



Stanislaus County Behavioral Health Board

Annual Report

Presented to the Stanislaus County
Board of Supervisors
November 2019

ANNUAL REPORT TO THE BOARD OF SUPERVISORS

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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 mental health and substance use disorder needs, services, facilities, and special problems.
- Review the County annual performance contract(s) with the State.
- Advise the Board of Supervisors and the local Behavioral 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 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.
- 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 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 16 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 Native American member, 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.

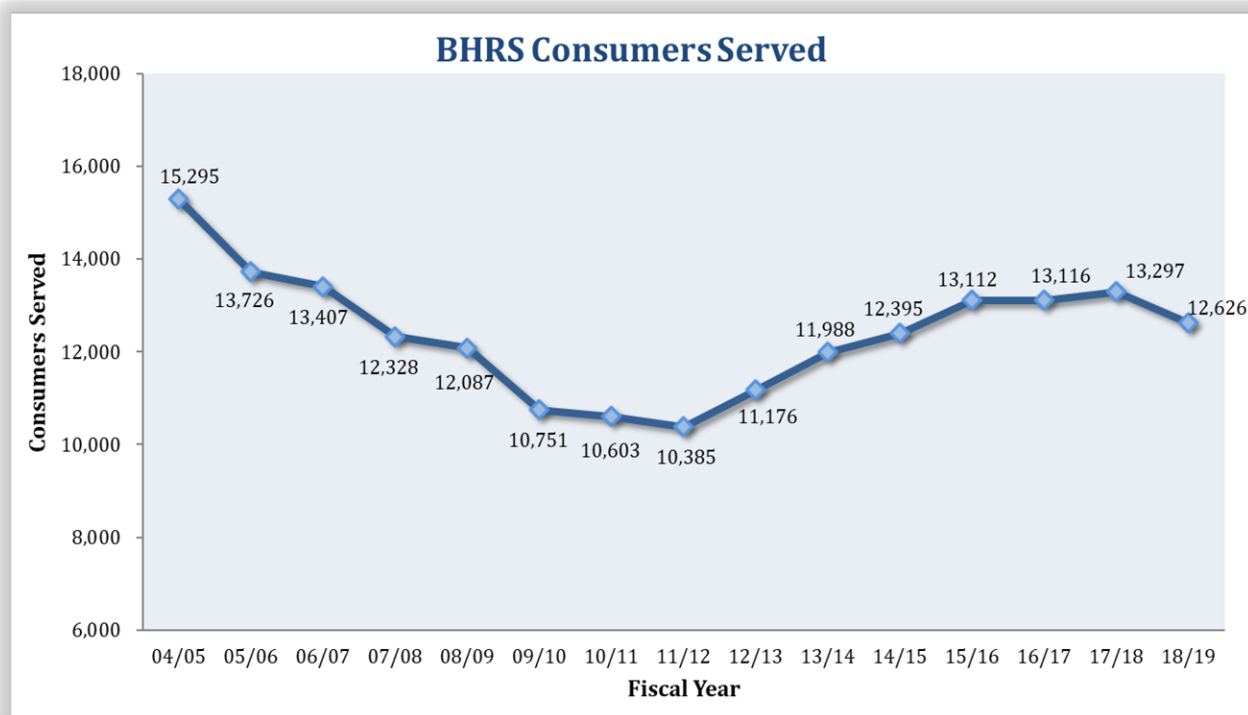
Mental illness and substance use disorder challenges are not confined to individuals, alone. Mental illness and substance use disorders affect family members, businesses, law enforcement, schools and the community as a whole. Those who experience serious and persistent mental illness and/or substance 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.

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 2018-2019 Adopted Final Budget was \$129,746,648, an increase of 9.4% over the prior Fiscal Year. Of the total budget, \$110,592,752 was dedicated for use in mental health programs and \$17,826,138 in substance use disorder programs. The remaining \$1,327,758 was earmarked for use in the public guardian program. Total staffing for the Department, was approximately 485 full-time staff. Behavioral Health and Recovery Services served 12,626 unique mental health and substance use consumers during Fiscal Year 2018-2019. This figure reflects an approximate 13% increase from Fiscal Year 2012-2013. The chart below 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.

