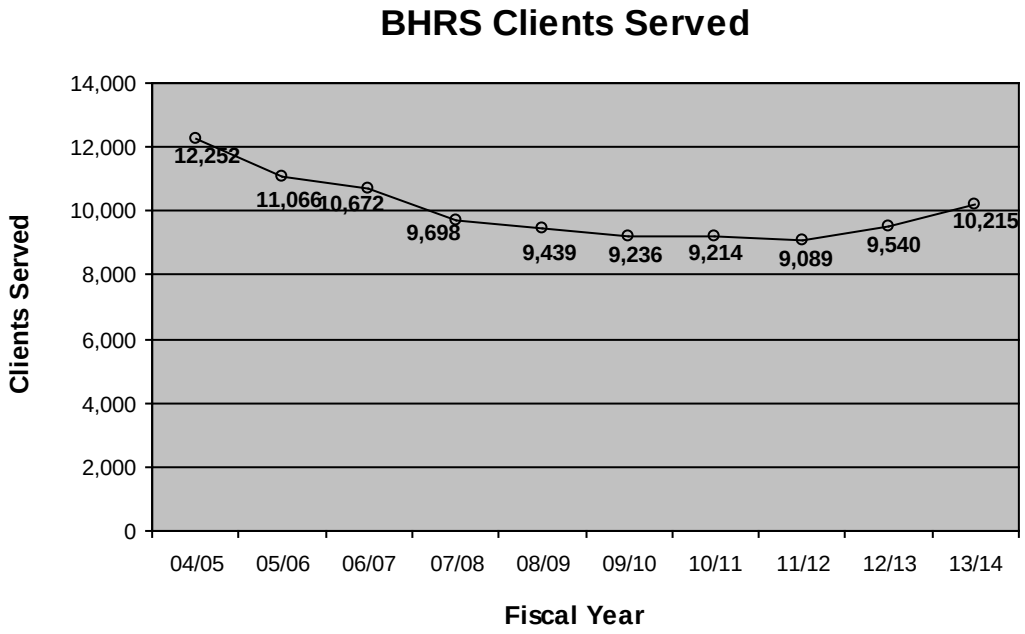
The Mental Health Board is responsible for acting as a liaison to the Board of Supervisors. The Mental Health Board is tasked with identifying issues affecting the community as it relates to mental health needs for consumers and those who advocate for them. Members of the Mental Health Board feel strongly 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 FY2013-2014, Behavioral Health and Recovery Services was responsible for a budget of $82,832,312 ($74,129,540 for Mental Health programs). Staffing for the Department includes approximately 377 full-time staff, 45 part-time staff and 35 personal service contractors. Behavioral Health and Recovery Services served 10,215 unique clients last fiscal year; this amount is up 7% 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.



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

Christopher Cataline, Vice Chair

Supervisor Terry Withrow

Charles Grom

Annie Henrich

Kimberly Kennard, DSW

Vern Masse

Yvette McShan

Linda Miller

Frank Ploof

Jerald Rhine

Virginia Solorzano

Ritta Sudnikoff

MENTAL HEALTH BOARD
EXECUTIVE SUMMARY

2014 was an unprecedented year of change for the Mental Health Board (MHB). More than 40% (4 of 12) of the board members resigned, moved away or died. All of the five were among the most active members of the board. Four new members have been appointed and one application is pending. In order to assist the new members in understanding the programs and issues that the board deals with, a mentorship program has been initiated.

Last year the board held a strategic planning session to identify goals for the future. Five goals were identified. These were: to promote departmental and MHB accountability and outcomes, to increase visibility and communication with the community and elected officials, to advocate for mental health issues at the local level, to develop MHB competency, and to embrace diversity internally and externally. Ad hoc committees were formed to develop plans to meet the goals, and as a result a number of projects have been completed.

