



Stanislaus County Behavioral Health Board

Annual Report

Presented to the Stanislaus County
Board of Supervisors
December 2020

ANNUAL REPORT TO THE BOARD OF SUPERVISORS

INTRODUCTION
MISSION STATEMENT
BEHAVIORAL HEALTH BOARD MEMBERS
EXECUTIVE SUMMARY

ADMINISTRATIVE AND FISCAL MANAGEMENT COMMITTEE
MANAGED CARE COMMITTEE
PREVENTION AND COMMUNITY EDUCATION/OUTREACH COMMITTEE
IMPACT DEPARTMENT RUN SERVICES
IMPACT CONTRACT RUN SERVICES

**ANNUAL REPORT TO THE BOARD OF SUPERVISORS
FROM THE
BEHAVIORAL HEALTH BOARD
INTRODUCTION**

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

- Review and evaluate the community's public mental health and substance use disorder needs, services, facilities, and special problems in any facility within the county or jurisdiction where mental health and substance use disorder evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.
- Review any county agreements entered into pursuant to Section 5650. The local mental health board may make recommendations to the Board of Supervisors regarding concerns identified within these agreements.
- Advise the Board of Supervisors and the local Behavioral Health Director as to any aspect of the local mental health program. Local mental health boards may request assistance from the local patients' rights advocates when reviewing and advising on mental health evaluation or services provide in public facilities with limited access.
- Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. Involvement shall include individuals with lived experience of mental illness and their families, community members, living with mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.
- Submit an annual report to the Board of Supervisors on the needs and performance of the County's mental health system.
- Review and make recommendations on applicants for the appointment of a local Director of Behavioral 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.

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

The Behavioral Health Board is comprised of a wide range of individuals representing the diversity of the County population. Currently there are 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. The composition of the Behavioral Health Board meets the statutory requirements for having consumers and family members on the Board. The Behavioral Health Board membership is diverse, including two Latino members, one Southeast Asian member, and one Dutch Caribbean member. Pursuant to statute, a member of the Board of Supervisors is also a Behavioral Health Board member.

Members of the Behavioral 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 Behavioral 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 or she is willing to cede a vacancy in his or her district and the candidate is agreeable to this as well. Behavioral Health Board members continually discuss mental health and substance use 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.

Behavioral 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 six committee meetings designed to focus on more detailed components of mental health and substance use issues. Committees currently consist of the Administrative, and Fiscal Management, Managed Care, Prevention and Community Education/Outreach, Impact – Department Run Services, Impact – Contract Run Services. 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 Behavioral Health Board. Ad hoc committees are used when needed to address issues that arise.

The Behavioral Health Board is responsible for acting as a liaison to the Board of Supervisors. The Behavioral Health Board is tasked with identifying issues affecting the community as it relates to the mental health and substance use disorder needs for consumers and those who advocate for them. Members of the Behavioral Health Board feel strongly that the needs of individuals with a substance use disorder and/or 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 Behavioral Health Board are committed to this goal.

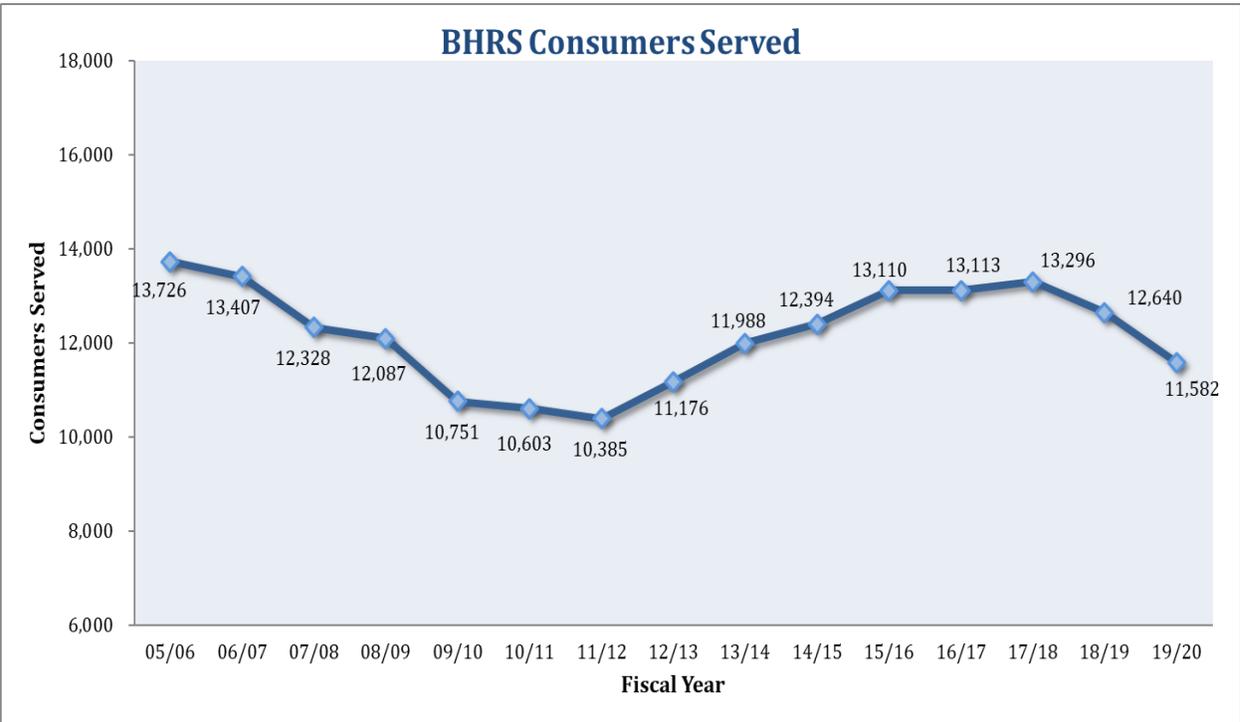
Mental illness and substance use disorder challenges are not confined to individuals, alone. Mental illness and substance use disorders affect family members, businesses, law enforcement, schools and the community as a whole.

