

Happy  
Holidays!

# DIVERSITY, EQUITY, AND INCLUSION

*...a newsletter to address cultural issues that enable us to effectively work in cross cultural situations.*

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***Submitted by: Ruben Imperial, Interim Behavioral Health Director  
Stanislaus County Behavioral Health and Recovery Services***

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Over the last few months, BHRS Senior Leadership has initiated a strategic planning process. The process has been guided by an initial assessment that highlights areas of focus with the aim of setting a direction for the BHRS Department. You can review the assessment focus areas below. One key focus area is developing plans to strengthen our capacity to provide the highest quality behavioral health treatment, using the Results Based Accountability (RBA) planning process. BHRS leadership has developed a draft planning document that defines the core treatment services BHRS provides. The one-page document describes the population BHRS is accountable to serve, performance measures that let us know if our clients are getting better, the treatment services we provide, and the performance measures that will let us know how well the e treatment services are being provided. It's important to note that the Core Treatment Model (CTM) is an initial draft of the base services that BHRS is required as the County's behavioral health provider. We imagine that this document will be further developed and enhanced as we engage our staff and community in defining what is quality behavioral health care and how we provide that care in our community. At the next CCESJC meeting, we will review the CTM and members will have an opportunity to review and begin a dialogue on the CTM through the lens of CCESJC.

## **Summary of Strategic Assessment Areas of Focus**

### **Treatment Capacity-building**

- Develop an overall treatment capacity-building strategy that includes clearly defined evidence-based/best practice interventions, staff training/development, and the number of individuals the system can effectively serve with current resources. The strategy would include recommendations to address current state and federal access compliance issues.

- Substance Abuse Treatment: Develop a vision for a community-wide drug and alcohol treatment system. This vision would include both county and private sector efforts, making up a broad Continuum of Care to effectively serve local priority populations, such as the individuals experiencing homelessness or those identified through our CARE program.

- Homelessness: Develop a homelessness coordinated system of care strategy within the behavioral health system that clearly identifies the number of BHRS clients that are experiencing homelessness, real-time housing and shelter waitlist, and evidence-based interventions. This defined system of care should include interventions for addressing behavioral health issues and accessing the spectrum of care to include prevention, mild/moderate, early intervention and treatment for the Severe Mentally Ill (SMI) population.

- Conservatorship: Develop a strategy to support increased conservatorships that defines the coordination of care, evidence-based interventions, and long-term housing placement. The strategy should clearly define the treatment capacity needed to serve the population, cost for increase conservatorships, and long-term financing projections given the current rate of conservatorships in the county.



**Behavioral Health and  
Recovery Services**



## Highlights of October CCESJC Meeting

### Integrated Forensics Team

The Integrated Forensics Team (IFT) is part of Stanislaus County Behavioral Health and Recovery Services (BHRS), and is located at 500 North Ninth Street, Suite C in Modesto in the Jana Lynn Plaza. It is a Mental Health Services Act (MHSA) funded Full-Service Partnership (FSP) for Justice-Involved individuals who have severe mental health issues and may experience cooccurring symptoms. Participation is voluntary, and the program accepts referrals from Probation, other behavioral health programs, and also accepts walk-ins. Some people may participate for a short term, while others may continue over multiple years.

The program is staffed by 5 Case Managers, 2 Clinicians, 1 Registered Nurse, and 1 Psychiatrist. Over half of clientele served are homeless, some chronically. Many have been diagnosed with Schizophrenia, Schizoaffective Disorder, Bi-polar Disorder, Trauma, and may have cooccurring disorders.

IFT provides several types of group and individual services. IFT takes an Assertive Community Treatment (ACT) approach to engaging and serving their clients. Some groups include Co-Occurring Group, Community Skills Groups, Moral Recognition Therapy (MRT), Dialectical Behavioral Therapy (DBT), Solutions for Wellness, and in the future Wellness Recovery Action Plan® (WRAP®).

If you know someone who may benefit from the services at IFT, please have them come by 500 North Ninth Street, Suite C, Modesto, CA 95350, or call

209-552-2720.


### BHRS Strategic Planning Update

#### Planning Priorities Assessment

- Access & Coordination of Care
- Treatment Capacity-building
  - Core Treatment for SMI/SUD
  - Conservatorship
  - Substance Use Disorders Treatment
- Priority Population: Homelessness
- Administrative & Support

#### CCESJC Partnership and Role

- Plan/Strategy Review
- Learning & Development Partnership
- Homelessness w/SMI
  - CCESJC Lens
- CLAS Standards +
  - Principal Standard
  - Governance, Leadership, and Workforce
  - Communication and Language Assistance
  - Engagement, Continuous Improvement, and Accountability



If you have questions or suggestions regarding Cultural Competence, please e-mail:  
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