In order to keep the MHB up-to-date on contract and departmental programs, a schedule of site visits and program evaluations has been established. Each of the standing committees is responsible for visiting programs in their area of expertise, and noting their outcomes and needs, using the Results-Based Accountability approach. More than 35 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.

As another way to educate the members of the MHB, presentations were made at each of the MHB meetings on various internal and external programs. These presentations included the Mental Health Board Strategic Priorities, the Aspiranet Stabilization Program, the Mental Health Services Act Three-Year Program and Expenditure Plan, the newly established Veteran's Committee of the Board, Transitional Aged Youth at Josie's Place with emphasis on the needs of LGBT youth, the SED Endowment Collaborative, a review of the department's FY 2014-15 performance contract, and the High Risk Health and Senior Access Program.

The Board held a Public Hearing on the County's Mental Health Services Act Annual Update and Projects for the next fiscal year. It also reviewed many of the department's contracts for the next fiscal year, as well as other departmental contracts with the State of California, and the triennial audit report from the Department of Health Care Services. In addition, the California Planning Council requested that MHB members provide extensive data for planning purposes. The information provided by the MHB was highly praised.

The MHB has long been a member of the California Association of Local Mental Health Boards and Commissions, but as that organization became increasingly dysfunctional, mental health board members met with other valley mental health board members in Fresno to establish an alternative organization. The new Valley Mental Health Board

Collaborative includes board representatives from Stanislaus County to Kern County, and it will represent the specific needs of San Joaquin Valley boards. The organization will meet again in Bakersfield in October.

With the influx of new veterans, not all of whom are eligible for Veterans Administration (VA) services, the MHB decided to establish a Veterans Committee. The committee has established a liaison with the VA and is actively working with the courts as well as other criminal justice agencies to establish a Veterans Court as part of the Mental Health Court.

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 establishment of a foundation that could receive donations to assist mental health programs and their clients.

Respectfully submitted by Jack Waldorf

CHILDREN'S AND TRANSITIONAL AGE YOUTH SYSTEM OF CARE COMMITTEE

Committee Chair: Jerald Rhine

Senior Leader: Shannyn McDonald

The CSOC committee oversees many programs; a few of the highlights for this year is contained herein. The Children's System deals with children and youth with serious emotional behavior disturbances. There are forty-one (41) programs, of which 50% are from BHRS and 50% are from Community-Based Partners. The service model is community based using collaboration between children and families for their welfare and safety. It based on the key component of *family strength.* It has a goal to keep children and youth at home and give them support. In 2006, CSOC lost the psychiatric unit in the local inpatient psychiatric hospital; it is imperative that the county use all means to help children and youth in this community.

ASPIRANET gave an excellent summary of their stabilization services at the February 2014 MHB meeting. They were also visited on August 12, 2014. Stabilization is a primary focus of the organization which includes a stabilization program (ASP) that provides up to thirty (30) days of intensive services for at risk clients with a goal of preventing psychiatric hospitalization. ASP partners with Hutton House to provide up to fourteen (14) days lodging and supportive services to youth and their families when needed. ASP served 219 clients in fiscal year 2013-2014. Of this 219 clients, 138 of these were referred by the CERT program at the time of the crisis evaluation, and 78 were referred to ASP upon discharge from a psychiatric hospital. At the time of discharge from ASP, 89% of clients were connected to a long term provider. Another program, Therapeutic Behavioral Services (TBS) provides up to six (6) months of targeted behavioral interventions both at home or at school for children and youth who are considered high risk. In addition, there is a Wraparound service which includes a parent partner, support counselor, facilitator, clinician, and a psychiatrist as part of the team.

CAIRE Center/Family Justice Center. A location change helped facilitate better the services for these children that are the victims of abuse. Also, it helps adults deal with and get help for domestic violence and elder abuse. This center helps youth and children who come through the Family Justice Center to become engaged in follow-up services. One highlight of the program has been the follow-up care that children may receive after they have been exposed to family trauma, i.e. domestic violence. Some 1,921 children have been served since the CAIRE Center program was initiated.