Those who experience serious and persistent mental illness and/or substance use disorders are overrepresented in the homeless population, criminal justice system, and often have co-occurring substance use disorders and serious mental illness, all of which can have an adverse impact on community health and quality of life. This compounding effect is one reason the Behavioral Health Board brings awareness to mental health and substance use issues, supports the Board of Supervisors as they continue its support of Behavioral Health and Recovery Services and the mental health treatment services provided for our community.

Collaborative efforts were a high priority during the preceding year. 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 Behavioral Health Boards remain primary objectives.

As the community emerges through the Covid-19 Crisis, the Behavioral Health Board will continue to seek information and work with others in the mental health and substance use disorder 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. The Department's Fiscal Year 2019-2020 Adopted Final Budget was \$139,827,087, an increase of 7.8% over the prior Fiscal Year. Of the total budget, \$116,185,347 was dedicated for use in mental health programs and \$22,162,547 in substance use disorder programs. The remaining \$1,479,193 was earmarked for use in the public guardian program. Total staffing for the Department, was approximately 489 full-time staff. Behavioral Health and Recovery Services served 11,582 unique mental health and substance use consumers during Fiscal Year 2019-2020. This figure reflects an approximate 4% increase from Fiscal Year 2012-2013, but an 8% decrease from Fiscal Year 2018-2019. The chart on page 6 of this report shows historical data on the number of consumers served.



- The chart above depicts the number of unique mental health (MH) and substance use (SU) consumers for each fiscal year. The number is unduplicated between MH and SU (i.e., if consumers receive both MH and SUD services, they are counted only once.)
- FY04/05 through FY11/12 (first half) includes consumers served in treatment programs only.
- FY11/12 (second half) through FY18/19 includes consumers served in treatment programs and participants in non-treatment programs.
- Due to the timing of this report and data reconciliation, the most recent fiscal year may not represent all consumers served; each year, this figure will be updated based on the most current figures.

BEHAVIORAL HEALTH BOARD MEMBERS



Carlos Hernandez, Jr., Chair
District 1



Kathy Rupe, Vice Chair
District 3



Supervisor Terry Withrow
Board of Supervisors
District 3



Rebecca Clover
District 3



Peter Dean
District 1



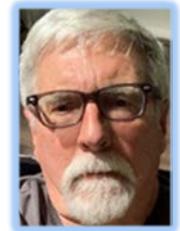
Virginia Solorzano
District 5



Annie Henrich
District 2



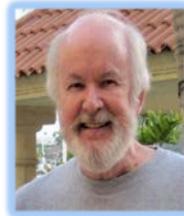
Charmaine Monte
District 4



Frank Ploof
District 4



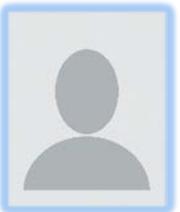
Jerald Rosenthal
District 3



Jack Waldorf
District 5



Officer Thomas H. Olsen
California Highway Patrol



Michael Shinkel
District 5

BEHAVIORAL HEALTH BOARD EXECUTIVE SUMMARY

Mission Statement:

The Stanislaus County Behavioral 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 Behavioral Health Department.

The Behavioral Health Board is pleased to present their 2020 Annual Report to the Board of Supervisors. This has been the third year of operation for the Behavioral Health Board since the Mental Health Board and the Advisory Board on Substance Abuse Programs were combined.

The annual report contains reports on committee activities, data and reports from the department and CBO reports about their agencies and what services they provide.

The Board heard several informative presentation and reports throughout the year on a variety of topics, including the following:

- Ruben Imperial, Director provided updates on the Department's planning process for quality behavioral health services in the community. The planning process comprises of three sections. 1. Assessment; initiate conversation looking at areas identified focusing on major opportunities and challenges. 2. Asset mapping, 3. Planning, assessment, and input involving conversations with providers and partners.
- Housing Authority of Stanislaus County; B. Kauss, Director of Housing Authority of Stanislaus County provided an overview of the public housing programs offered to the community representing a total of eight surrounding counties. The housing Authority is working on several ongoing projects such as the purchase of a motel (aka Kansas House) in Modesto which will be utilized for permanent supportive housing for the residents of the Modesto Outside Emergency Shelter (MOES)
- MHSA plan Update FY 19-20 Leng Power Gave a brief background on MHSA, an overview of the five MHSA components: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Workforce Education and Training (WET), Capital facilities/Technological Needs (CF/TN) and Innovation (INN). The presentation included the following proposed 5-year innovation projects totaling \$38 million.
- California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) presented. Theresa Comstock, Director with the CALBHB/C, discussed and provided information related to changes to the California Welfare and Institutions Codes 5604 and 5848 the Need of Adult Residential Facilities (ARFs); Criminal Justice; Older adults.
- Ceres Unified School District (CUSD). Brian Murphy, Coordinator provided an overview of the District's Mental Health Program. A three-tier comprehensive program with a systematic approach focuses on creating mental health awareness within the youth population. Tiers consist of mental health and stigma reduction