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.

BEHAVIORAL HEALTH BOARD MEMBERS

Carlos Hernandez, Jr., Chair

Kathy Rupe, Vice-Chair

Supervisor Terry Withrow

Lt. Gregg Clifton

Rebecca Clover

Peter Dean

Annie Henrich

Carmen Maldonado

Charmaine Monte

Jill Neifer

Officer Thomas Olsen

Frank Ploof

Jerold Rosenthal

Mike Shinkel

Virginia Solorzano

Jack Waldorf

EXECUTIVE SUMMARY

The Behavioral Health Board is pleased to present their 2019 Annual Report to the Board of Supervisors. This has been the second 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 committee activities, data department reports about their agencies and the services offered.

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

- Stanislaus County Opioid Safety Coalition was presented by Dr. Bernardo Mora, BHRS Medical Director. The presentation referenced to the opioid epidemic impacts at the local and national level. Dr. Mora included ongoing projects of the coalition in the areas of Community Education and Outreach.
- Assisted Outpatient Treatment (AOT) Pilot Program was presented by Melisa Hale, Staff Services Coordinator, informing the public about the 3-year pilot project approved by the Board of Supervisors for implementation, co-located at Co-Occurring Disorders program.
- Mental Health Services Act (MHSA) Plan Update Fiscal Year 18-19 was presented by Leng Power, MHSA Manager. The presentation focused on the Short Term Residential Therapeutic Programs (STRTP'S) for children that was presented at the MHSA Stakeholders meeting.
- Mental Health Awareness Month was presented by Dr. Janet Nuñez-Pineda on the five components of Prevention and Early Intervention (PEI). She spoke about outreach for increasing recognition of early signs of mental illness and the program for access and linkage to treatment for SMI/SED.
- Tools for Wellbeing was presented by Yvonne Berenguer, MSW with the California State University Stanislaus Social Work department. Mrs. Berenguer spoke about a mindfulness-based intervention, a mindfulness-based stress reduction curriculum with a goal to promote and support an organizational culture of well-being and resilience.

On July 25, 2019, Mr. Ruben Imperial provided an update on the Department's planning process for the next couple of months comprised of three sections 1. Assessment; 2. Asset mapping; 3. Planning. A handout on the BHRS planning process was included in the meeting packets.

The Behavioral Health Board conducted two ad hoc committees responsible to review existing BHB processes remain current.

Respectfully submitted by Carlos Hernandez Jr., Chairperson.

ADMINISTRATIVE, FISCAL MANAGEMENT COMMITTEE

Committee Chair: Gregg Clifton

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 members Gregg Clifton and Michael Shinkel; and BHRS Managers Kara Anguiano, Christi Golden, DeLayne Oliva, Tina Jamison, Scott Simpson, 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 2018-2019 from seven BHRS units, which include Accounting Services, Administrative Services, Business Office, Contracts, General Services, Human Resources/WE&T Training, and Data Management Services. 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.

	FY 2018-2019 Legal Budget	FY 2018-2019 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	\$ 120,572,428	\$ 113,852,617	\$ (6,719,811)	94.4%
Use of Fund Balance	\$ 8,292,599	\$ 7,486,029	\$ (806,570)	90.3%
Gross Costs	\$ 130,845,951	\$ 123,319,570	\$ (7,526,381)	94.2%
Net County Cost	\$ 1,980,924	\$ 1,980,924	\$ -	100.0%

Gross costs were 5.8% lower than budget 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 reduced usage of fund balance as compared to budget.

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.
- Worked collaboratively with other Department staff to modify the Cash Equivalent policy to enhance internal control. Fiscal Year 2018-2019 internal audit showed a significant improvement in several key areas as a result of the collaborative effort.
- Presented multiple training modules for BHRS staff on the Department and County Purchasing Card policies to ensure continued compliance and minimize audit findings.
- 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 2017-2018. 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, implemented 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 in regard to 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).