JOSIE'S Place. This site offers many services and recreational activities. Young Adult Advisory Council (YAAC) is one component which assists youth in making decisions to better serve youth in the community. The staff is very positive,

interactive and committed to helping young people to develop leadership skills and to make good decisions in life in order to have a better quality of life in spite of their illnesses. Clinicians, caseworkers and mental health support staff are available at the site for the varied services that are available.. Many hundreds of youth have been helped so far this year, and they serve all ethnic groups, LGBTQ and pregnant women. For recreational activities, they provide field trips, basketball, pool, bowling and bike riding in addition to movie night and popcorn. Life skills classes, computer training and support for pregnant youth and parenting skills are also provided. The wide offering appeals to young men and women because they find fellowship and a big welcome from staff, increasing their receptivity to help with the mental health challenges that they face.

Juvenile Justice. This is an outpatient system and it offers Aggression Replacement Training and oversees Juvenile Drug Court. Juvenile Probation provides youth referrals to the department. The program offers a substance abuse treatment services and youth leadership training. Youth build leadership skills, often by attending conferences for education and sharing. The committee met with one twenty-eight year old leader of the group, Youth in Mind, who was a passionate individual who mentors other young people to stay in treatment, take part in services and attend support group. The group offers an annual open house.

Kirk Baucher Stone Soup Festival. This is a non-public school designed to help severely emotionally disturbed children with their education. It is run by the Sierra Vista Child and Family Services, one of BHRS' partners. In addition to the educational component, it offers individual counseling, group rehabilitation, collaboration, family support, case management and medication services. Every year in the fall, the school puts on a program based on the book, *Stone Soup.* The theme of the book and this presentation show how a community may share and care for those around them. The children and staff all work together to present this program. Seeing the excitement of the children in costumes, waiting their turn to say their part in the story, was a highlight. In addition, food was served; tables were decorated and all interacted well with the audience. Teachers were immediately available to help but the experience boosted self- esteem and self-confidence.

PARENTS UNITED information was presented by Dr. Debbie Johnson. The system provides services for children, adults, spouses, and offenders sessions in groups of two to eight. Currently there are some interns handling groups. They may include topics such as, but not limited to, molestation, sexual gratification and even possible pornography issues. Current loads are approximately 50-60 children, 20-30 parents, 80- 100 offenders. A more recent group is that related to victims of sex trafficking in the Modesto area. Few, if any, services or awareness, are available for these victims. Overall, the goal is to develop for resilient children.

Sierra Vista Early Psychosis "LIFE Path" program. This is a program for youth and young adults who experience early symptoms of psychosis. It includes

education for families and youth, early intervention, crisis services, relapse prevention, and hopes for lasting independence for all. Also, it helps empower family members.

Respectfully submitted by Jerald Rhine

ADULT SYSTEM OF CARE COMMITTEE

Committee Chair: Chris Cataline

Senior Leader: Ruben Imperial

PURPOSE:
The Adult System of Care (hereafter referred to as ASOC in this report) last reported to the Board of Supervisors in November of 2013. It is the intent of this report to inform the Board of Supervisors of this subcommittee's efforts, activities, goals, objectives and challenges in the calendar year 2014.

OVERVIEW:
As of this writing the ASOC committee has met 6 times this year and visited **Modesto Recovery Services** (MRS), **Wellness Recovery Services** (WRS) and **Telecare of Stanislaus County**. At times the meeting consisted only of Chief of ASOC Ruben Imperial, Administrative Clerk Cathy Powell and the author of this report. The lack of additional committee members is, of course, regrettable and efforts to add to our numbers have been made going back to early 2013. More members would facilitate our overall efforts but the Mental Health Board (MHB) has suffered the loss of many members in the last year and as of this writing was still not at full strength. MHB members - this member included - have made extensive efforts to recruit the qualified, culturally diverse, and committed members to have the fully filled MHB our citizenry deserves. We all see the need for a board that is representative of the makeup of our community. We have acquired some new members in recent months, and it is hoped that one or more of these new members will indicate a desire to work on the ASOC committee going forward. (The MHB has a long established practice of letting new members work on the sub-specialty committee of their choice. This board member supports this practice.)