and prevention, 2. Intervention, providing counseling by evidence based social emotional learning before any disciplinary need, and 3. Individual interventions focusing on professional development and training.

- Salvation Army Veteran's Program. Captain Snyder from the Salvation Army and Jaime Betancur, from the Department of Veteran's Affairs provided an overview of the collaboration of variety of services offered to the veteran population. Services include shelter, housing, meals, case management, employment.
- BHRS Budget Update. Mr. Ruben Imperial BHRS Director opened the presentation with a goal to provide an overview and update of the BHRS budget. Ruben shared a thorough overview of the county behavioral health three major funding sources; 1991 and 2011 Realignment; Mental Health Services Act (MHSA); Federal Financial Participation (FFP); in addition to other funds and grants that help support and augment realignment funding programs. Ruben highlighted the fiscal impact of Covid-19 and the department's planning to develop proposals for long-term and sustainable budget, and the submission of the Three-Year MHSA planning process.
- Through the Covid-19 crisis, Mr. Ruben Imperial provided periodic updates on the department's response. The committees have also had updates about the Covid-19 impact related to their particular area of focus.

The Behavioral Health Board educates the public about the mission and scope of responsibilities by:

Goal 1:

- Continuing to Review and evaluate the community's mental health needs, services, facilities and special programs.
- Advise the Board of Supervisors and the local Behavioral Health Director regarding any aspects of the local mental health programs.
- Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
- Review and comment on the county's performance outcome data and communicate its finds to the State Mental Health Planning Council.
- Enhancing collaboration with individuals, families and communities to better advocate for constituents.
- Supporting the work of Stanislaus County Behavioral Health & Recovery Services (SBHRS).
- Making effective recommendations to the Stanislaus County Board of Supervisors.

Goal 2:

- Advocate for the highest possible quality of life;
- Advocate for the removal of barriers to service;
- Provide oversight and work in partnership with the staff of the County Behavioral Health Department.

"I learned a long time ago the wisest thing I can do is be on my own side, be an advocate for myself and others like me."- Maya Angelou.

After serving on the Behavioral Health Board for the past three years and during a pandemic, I am sincerely impressed by the leadership's innovation, collaborative approach, and commitment to the provision of quality services that result in consumer driven outcomes. It has been motivating seeing a few of our board members eager and willing to learn a new software tool such as Zoom in order to complete their Committee meetings virtually. As Board Chair this past year, one of my primary goals was to encourage a deeper level of engagement by the Board members. Our Board members are truly exceptional human beings who have a passion to make a change and help their fellow neighbor. Most importantly, SBHRS Board members have a passion for the mission of our county and for that I am truly blessed and honored to serve as the Chair of this committee. In conclusion, I want to recognize and thank the outstanding and dedicated members of the Behavioral Health Board for their work on the board and the board's committees which emphasize the important facades of this work. Let us continue to serve as we continue to keep our eyes fixated on the vision of the Stanislaus County Behavioral Health Board. Stay well.

Respectfully submitted by Carlos Hernandez Jr., Chairperson.

ADMINISTRATIVE, FISCAL MANAGEMENT COMMITTEE

Committee Chair: Mike Shinkel

Committee Members: Jack Waldorf, Peter Dean

Senior Leader: Kara Anguiano

The Administrative, Fiscal Management Committee (AFMC) meets on a quarterly basis and reports to the Stanislaus County Behavioral Health Board (BHB) during monthly board meetings. The committee is made up of BHB member Michael Shinkel; and BHRS Managers Kara Anguiano, Francine Gutierrez, Tina Jamison, Delayne Oliva, Scott Simpson, Laura Garcia, and Michael Levy. The purpose of the AFMC is to provide oversight and assistance to Behavioral Health & Recovery Services (BHRS) and to provide feedback to the Behavioral Health Board, the County Board of Supervisors, and the community with this annual report.

The committee tracked goals and results during Fiscal Year 2019-2020 from seven BHRS units, which include Accounting Services, Business Office, Contracts Services, General Services/Facilities, Human Resources/Workforce Education/Training, and Data Outcomes and Technology Services (DOTS). The AFMC has found that each of these units within BHRS is run very well and efficiently. Each of these managers are positive, engaged, and provide valuable information during committee meetings and for this annual report.