Accomplishments from the Business Office

BHRS 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. Mental Health and Substance Abuse Disorder services are billed to Medi-Cal 3 months in arrears to eliminate excess voids and errors in claiming.

Highlights and accomplishments in Fiscal Year 2018-2019 include the following:

- Staffing changes included 2 longtime Account Clerk III's retiring and the hiring of 2 new staff as well as the hiring of a new Business Office Manager.
- The oversight of the division was shifted from the Chief Financial Officer to the Fiscal Manager. This reorganization was implemented to foster collaborative relationships between the Accounting and Business Office divisions. This change will also allow for staff to cross-train between divisions and gain a better understanding of the department as a whole.
- Staff provided training and technical assistance to programs to improve timely billing of services.
- Effective April 1, 2019, substance abuse disorder claims were eligible to be claimed under the California Drug Medi-Cal Organized Delivery System. The shift from claiming services under the Drug Medi-Cal State Plan was a tremendous undertaking. 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.
- In FY 18/19, BHRS experienced a significant amount of programmatic program changes and program closures in the Children's, Adult, and Alcohol and Drug Systems of Care. Business Office staff provided administrative support through the opening and closing of sub-units.
- Business Office staff worked collaboratively with the Medical Records division to implement an improved claim voiding process.
- In Fiscal Year 2018-2019, \$35 million in mental health services was claimed to Medi-Cal with a 1.9% denial rate. \$7.5 million in substance use disorder services was claimed to Medi-Cal with a 4% denial rate. Due to the department claiming schedule and the Medi-Cal timeline for resubmitting denials, this claim data is an estimate.

Accomplishments from Data Outcomes & Technology Services (DOTS)

BHRS 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 2018-19. These include:

- Completed upgrade of HHR environments to the latest Cerner promotion level.
- Partnered with ITC in the deployment technology tools including:
 - Microsoft Office 365
 - CISCO Voice Over IP communications system
 - CISCO Finesse supporting MAT
- Implemented Palo Alto Fire Wall for BHRS.
- Established Project Specification Doc to measure work intake and work load.
 - Top 10/30 Projects list
 - List of Recurring work activities (Projects, Tasks, Initiatives, Etc.)
- Expanded the Smart Phone inventory to include iPhones.
- Upgraded desktops to Windows Service Pack 1903.
- Administered two consumer perception surveys, one in November of 2018 and one in May 2019. A Treatment Perception Survey was added this year that is specifically tailored to SUD consumers. Surveys are State required with optional participation from the consumers.

- EPCS in EHR – Electronic Rx for Controlled Substances.
- Active Directory Clean-up.
- Help Desk now has access to Parallels Console.
- Completed a SWOT Analysis – BHRS Strategic Plan.
- Migration of Computers to Sophos Cloud.
- Completed trial of new WiFi network for the 800 Scenic Campus.
- Implemented “Port Security” at 800 Scenic Campus.

Accomplishments from Contract Services

BHRS Contract Services supports the department by drafting, amending, renewing and terminating agreements, leading the Request for Proposal (RFP) process, managing State contracts, conducting contract monitoring in line with all State and Federal regulations, advising on and drafting Memorandums’ of Understanding and Inter-agency agreements, 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.

- Eighty-nine contracts went to the Board of Supervisors on June 4, 2019, for approval to renew for Fiscal Year 2019-2020 totaling \$56,771,995.
- Contract Services facilitated the process for initiating 7 Request for Proposals in Fiscal Year 2018-2019.
- Contract Services assisted with the Drug Medi-Cal Organized Delivery System (DMC-ODS) implementation by amending 5 Substance Use Disorder (SUD) contracts and implementing 3 new SUD contracts.
- A new Manager II was hired in December 2018.
- A new Staff Services Coordinator was hired in February 2019.
- A new Staff Services Analyst was hired in April 2019.