It has long been a concern of both the MHB and Behavioral Health and Recovery Services (BHRS) that certain target populations were being underserved. Both staff and MHB members felt that special attention needs to be given to some demographics, perhaps more insular and susceptible to the stigma associated with mental illness and the cultural fright/coping mechanisms attendant to that. Additionally, it was felt that special attention needed to be focused on people with severe mental illness and available means to reach them, get out to them and track their information (many are homeless or can be described as transient at best). With that in mind, from the beginning the ASOC committee has concerned itself with BHRS access and points of entry. We've continually looked at ways the mentally ill and their families can find out about the broad spectrum of services BHRS has for them and how people can contact/access these services. We've repeatedly looked at whether or not we're doing a good job of getting the word out. It is the belief of this writer that we are effective in our outreach to the community. Efforts initiated years ago to increase the community's capacity to help the mentally ill, to increase early intervention and prevent chronic mental illness in the first place - partially borne out of six consecutive years of state

budgetary cuts prior to 2013 - have helped promote outreach efforts. We have fostered good, hand-in-glove relationships with the Modesto Ministerial Association, NAMI-Stanislaus, public education (K through 12, MJC and CSUS), the Salvation Army and other organizations and agencies that exist outside the BHRS umbrella. The ASOC has directly and indirectly benefited from these advances. It is our plan to continue to nurture these partnerships while looking for other partners. The Chair of the ASOC committee is also pleased to say 2014 has seen the implementation of projects to reach out to the Hispanic community and other targeted populations that are underserved.

In all efforts to improve the ASOC, both board and staff have embraced and incorporated the relatively new discipline of Results-Based Accountability (RBA). This process involves finding ways to measure actual program performance and asks, among other things, 1) Who are our consumers?, 2) How can we measure if they're actually better off?, 3) How can we measure if we're delivering services well?, 4) How are we doing on the most important of these measures?, 5) Who are the partners that have a role to play in doing better?, 6), What helps to do better, including no-cost and low-cost ideas? and 7) What do we propose to do? This process has been described as one that starts with ends (results) and works backward from there, step by step, to means. For an organization like BHRS, the ends are how consumers are better off when the program works the way it should. For example, one such end or result to start at might be to ask what percentage of consumers manage to avoid hospitalization or incarceration? Another example might be what percentage of formerly homeless consumers avoided homelessness in a given period of time or during treatment. More than ever before ASOC staff are working to establish program baselines. These baselines are made up of hard data - nothing subjective - that show where programs have been and where they're headed and which strategies work and which don't. More than ever before we're asking what does success look like and what are the performance measures? This is a new science for BHRS but not without proven success in other places. In Vermont, using RBA methodology, state and local partners have "turned the curve", i.e., changed the direction of the baseline for the better, in areas of child abuse rates, high school dropout rates and the rate of delinquents in custody. In our state, Santa Cruz County has "turned the curve" on teen alcohol and drug use using RBA methodology. Even where people don't label it RBA, this kind of approach has helped to see improvements in the areas of drunk driving, juvenile crime, immunization rates, school attendance and a host of other issues that add up to healthier communities and dollars saved. This approach is quickly gaining momentum and acceptance elsewhere and this writer is proud to be a (small) part of a county mental health organization that is among others at the forefront of the movement. It is, however, new to us. We are still trying to identify all pertinent performance indicators and ways for our Data Management Office to process and make sense of the information and then regurgitate it back to program directors expeditiously, most likely in the way of graphs, charts, surveys and spreadsheets easily assimilated. No doubt, one of the most beneficial aspects of the RBA way is our willingness to look at everything we've done in a new light and to really listen to consumers and family members even more closely than ever before. When this board member joined the MHB in 2006, BHRS was already well on the way to becoming "consumer driven" in the sense that the old, entrenched, paternalistic, clinical attitudes that permeated the entire therapeutic community of the past were giving way to a fresher approach that really seemed open

like never before to the possibility that clients and family members can teach staff about what they need in their recovery process. (In that sense too, it seems to this MHB member that our county was at the forefront of this movement). Now, with the adopted RBA approach, it's even more important than ever before that we really listen to what consumers are saying and it's been this MHB member's experience that all BHRS staff from top down are on board with this.