Accomplishments from Accounting Services:

All budgets were prepared and submitted to CEO for BOS approval prior to deadlines. BHRS operated within BOS-approved budgeted appropriations. Outlined below is a fiscal summary for Fiscal Year 2019-2020:

	FY 2019-2020 Legal Budget	FY 2019-2020 Actuals	Change Column B - Column A	% of Legal Budget Column B / Column A
Legal Budget Unit	Column A	Column B	Column C	Column D
Behavioral Health and Recovery Services				
1501 through 1507 - Special Revenue Funds				
Total Revenue	\$ 121,895,187	\$ 126,883,719	\$ 4,988,532	104.1%
Use of Fund Balance	\$ 21,070,913	\$ 8,482,921	\$ (12,587,992)	40.3%
Gross Costs	\$ 144,947,024	\$ 137,347,564	\$ (7,599,460)	94.8%
Net County Cost	\$ 1,980,924	\$ 1,980,924	\$ -	100.0%

Gross costs were 5.2% lower than budget primarily due to salary savings from intermittent position vacancies and delays in program implementation. Most department revenue is received as reimbursement for services. Lower-than-anticipated expenditures resulted in a reduction in the use of fund balance as compared to budget. Nevertheless, hospitalizations, Institution for Mental Disease (IMD) and Transitional Board and Care

costs were higher than anticipated primarily due to the impacts of the COVID-19 Pandemic. Other notable accomplishments for the Accounting Services division include:

- Successfully completed Year 2 BHRS budgets under the new two-year performance and outcomes-based budget reporting format required by the CEO's Office.
- The Fiscal Year 2019-2020 Cash Equivalent internal audit showed continued improvement and compliance with policy as a result of the collaborative effort with departmental partners.
- Presented multiple training modules to new and existing BHRS staff on the Department and County Purchasing Card policies to ensure continued compliance and minimize audit findings. Additionally, this training has been added to the onboarding process for new BHRS staff receiving a County Purchasing Card.
- Presented multiple training modules for BHRS staff on Support Services Funds and Budget and Fiscal Oversight.
- Worked closely with the County's external auditors during the Single Audit and preparation of the Consolidated Annual Financial Report for fiscal year 2018-2019. Continued to work collaboratively with Auditor-Controller, County Purchasing, and BHRS contracts staff to identify areas where there is a need to modify contract language, GSA purchasing policy, and internal procedure to accommodate new regulations.
- In collaboration with other Department staff, continued implementation of the expanded substance use disorder services under the Drug Medi-Cal Organized Delivery System (DMC ODS) waiver. Provided training and technical assistance to BHRS-run and contracted programs about the new cost reimbursement model.
- Worked collaboratively with other Department staff in support of continued implementation of various aspects of Continuum of Care Reform (CCR).
- Accounting Staff continues to work closely with DHCS to bring Cost Reports current to support more timely reimbursement for services.
- In collaboration with the CEO-Office of Emergency Services, and the Auditor-Controller's Office, staff prepared the COVID-19 reimbursement claims to draw down both Federal and State reimbursement.
- Staff applied for multiple new grants to support the Continuity of Operations during the Pandemic, and enhance the department's ability to provide telehealth services, remote work, and mandated services.
- The department also hired a Fiscal Manager due to the promotion of the previous Fiscal Manager to the vacant Chief Fiscal Officer (Assistant Director) position.

Accomplishments from Business Office:

The Business Office team supports the department through maximizing revenue by identification of correct pay sources, timely and accurate billing, and research and follow-up on claims for Mental Health and Substance Use Disorder services. Services are claimed to Medi-Cal three months in arrears to eliminate excess voids and errors in claiming.

Highlights and accomplishments in Fiscal Year 2019-2020 include the following:

- Due to the County-wide hiring pause, Business Office staff have assumed key duties from vacancies in the General Services/Facilities and Contracts teams. This has fostered collaborative relationships between all Administrative divisions by providing efficient delivery of services to internal customers.
- Staff developed a training and technical assistance to programs to improve timely billing of services and maximization of revenue. Prior to the COVID-19 public health emergency, the intention was for Business Office staff to provide the training at each program site. During the current fiscal year, the division will be rolling out an online/virtual training format.
- Continued to claim services under the new California Drug Medi-Cal Organized Delivery System. Since its implementation on April 1, 2019, the program continued to grow in FY 19/20. Throughout the fiscal year, staff worked collaboratively with program, fiscal, quality services, and information technology divisions to ensure the billing of services was set-up correctly. The Business Office continues to monitor the new claiming data to ensure we are maximizing revenue.
- Services that are entered into the electronic health record with claiming errors appear on a suspended services report. Medi-Cal billing staff are diligently reviewing these claims and communicating with program staff to make appropriate changes and minimize fiscal implications to the department for loss of revenue. Business Office staff and program staff continue to work collaboratively on this effort.
- Business Office staff worked collaboratively with the Medical Records division to implement an improved claim voiding process. The online void database went live in April 2020.
- The division researched and identified that it could increase efficiency and be more cost effective to transition private insurance claiming from paper to utilizing an online clearing house service. This process improvement will speed up the claiming process to private insurance companies and reduce the amount of follow up required of staff. Dual insured claims will be timely crossed over to Medi-Cal ensuring quick collection of revenue. The transition to online private insurance claiming will go live in October 2020.