Accomplishments from Human Resources / Workforce Education and Training

BHRS Human Resources team supports the department through staffing strategies, recruitment and retention efforts, employee and labor relations, employee orientation and injury/illness management.

The Workforce Education & Training (WE&T) 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 reviewed budget and staffing strategies, including renewing, evaluating, and updating approximately 30 Personal Service Contracts.
- Due to a promotion and a retirement, the HR Team hired two (2) new staff.
- Prepared data for MHSa annual report for Fiscal Year 2017-2018.
- HR provided training and updates at the BHRS Clerical Meeting.
- Provided data for the Network Adequacy Reporting (NACT) requirements of the State.
- A SEIU Workforce Action took place from 1/3/19 to 1/16/19 (10 working days) and 1-day in November 2018
- WET continues to partner with MJC for the CASRA program, the number of students applying for this 9-unit Certificate Program continues to increase, i.e. 24 students applied for CASRA support for summer session at MJC
- The County looking at upgrading Oracle & Peoplesoft
- GPS Systems are in every county vehicle as a safety feature.
- Quarterly SEIU meetings Labor Management meetings are taking place
- The WET Volunteer Celebration was 4/26/19
- A committee is reviewing options for a new Learning Management system
- The Mental Health Kickoff Event took place on 5/3/19 to celebrate May is Mental Health month

Accomplishments from General Services:

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 FY2018/19. These include:

- Implemented the Spiceworks work order system self-service portal. This software allows our end user staff to submit work orders directly into a trackable, updatable database, creating a more responsive, and efficient system that what had previously existed.
- Relocated the DMS (now DOTS) Help Desk to 800 Scenic Bldg. A. This move was completed in order to more closely connect the Help Desk staff with the Engineers, providing for more efficient use of staff time and space.
- Relocated all MD and RN services provided through the Children's System of Care to 421 E. Morris. This move allows the services to be provided more efficiently.
- Redesigned and implemented a new key control process, providing more consistent and accurate reporting on what keys are expected to be in the hands of staff.

The Administrative, Fiscal Management Committee is pleased to provide this annual report detailing the efforts of Behavioral Health and Recovery Services managed units and 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 Gregg Clifton, Chair

MANAGED CARE COMMITTEE

Committee Chair: Jack Waldorf

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 AB 109, 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, the 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: Jill Neifer

Senior Leader: Kevin Panyanouvong

Site Visits

- Several board members attended the kick-off Stanislaus Homeless Alliance meeting in the basement chambers of the County building.
- Contributed and attended several of the Stanislaus County Opioid Coalition meetings at Sutter Health Education Center in Modesto.
- Visited the Redwood family center for women/children on a hot summer morning and observed hope in action.
- Visited and volunteered at the Modesto Outdoor Emergency Shelter, formed relationships with staff, volunteers and the community that lives there.

Learning

- Learned that Assisted Outpatient Treatment is a civil court-order for treatment of mental illness (not substance abuse) and utilizes a 24/7 multi-disciplinary approach.
- There were 79 overdose deaths in Stanislaus County in 2018. Narcan kits and education continue to be provided and prescribed to those in need.
- Stanislaus County has a population of approximately 550,000 and in 2016, 567,941 prescriptions for opioids were prescribed, in 2017 & 2018 that number continues to decline due to the collaborative work between Stanislaus County and providers. Well done!
- “Drop the Drug” events have collected over 14,000 lbs. and have been incinerated.
- Stanislaus County has an estimated point-in-time count of over 1,800 homeless individuals on any given night. These are families, college students, mentally ill, substance abusers and employees that cannot afford to live in California’s economic and housing crisis. Along with the lack of shelter, some of these individuals have untreated chronic medical conditions such as diabetes, COPD, substance misuse, heart disease, cancer, HIV, and mental illness. Most have been exposed to trauma, poverty, unemployment and lack of medical care and proper nutrition which undermines their ability to take care of themselves and their families. Activities of daily living are obsolete, and the homeless men, women and children are struggling to survive.