Consistent with the above noted concerns and priorities the ASOC committee, as it were, visited the aforementioned programs and talked to consumers at each program. In addition to the feedback from consumers, the visits also covered a comprehensive overview of each program and its services as well as informative talks with Kevin Panyanouvong, Clinical Services Manager for the ASOC, Cindy Ford, Coordinator for both MRS and WRS, and Telecare's Program Administrator Linda Kwiatkowski and Clinical Directors Suzanne Herron and Tony Miceli. The talks with consumers, however, were the most informative part of these visits. The consumers were frank and candid in their observations and could hardly fit the bill as hand-picked, program mouthpieces. They expressed gratitude for the services received, often stating that these programs saved their lives but they also felt free to criticize a system still reeling from the effects of severe cuts. Many of these complaints are of the same nature echoed about health care centers across the nation. For instance, at MRS, one young lady complained about the loss, due to a career move to another city, of a much trusted psychiatrist and the time spent waiting for his successor. She was validated in these concerns by both the Clinical Services Manager and the Coordinator. It should be noted that a paucity of psychiatrists is something county health centers everywhere in the country complain about and particularly in the more rural areas. In response to this writer's question "what can be done to improve services?" another consumer felt there weren't "enough AOD services". (AOD is BHRS-shorthand for Alcohol and Other Drug prevention). The interesting thing about this observation was that it came from someone who did not struggle with any substance abuse issues but who was a long time consumer in this county and veteran observer of our system. It is the shared hope of everyone at BHRS that we will be able to restore AOD services to MRS (once again) in the foreseeable future. Current Medi-Cal guidelines make it difficult to bill for these services at present. It is hoped the new Affordable Care Act will pay for AOD services up the road. The department is currently applying at the state level to become a provider of the Drug Medi-Cal AOD services but the application process is a long and arduous process and so AOD services are still managed by the state as of the writing of this report.

We will continue to watch how all the assorted wrinkles of the Affordable Care Act unravel and the attendant ramifications for the mentally ill of our county. We anticipate being able to provide more help to the rural communities and underserved populations. In the past, under the old guidelines, people clearly in need of help that our very capable outreach teams located did not qualify for services. Now due to the Affordable Care Act and our intervention programs more people qualify for services.

Finally, in an issue that is departmentally the purview of the Managed Care Committee but in so many ways also spills over into the ASOC, BHRS has made it a real priority to decrease the length of time it takes to get consumers recently discharged from hospitals linked to follow-up, aftercare outpatient programs, services and peer networks (often in

the ASOC). Our county's in-house study of past readmission rates revealed that substance abuse and homelessness - so often hand in hand companions - were frequent, primary factors in high readmission rates. The ASOC committee wants to highlight for the Board of Supervisors reports that show a significant decrease in the time taken to link those consumers recently discharged from hospitals to the appropriate outpatient programs. This has translated to a decrease in readmission rates and a savings of dollars.

FUTURE PLANS: The objective is to continue the site visits of the ASOC department with the goal being a complete and comprehensive review of the ASOC. The MHB and this member will continue to recruit qualified prospective board members to flesh out its ranks and more fully fill its subcommittees. This is a real priority right now as so many of us are members of multiple subcommittees and feeling the need for more help. The hope is that increased numbers will allow us more time to cover more ground. We will also continue to look for ways to promote community capacity building and future partnerships in the more remote areas of the county.