Accomplishments from Contract Services:

BHRS Contract Services supports the department by drafting, amending, renewing and terminating agreements (including state contracts, memorandums of understanding and inter-agency agreements), facilitating the Request for Proposal (RFP) and other procurement processes, managing State contracts, facilitating contract monitoring in line with all State and Federal regulations, along with initiating and drafting contract-related Board of Supervisor agenda items. In addition, the Contract Services team serves in an advisory role to Senior Leadership and program staff in developing new contracts, researching contractual issues or questions and being the subject matter experts for all county agreements and related processes. Over the past fiscal year, the Contract Services team has had many accomplishments in supporting BHRS operations:

- Ninety-one (91) contracts totaling \$75.8 million were approved by the Board of Supervisors on June 9, 2020, in order to continue services in Fiscal Year 2020-2021.
- Ten (10) Request for Proposals were initiated in Fiscal Year 2019-2020.
- Implemented a plan to convert a paper-driven contract process to an electronic format to support the remote work environment during the COVID-19 crisis and established new internal processes and controls to ensure adherence to County and State/Federal purchasing policies and guidelines.

Accomplishments from Data Outcomes & Technology Services (DOTS):

DOTS provides IT support to the department as well as department outcomes in support of community programs. DOTS is responsible for hardware and software of the Electronic Health Record (EHR). DOTS also has responsibility for the local area network, data outcomes, and state reporting including, consumer perception surveys and other department surveys. DOTS is proud of the everyday work and the many accomplishments made during Fiscal Year 2019-2020. These include:

- Deployed new system at DOTS Help Desk Main Number
- Deployed JIRA Ticketing System to track & manage service requests
- Implemented Remote Desktop Protocol (RDP) for staff working remotely and/or at home
- Recruitment & hire of essential/critical Senior Software Developer position
- Implementation of pre-project assessment tool
- Deployment of additional laptops and smartphones to support staff working remotely
- Developed a partnership with the County IT department to support critical developer staff resources
- Implementation of ITAM Asset Management Software
- Implementation of Covid-19 Assessment Tool

Accomplishments from General Services/Facilities:

BHRS General Service Department supports the department through procurement of goods and services, delivery of interoffice mail and supplies, and coordinating the maintenance and repairs of facilities and grounds. The BHRS General Service Department is proud of the everyday work and the many accomplishments made during Fiscal Year 2019-2020. These include:

- Collaborated with DOTS to deploy a new work order system, Jira.
- Relocated the Human Resources team from the second floor of Building A to Building D, allowing for a more accessible and spacious HR office.
- Identified and managed all PPE purchases and deployments for BHRS during the Covid-19 crisis.
- Designed, built, and installed plexiglass barriers for client servicing locations and client transportation vans within BHRS sites to provide social distancing barriers.
- Coordinated a work group to redesign BHRS' purchasing policies and practices.

Accomplishments from Human Resources/Workforce Education/Training:

The BHRS Human Resources (HR) team, which includes the Workforce Education & Training (WE&T) program, supports the department through staff training and development strategies, recruitment and retention efforts, employee and labor relations, employee orientation, payroll processing and injury/illness management. The Workforce Education & Training (WE&T) program is a component of the Mental Health Services Act (MHSA) and focuses on the educational and training capacity of the mental health workforce, with the goal to further develop a diverse, skilled workforce; as well as continuing to build collaboration with community partners. Two examples are the continued efforts to expand volunteer participation and partnership with Modesto Junior College to support their California Association of Social Rehabilitation Agencies (CASRA) program.

Other accomplishments/projects include:

- HR continues to provide a weekly report to BHRS Leadership that assists with staffing strategies; as well as chairing several committees, including: the Position Control/Budget meeting, the Administrative/Fiscal Quality Improvement Council, etc.
- HR continues to coordinate the renewing and updating of approximately 25 Personal Service Contracts.
- Due to the retirement of the HR Manager, the Department hired a replacement. In addition, a previously approved HR Manager position was filled through the County transfer process.
- HR provides training and updates during the Monthly Leadership meeting and the BHRS Clerical Meeting.
- HR participated in seven (7) external audits during the timeframe of October 2019 and April 2020.
- Labor Relations efforts continue to be an important focus, as Labor Management meetings continue to take place with SEIU (which is our largest union membership) and our Department identified a manager to participate in the California Nurses Association (CNA) labor union negotiations.
- The WET program continues to partner with MJC for the CASRA program and the number of students receiving WET support for this 9-unit Certificate Program continues to increase, i.e., For Spring 2020, 66 student received support.
- HR provided ongoing leadership and support to the WET Volunteer program for processes including; application, hiring and placement of over 60 Volunteers.
- The Training program has successfully converted multiple onsite trainings to virtual platforms.
- The committee has identified the new Learning Management system, with implementation scheduled for 2021.
- The WET Volunteer Celebration was scheduled for April 2020, but due to COVID-19, it was postponed this year.
- To celebrate May as Mental Health Month, the Mental Health Kickoff Event was scheduled for May 2020, but due to COVID-19, it was postponed this year.
- Data was provided for the MHSA annual report for Fiscal Year 2018-2019.

- Data was provided for the Network Adequacy Reporting (NACT) requirements of the State.
- The County is in the process of upgrading the County Intranet.