Accomplishments

- The Stanislaus County Opioid Safety Coalition was launched in July 2018 which lead the path for critical discussions, actions and addressing the nationwide opioid epidemic in our community. One of the ways the County works to address the issue locally is by reducing access, especially to teens (Stanislaus County Opioid Safety Coalition). The coalition is a collaborative effort between Stanislaus County, healthcare professionals, community-based organizations, law enforcement, and concerned citizens who have sought and fought for change. On March 27, 2019 Behavioral Health Recovery Services presented the first Stanislaus County Opioid Awareness Summit- Striving for Community Wellness. The event was a huge success with over 500 people in attendance. Several of the BHB members were in attendance. Current health care systems have had challenges in providing the same level of care to substance use disorders and mental illness as it has to other chronic illnesses that affect similar numbers of people. We all know someone with a substance use disorder and or mental illness, and many of us know someone who has lost their life to substance abuse. Stephen Austin Eubanks (October 7, 1981- May 18, 2019) was that someone and the keynote speaker on addiction and recovery for this year's opiate coalition. He was a trauma survivor of the Columbine shooting, his traumatic experience as a teen was the catalyst to his painful journey through addiction. The event was a huge success as Behavioral Health & Recovery Services planned, collaborated and sought creative solutions to educate us all on addiction, trauma and recovery. What do we know about addiction and trauma? Is it an illness and consequence or a symptom of moral frailty? Historically, our society has treated substance abuse, addiction and alcoholism with shame, stigma and misunderstanding while being addressed through the criminal justice system. We can do better! With over 23 million American's in recovery it is important to partner with the recovery community in order to combat the current epidemic of mental and substance use disorders. Behavioral Health and Recovery Services continues to be champions in prevention, educating and the treatment of substance abuse and mental illness. Current health care systems have had challenges in providing the same level of care to substance use disorders and mental illness as it has to other chronic illnesses that affect similar numbers of people. What do we know? Substance use disorder and mental illness is on the rise. Treatment in the United States remains largely segregated from the rest of health care and serves only a fraction of those in need of treatment. According to the surgeon general, only about 10 percent of people with a substance use disorder receive any type of specialty treatment and over 40 percent of people with a substance use disorder also have a mental health condition, yet fewer than half (48.0 percent) receive treatment for either disorder. Including prevention, treatment, and recovery services into the larger health care system will increase access to care, improve quality of services, and produce improved outcomes for our community. Implementation of evidence-based practices can have a benefit of more than \$58 for every dollar spent; and studies show that every dollar spent on substance use disorder treatment saves \$4 in health care costs and \$7 in criminal justice costs. Yet, effective prevention

interventions are not implemented. This separation of substance use disorder treatment from the rest of health care has contributed to the lack of understanding of the medical nature of these conditions, lack of awareness among affected individuals that they have a significant health problem, and slow adoption of scientifically supported medical treatments by addiction treatment providers. We can do better!

- The Modesto Outdoor Emergency Shelter also known as MOES is an established homeless encampment that is located under the 9th street bridge. Currently providing shelter for several hundred residents, while addressing the effects of no affordable housing, mental illness, the medically frail and substance misuse is no easy task. Yet the employees of Turning Point Community Program, BHRS and volunteers continue to press on and serve this most vulnerable community. Recovery from homelessness is a multifaceted process in which motivation is central. Trauma in the lives of the homeless must be understood as a pervasive reality that involves a variety of health-care issues. Most importantly, a politically inclined understanding of trauma creates much needed space to guide responses and programming that address the personal experiences as well as underlying structural causes of homelessness. Stanislaus County and its constituents have stepped up and into the lives of individuals and families experiencing homelessness through outreach and engagement, peer support, finding shelter, jobs and assisting with public benefits to assist in transitioning from homelessness to self-supporting. Thus, the question remains: How can WE remake the relationships between us and transform homelessness, addiction, mental illness and affordable housing? How might we support people by standing beside them? Listening to their stories and creating capabilities? The heart of reaching the most vulnerable is human connection and this is where the magic of change takes place.