Respectfully Submitted by Chris Cataline

OLDER ADULT SYSTEM OF CARE COMMITTEE

Committee Chair: Annie Henrich

Senior Leader: Ruben Imperial

The newly appointed Chairperson is Annie Thu Henrich replacing Jack Waldorf. Other members of the Committee are Jack Waldorf, Jerry Rosenthal and Laurie Haller.

Manager of the Older Adult Program is Vickie Looney. This Committee meets once a month on the second Wednesday of each month. From September 2013 to September 2014 this Committee has only met 5 times. This is due to the staff turn-over in the Coordinator/Manager position.

Older Adult Program site visits made by the Committee members:

- Alano Club: Annie Henrich RSVP'd to the invitation from Kimberlee Hamilton on Friday September 5th, 2014 and noticed that it was well attended. About 60 people were enjoying big plates of spaghetti while music and dancing was going on the floor. The atmosphere was joyous and relaxed. The Alano Club is on Herndon Ave., Ceres. Starting from 12PM to 2PM - Free spaghetti lunch, drinks, music and dance to all every 1st Friday of each month. Clients from different programs were giving free transportation to the Alano Club.

- The Peer Support Volunteer Service Program - Community~Hope~Recovery Team - at Downey Ave. in Modesto. Friday September 19th, Jack Waldorf and Annie Thu Henrich were given a tour of the site by Kimberlee Hamilton. This location is open to all from 10AM to 4PM each day. Visitors must sign-in and are welcome to enjoy socializing with volunteer staff, playing a game of darts, or watching TV. A snack & soda bar is planned for the near future as well as a coffee bar/hot chocolate/hot cider planned at this location. The attendance has been about 10 to 40 visitors per day on the average. There are 3 full-time volunteer staff at this site: Lou Ann, Carole at the front desk and Jack who is working on the Clothes Closet and said that there is a big need for clothes donations especially for the cold months of winter arriving soon.

- At the September 25, 2014 MHB meeting, the Health High Risk and Senior Access Treatment Teams provided a thorough presentation of their treatment services and activities. Many activities are helpful in promoting mental health and well-being, especially for those isolated older adults.

Future plan:

Data will be available for Admission & Discharge Flow at each Committee meeting of each month starting in October 2014 reported Vickie Looney.

Respectfully submitted by Annie Thu Henrich

ADMINISTRATIVE AND FISCAL SERVICES COMMITTEE

Committee Chair: Frank Ploof

Senior Leader: Dan Wirtz

I have just recently become a member of the MHB. I've had a discussion with Adrian Carroll, Associate Director, and we discussed the intake process at Stanislaus Recovery Center (SRC) and how it could be improved. With the Federal expansion of Medicaid to cover more mental health services and addiction recovery, SRC is hopeful the State Department of Health Care Services (DHCS will also expand its (MediCal) coverage to include residential addiction recovery services. If so, SRC will be able to handle the increasing members of community in need of support in a timely fashion.

I engaged in discussion with IT program manager and Administration Manager regarding process improvement. We discussed obstacles to furthering the implementation of full electronic workflow. Found 'wet signatures' are still required in many processes. Action item taken to investigate why wet-signatures still required when many other organizations have been using fully electronic processes for years especially for timecards and procurement actions.

I inquired about the use of the kitchen facility after the Empowerment Center moves. There may be opportunities to use it as a training/learning how to prepare meals facility. Note this is being done under a special City of Modesto grant for the Kitchen at the King Kennedy Center.

I am also engaging in the review of new/enhanced processes, such as the Customer Satisfaction survey which is labor intensive.

I have reviewed the minutes of this Committee for the past year. Following is a summary of the issues discussed at the meetings.