The Administrative, Fiscal Management Committee is pleased to provide this annual report detailing the efforts of Behavioral Health and Recovery Services and its accomplishments. This committee believes that BHRS is striving for excellence while adhering to Board of Supervisors priority; “Efficient Delivery of Public Services.”

Respectfully submitted by Kara Anguiano on behalf of Mike Shinkel, Chair

MANAGED CARE COMMITTEE

Committee Chair: Jack Waldorf

Committee Members: Charmaine Monte, Jerold Rosenthal

Senior Leader: Monica Salazar

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

The committee's primary focus is to analyze various aspects of the county's contractual relationship with Doctors Behavioral Health Center, the county's Psychiatric Health Facility, and the Crisis Stabilization Unit. This includes trends and percentages of denied days and appeals, access, and re-hospitalizations. It also includes the impact of restoration to competency patients, the number and percentage of uninsured patients, and a comparison of the lengths of stay for insured and uninsured adult and child patients. In addition, the committee analyzes the impact of two managed care plans, Health Plan of San Joaquin and Health Net, that are responsible for providing services to individuals covered by Medi-Cal that have mild to moderate mental illnesses.

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

Respectfully submitted by Jack Waldorf, Chair

PREVENTION AND COMMUNITY EDUCATION/OUTREACH COMMITTEE

Committee Chair: Carlos Hernandez Jr.

Committee Members: Jack Waldorf, Frank Ploof

Senior Leader: Kevin Panyanouvong, LCSW

TOGETHER WE ARE STRONGER

Site Visits:

- Visited and toured Modesto Outdoor Emergency Shelter
- Visited NAACP Public Health Meeting
- Toured Salvation Army Berberian 182 bed facility
- Toured Stanislaus Recovery Center
- Remotely held the 1st Virtual Behavioral Health Board

Learning:

On November 8, 2019, the Prevention and Community Education/Outreach Committee visited Stanislaus Recovery Center. The center serves forty-four inpatient and one-hundred outpatient adult-co-occurring mental health and substance abuse patients. Services are provided from forty-five days to ninety days. Patients may be put on a waiting list from one to six weeks depending on the need and availability of the center. The program provides professional services that helps people rebuild their lives through crisis stabilization, cultural competence, and evidence-based practices. The staff work hard with minimal resources to provide care to the most vulnerable in Stanislaus County. There are overlaps in services, but these services are essential due to poverty, trauma, substance abuse and mental illness. Stanislaus Recovery Center is an aging facility with beautiful grounds. The main center that occupies patients should be torn down and rebuilt to accommodate the needs within the community and the courteous staff employed there. The center is in need for more capacity, medical providers, care coordination, increased funding and partnering with organizations such as Peer Recovery Art Project to provide a drop-in center and help people heal through art, music, and connection.

On Nov 12, 2019 the Prevention and Community Education/Outreach Committee visited the newly built Salvation Army Berberian Shelter at Ninth and D Street. It was eye opening what the Salvation Army had done to help our community who needs help with housing, mental health issues, substance abuse, job search and legal matters. We learned that people who were staying at MOES (Modesto Outdoor Emergency Shelter) had started making their way to receive indoor shelter and had started receiving help from outreach staff. No drugs, alcohol or weapons are allowed inside the low barrier shelter. It was informed that if a guest has had a few alcoholic drinks and are complying with the behavior guidelines they could possibly stay the night. The facility was very nice with new beds, updated cafeteria and a nice chapel to worship if guests felt like doing so. It was

informed to us by our tour guide that it was not a requirement to attend church; it would not prevent you from getting your hot meal, shower or any services provided by the facility. Stanislaus County and Salvation Army partnered up in order to remodel the 4.8 shelter Space.

On July 10, 2020 the Prevention and Community/Outreach Committee met and discussed what community outreach Department is doing to reach our families who are sheltering in place during this pandemic. First and foremost, I would like to thank BHRS Staff: Kevin Panyanouvong, Janet Nunez-Pineda, Tracey McKnight, Jennifer Marsh, Esmeralda Garcia and the rest of the staff of prevention and PEI for their relentless efforts. We are living overwhelming times. Stress, anxiety, fear, loss, and grief are all part of ordinary life but throw a pandemic into the mix and it elevates ordinary life. As we met virtually Via Zoom, it was asked of PEI and Prevention “What are we doing to keep our families informed during this pandemic? The Department was confident and proud to mention all the wonderful events and outreaches that are going on such as:

- Informational Flyers such as Myth Busters regarding Covid-19 in several different languages
- COVID – 19 Front line responders Self-Care
- COVID – 19 Mental Health & Wellness Tips and where to get help in Stanislaus county
- COVID – 19 Stanislaus County Resources Flyer
- Our wonderful Promotoras using boots on the ground/grass roots technics to meet our families where they are (Comfortable setting)
- Lawn signs are being placed throughout Stanislaus County
- A Caravan drives around our community “Drive By” with green signs informing our families that our County is still providing support while being safe and distancing
- Family Fun Night by invitation only

Challenges:

The committee still faces the same issue as last year 2019. The committee is small and in need of support. Currently there are two acting members from the Behavioral Health Board. We are members who have families, jobs and choose to volunteer for something outside ourselves. Not for mere recognition, but for the social causes we see in the community. Board members have left the Committee because they feel we (Board Members) are not doing enough. We as volunteers feel as our last Committee chair pointed out that the work is necessary, heartfelt and sincere and would whole heartedly like to lend our fellow brothers and sisters a helping hand.