Contracts:
There were a number of staffing changes over the year. The Contracts Manager retired and a new manager was hired. There were staffing shortages due to long-term leave. Earlier this year, hiring for a new Account Clerk began to fill a vacancy created by a retirement. Considerable discussion occurred around the contracts related to the opening of the Psychiatric Health Facility. There was also discussion regarding going out to bid on some long-term provider contracts that exceed $250,000. The schedule for contract renewals was also discussed as this process must begin in February to ensure that contracts are approved by the Board of Supervisors and in place by July 1, 2014.

Financial Services (Accounting, Finance, Budgeting & Accounts Payable):
This unit also experienced a significant change over in staff. The previous Assistant Director retired and an interim Assistant Manager managed the overall Administrative Services until a new Assistant Manager was hired. Soon after he began working, the

Finance Manager that heads up this unit resigned. There was also turnover among the accountants and account clerk, but these vacancies were filled. Both the Assistant Director and the Finance Manager gave informative updates on the budget cycle process. This unit provided a critical role in MHSA planning by assisting the department in figuring out the extent of funding that was available for new MHSA planning, including projections for three fiscal years into the future. This unit also assisted in the application for several grants.

Business Office (Patient Billing):
This unit also had staffing changes as a result of staff turnover and promotions. However, new staff were hired and reportedly doing well. The Business Office Manager kept the Committee up to date on the billing of claims, as well as the difficulties created at the State level. Other difficulties were created by issues with the new Electronic Health Record (EHR) implementation. Staff in this unit did a great job of catching up on billing for mental health services once the EHR issues were resolved. There were discussions about the impact of the Affordable Care Act implementation. New eligibility for Medi-Cal coverage will potentially reduce the number of uninsured individuals receiving services with the department and contractors. However, implementation at the State level may create problems. There was also discussion about the problems with billing Drug Medi-Cal.

General Services (Facilities, Safety and Purchasing):
A Staff Services Technician and a Staff Services Analyst were hired as a result of staff turnover and promotions. Relocations of programs were brought up at the meetings, keeping board members up to date on this. During the past year, an AB109 program, the Crisis Intervention Program, and the Community Emergency Response Team were relocated. Facilities monitored the renovation and furnishing of the Psychiatric Health Facility. Another focus was on better utilization of county cars, such as a motor pool, to reduce necessity for rental cars for out of county travel and better usage of county cars, in general.

Other:
There were reports from the Human Resources Unit regarding resignations and new hires in the department's MHSA Workforce Education and Training unit as well as updates for this unit. Updates on payroll processing, healthcare enrollment for employees, and compliance with required trainings were also topics. There were reports on the MHSA planning process. The department also planned a yearly Volunteer Celebration, which recognized 74 volunteers in the past year. The Behavioral Health Director hired a new Executive Assistant, who began to attend the meetings and report on administrative issues, including retirements and hiring in Administration. The Committee was also briefed on updates to the department's intranet and a focus on keeping it current, accurate and easy to access. The Committee also heard about the department beginning to use Voice Over IP. There were also regular reports regarding the department's new Electronic Health Record implementation.

Respectfully submitted by Frank Ploof

CRIMINAL JUSTICE OVERSIGHT COMMITTEE

Committee Chair: Charles Grom

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 and local law enforcement is committed and able to participate in two academies per year. As CIT continues to show promising success, agencies from across the Central Valley and beyond have started sending officers to the BHRS CIT Academy. There has been interest shown by officials from the local California Highway Patrol offices in sending officer to CIT and talks are anticipated that will allow Stanislaus County and BHRS to provide CIT training to the first cohort of CHP officers.

Classes in the fall of 2013 and summer of 2014 were full. Altogether, 37 officers were trained from Modesto Police Department, Stanislaus County Sheriff's Department, Stanislaus County Probation Department, and some officers from out of county. In the near future, paramedics from American Medical Response will also participate in CIT training sitting alongside officers and deputies who many times work collaboratively in the field when dealing with persons with mental illness. This is sure to be a new dynamic in the area of CIT training.

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 courses for the fall and summer with 5 or 3 being highest scores and 1 being the lowest score Fall 2013 - 16 evaluations were submitted with an overall rating of 4.8. Summer 2014 – 18 evaluations were submitted with an overall rating of 4.5.

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

Mental Health Court/Integrated Forensic Team:
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. Classes continue to be full and there is now interest being shown from the paramedicine community to train paramedics alongside deputies and police officers.

- 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.

Respectfully submitted by Charles Grom

MANAGED CARE COMMITTEE

Committee Chair: Jack Waldorf

Senior Leader: Cherie Dockery

The Managed Care Committee is concerned with state audits and MediCal-funded programs and reimbursements. This year the committee's primary focus was a statistical analysis of various aspects of the county's relationship with Doctor's Behavioral Health Center as well as the new Psychiatric Health Facility. These included the percentage of trends of denied days and appeals, access and re-hospitalization, the impact of AB109, a surge in the number of uninsured patients, and a comparison of length of stays for insured and uninsured patients.

The chairperson of the Managed Care Committee also serves as a Mental Health Board representative on the Doctor's Behavioral Health Center Advisory Board, where the results of the committee's analyses have been discussed.

Respectfully submitted by Jack Waldorf

IMPACT COMMITTEE

Committee Chair: Jack Waldorf

Senior Leader: Ruben Imperial

The purpose of the four-member Impact Committee is to evaluate the impact of departmental and contract programs through visits and discussions with staff and clients who are served by the programs, using the results-based accountability approach. This year the committee has looked at and evaluated the following MHSA-funded Prevention and Early Intervention programs:

1. Early Psychosis Prevention and Intervention
2. LIFEPath Youth Leadership – Grayson
3. Project Uplift Youth Leadership – West Modesto
4. In Our Own Voice
5. PEARLs Early Intervention
6. Senior Peer Counseling
7. Friendly Visitor
8. Nurtured Heart – Patterson
9. CLaSS School-Based Consultation – West Modesto
10. Parents and Teachers as Allies
11. West Modesto Youth Mentorship, Outreach, and Engagement
12. West Modesto Promotores
13. Southeast Stanislaus Promotores
14. Turlock Promotores
15. Ceres Promotores
16. Patterson Promotores
17. Newman Promotores
18. Oakdale Promotores
19. Riverbank Promotores
20. North Modesto/Salida Promotores
21. West Modesto Community Health Outreach Worker/Promotores

Almost all the programs were very successful in reaching unserved and underserved ethnic and cultural communities that are at risk for severe mental illness. Most of the programs serve difficult-to-engage groups as well as youth and the elderly. The Committee's written reports are forwarded to departmental staff and program managers, who use them for planning, targeting, and program improvement. The information in the reports has had the effect of providing opportunities to particularly successful programs for increased funding through the stakeholders process. It has also provided opportunities for improved access for other at-risk cultural groups, as well as opportunities for program managers, clients and community members to receive Mental Health First Aid, and ASIST or QPR suicide prevention training.

Respectfully submitted by Jack Waldorf

VETERANS' COMMITTEE

Committee Chair: Vern Masse

Senior Leader: Debra Buckles

The Veterans Service Sub-Committee set three goals. First, provide training to Behavior Health and Recovery Services (BHRS) staff regarding military culture and the best ways to build rapport with military veterans in crisis. Second, establish a veterans treatment track, as part of the already existing Mental Health Court, for those veterans who commit minor crimes. Third, explore ways to improve services/resources for veterans to combat the increase in veteran suicides.

In cooperation with local Veteran Administration (VA) staff, three, four hour trainings provided education to 59 BHRS staff and their partner agencies staff. The Mental Health Board also received a short presentation regarding military culture. A working group which includes BHRS staff, Mental Health Board and Advisory Board on Substance Abuse Programs members, staff from the VA's outpatient and Vet Center, District Attorney staff, and other interested citizens. Members are gathering Information regarding local resources for veterans and crisis numbers for veterans in crisis.

Respectfully submitted by Vern Masse