Recommendation:

Keep allowing Board Members & volunteers to attend Community outreach. Continue to encourage and include members of the board in planning of projects. Not to suggest but as a reference of someone with lived experience and has gone through these life event such as Mental health, Drug addiction, alcoholism etc.

Goals and Plans for 2021:

Despite being in a pandemic and not knowing when we will return to normal day to day activities. Our goal is to continue site visits and adapt to using virtual software such as Zoom to conduct site visits this coming year and work closely with BHRS Substance Use Disorder Prevention and Mental Health Prevention.

As board members we will continue to promote Advocacy to our peers and keep learning and working side by side with our county. Alcohol, substance misuse and vaping are increasing in our youth. It is important to raise awareness of the potential harm to their developing brains. These drugs affect mental health, education and put our children at risk for addiction and substance abuse. Frequent use of these substances is associated with changes in the area of the brain involved with memory, decision making, impaired learning and increase risks of psychotic disorders. Through prevention, treatment, and recovery principles into the larger health care system we can increase access to care, improve quality patient care and improve positive outcomes for our community.

Respectfully submitted by Carlos Hernandez Jr., Chair

IMPACT- DEPARTMENT RUN SERVICES COMMITTEE

Committee Chair: Peter Dean

Committee Members: Frank Ploof, Kathy Rupe

Senior Leaders: Debra Buckles and Pam Esparza

During the year from July 1, 2019 to June 30, 2020 this committee will have been merged for three years as the Behavioral Health Board (BHB) that has the oversight of Mental Health and Substance Use Disorder services. Virginia Solorzano volunteered to assume the Chair duties for this committee from Vern Masse in February 2019. In March of 2020 Virginia Solorzano took a leave of absence. Peter Dean is Chair until Virginia Solorzano returns. Senior Staff members were Debra Buckles and Pam Esparza.

The committee goal is to look at areas for improvement in the following System of Cares (SOC); Children's SOC, Adult/Older Adult SOC, Forensic SOC, Substance Use Disorder services and Housing/Employment Services. Each SOC has a Quality Improvement Committee.

The committee invites department run programs to present information regarding their program and the committee conducts a site visit. During site visits, committee members receive further information about the program and are able to see services being provided. Also, during the site visit a standard questionnaire with questions regarding number of consumers served, any overlap of services with other programs, and other questions regarding how a program could be improved are asked. If possible, committee members talk with consumers regarding their experience and satisfaction with the program. If there appear to be corrections needed or ways the program may be improved, committee members follow up with BHRS management.

During FY19/20, the committee had presentations by and/or visited the following programs: Crisis Intervention Team Project and a General Overview of all department run programs.

In June of 2019, committee member Dean had concerns about determining how departments were meeting their defined objectives. Mr. Dean noted that no department operational plans, standard operating procedures, department level organization charts, staff responsibility charts, or Quality Control documents were present. Mr. Dean questioned how a program/department could be reviewed without more detailed knowledge of what and how the objectives of the department are met. In response, Debra Buckles created a 6-month training presentation for all committee members. The training provided a nicely organized overview of the various programs and departments of BHRS including their objectives. This training is the equivalent of receiving a presentation from each of the departments.

Although beneficial in assisting committee members in understanding the general objectives of a department, the 6-month training did not address Mr. Dean's concerns

regarding the ability to review a department. For example, the Family Advocacy department provided a brochure describing that they provided understanding/information/support in seven areas. However, there are no documents describing what these general statements specifically mean, how these general statements are accomplished, the tasks assigned to staff, how work product is tracked, or the budget to accomplish these tasks. Ruben Imperial, Director BHRS, has indicated he is working on creating standards for services to make them more respectful and understandable.

In March of 2020, the COVID-19 pandemic prevented the committee from meeting until safety protocols could be developed. In June 2020, the committee began meeting by conference call. To date Safety protocol for site visits have not been developed. The committee has begun scheduling presentations by teleconference pending the development of site visit protocols.

Surveys conducted by BHRS staff are currently being relied upon to determine if consumer satisfaction and needs are being met.

Respectfully submitted by Peter Dean, Chair

IMPACT – CONTRACT RUN SERVICES COMMITTEE

Committee Chair: Rebecca Clover

Committee Members: Annie Henrich, Mike Shinkel

Senior Leaders: Dawn Vercelli

July 10, 2019 - Presentation

Nasrin Safi, LMFT, BHRS, Quality Service Manager gave excellent information on the Grievance and Appeals Process. Her delivery was thorough and delivered with warmth and caring. Patient's Rights at 800 Scenic Dr., Modesto are provided with assistance for completing forms and the investigation process. They can file by phone anytime and BHRS must process them within 30 days. The investigating supervisor has ten days to complete the investigation and have it reviewed by risk managers. An expedited appeal must be processed within three days. In addition, a client can request a State Hearing for appeal and a judge will uphold or overturn the decision.

Unfortunately, we were unable to approve the Minutes on July 10 because there was only one Board Member present for the Quality Service presentation and two Board Members must be present for approval.

We still need to fill the vacancy left by Amy Thomas who moved out of Stanislaus County in June.

August 14, 2019 – Meeting

Becky Clover summarized discussions held at the Executive Board Meeting. She understood that there might be a Salvation Army presentation concerning Homeless Vets and distributed flyers for the new program. Also, all communications must be by e-mail. There was a discussion about joining with BHRS Department Run Services and it was suggested that we were invited to visit their meetings and explore for more information, in turn, they are invited to attend our Impact Contract Meetings.

At this Impact Contract Run Meeting we discussed future BHRS presentations and identified possible visits for the remaining year. We still need a new member to replace Amy Thomas.

September 11, 2019 – Meeting

Planning was done for future presentations using the BHRS Chief, Substance Services Chart per Senior Leader Dawn Vercelli. It was agreed that Impact Contract Run and Impact Department Run Committees will stand alone and remain separate and that Dawn will be notified of all future visits and presentations.

October 9, 2019 – Presentation

Renee Dicker, Program Director for “The Last Resort” provided an outline of counseling services for Stanislaus County teens and young adults who suffer from substance abuse or alcohol addiction, or dual diagnosis. She passed out several pamphlets describing their outpatient and residential programs.

Outpatient programs are for ages up to 24 and can be three times a week. Inpatient services can only accommodate six residential patients now and they must possess an “at risk” diagnosis. Hopes are great that they will be able to expand the residential facility as the needs are great!!! They also contract with AspiraNet Group Homes. The clients may receive family, equine therapy, physical therapy, academic instruction, and a gym membership.

November 6, 2019 – Presentation

Site Visit Observation to “The Last Resort” Outpatient facility at 3125 McHenry Ave. Modesto. Annie Heinrich and Rebecca Clover were given a tour and questions were answered by Jill Henry, Assistant Director. The Outpatient clinic sees about 10 to 15 clients for 30 to 90 days who are ages 10 to 18 and 18 to 23. All clients are drug tested and the program is very successful for people who are motivated to overcome their problems. They can receive follow-up for a year and can be re-started if under 18.

Since the residential program clients were on an outing, we were fortunate to be able to tour that facility. It is situated in a large converted house on Orangeburg Ave. and can accommodate up to nine inpatients – two to a room. There is a large table for meals and activities, T.V., and the large backyard is inviting for outside recreation too.

The patients may help and learn to prepare meals and basic housekeeping chores for educational purposes. Annie and I were very impressed and hope that “The Last Resort” funding will increase enough to expand this program.

January 8, 2020 – Meeting

Rebecca Clover gave book reports on two books on mental health, that she had recently read, because the scheduled presentation “Friday Night Live” that was planned for December and moved to January could not be given because of BHRS funding changes in the new year.

The books that were briefly summarized and discussed were: “Tell Your Children the Truth About Marijuana, Mental Illness, and Violence” by Alex Berenson and “The Insanity Offense” by E. Fuller Torrey.

February 12, 2020 – Presentation

Jim Rokaitis represented the “Modesto Police Department Party Patrol” program for substance abuse, this is a BHRS contract program led by Jennifer Marsh that networks for mental illness, substance abuse, addiction, alcohol beverage control and teens

drinking under the age of 18. If caught, a teenager can get a citation for youth court, education for alcohol abuse, distracted driver, and a visit to Dual Vocational Prison. He also stated that the marijuana rehab programs are seriously important because the THC levels are now much higher than 30% in the past.

They, also, use decoys as “minors” who try to get an adult to buy them alcohol. If the seller doesn’t check for I.D. and sells to a minor, the seller gets a citation and the risk of losing their liquor license. There is also increasing enforcement against adults who host underage drinking parties.

We were very impressed with the MPD Party Patrol program and with the compassion and likability for teens that Mr. Rokaitis possessed, and we agreed that this is a very important program.

Our Impact – Contract Run Services Committee was delighted to welcome our new member, Mike Shinkel who joined our group in addition to serving on another BHRS committee.

March 11, 2020 – Presentation

A power point presentation was given by “Central Star” in the BHRS conference room by Liz, CFT coordinator, Karissa, program director, and Laura, administrator. There are two programs in Stanislaus County: Pathways to Wellbeing, an intensive home-based service that counsels ages K to 21; and a Full-Service Partnership serving ages 6-17 years. Central Star’s individual services are mainly delivered in the home or community, with groups and psychiatry offered in convenient, community-based locations. There is a Children’s Crisis Intervention Program (CCIP) and AspiraNet Stabilization Program for children. The Full-Service Partnership serves youth who are 6-17 years old, or still in high school, who have been hospitalized multiple times or are at a high risk for multiple crisis. A team approach is used and a BHRS psychiatrist may dispense medications that include intensive counseling 3-5 times a week. At the at age 18, they can transfer to any transitional age youth program or adult system of care, for example Telecare (Josie’s TRAC) or Josie’s Place Service Team are common referrals from this program.

This Central Star staff was engaging, informative, and impressive for the range of help that they attempt, and even succeed, with treatments offered. We thanked them for their kind efforts to help needy persons who experience the pain of a mental illness in Stanislaus County.

Respectfully submitted by Rebecca Clover, Chair