Challenges

- The staff of Behavioral Health and Recovery Services have shared concerns about their outdated computer software and could use updated software to make their jobs more efficient.
- The challenges for the committee have been primarily understanding the purpose and practice of the community education/outreach committee. 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. This work is necessary, heartfelt and sincere.

Recommendation

- Allow for Modesto Junior College and California State Stanislaus University Students to receive college credit for participation on Behavioral Health Board and committees to help strengthen committee representation and collaborate with site visits and ideas needed in outreaching and educating the community.

- Trauma-informed care is a strengths-based framework that is grounded in an understanding of traumatic stress and a commitment to purposefully implement strategies to attend to the needs of those who are addressing effects of trauma. It is supporting the individual without judgement and asking, “What happened to you?” rather than “What is wrong with you?” Trauma-informed care is an approach to provide services that considers the possibility that people have experienced or have been exposed to traumatic life events. TIC is an organizational treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Exposure to trauma can contribute to depression, anxiety, PTSD, suicide, homelessness and substance abuse.

Trauma-Informed Practices presents fundamental concepts that behavioral health and other health care providers can use to:

- Become trauma aware and knowledgeable about the impact and consequences of traumatic experiences for individuals, families, and communities.
- Evaluate and initiate use of appropriate trauma-related screening and assessment tools.
- Implement interventions from a collaborative, strengths-based approach, appreciating the resilience of trauma survivors.
- Learn the core principles and practices that reflect TIC.
- Anticipate the need for specific trauma-informed treatment planning strategies that support the individual’s recovery.
- Decrease the inadvertent re-traumatization that can occur from implementing standard organizational policies, procedures, and interventions with individuals, including patients and staff, who have experienced trauma or are exposed to secondary trauma.
- Evaluate and build a trauma-informed organization and workforce.

Through partnering with the medical and recovery communities while utilizing evidence-based practices to enable those with mental and substance use disorders achieve a state of wellness and healing, we can ensure treatment for the younger generations to live healthy, happy and productive lives. We can do better!

Goals and Plans for 2020

- 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.

- The committee will continue to conduct site visits this coming year and work closely with BHRS Substance Use Disorder Prevention and Mental Health Prevention, Early Intervention teams to learn and help support their ongoing effort in stigma reduction and education around SUD and mental illness.

TOGETHER WE ARE STRONGER

Respectfully submitted by Jill Neifer, Chair
References - <https://www.samhsa.gov/>

IMPACT- DEPARTMENT RUN SERVICES COMMITTEE

Committee Chair: Virginia Solorzano

Senior Leaders: Debra Buckles and Pam Esparza

During the year from July 1, 2018 to June 30, 2019 this committee will have been merged for two years as the Behavioral Health Board (BHB) that has the oversight of Mental Health and Substance Use Disorder services. Vern Masse was the Chair of this committee for the first seven months until he decided to resign to focus on other interest. Virginia Solorzano volunteered to assume the Chair duties for this committee on February 2019. 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. Debra Buckles has worked very closely with the committee and has created a calendar for presentations and site visits in advance, which has been very helpful.

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 FY18/19 the committee had presentations by and/or visited the following programs: Community Assessment Response and Engagement, Public Guardian's Estate Management Office, Drug Medi-Cal/Organized Delivery System, Child Welfare, Family Advocates, Day Reporting Center, Turlock Regional Services, Senior Access/High Risk Health, and Parent Partnership.

All programs provided needed services with dedicated staff. Several programs reported difficulty hiring staff due to salary competition with non-profits and other counties. Housing for at risk consumers was a common problem. Consumers sometimes had transportation difficulties getting to programs that were located outside downtown Modesto. In addition, consumers living outside of Modesto had difficulty getting to programs if they did not have their own transportation.

BHRS has focused on meeting consumer needs in several ways. During FY 2018-2019, BHRS implemented the new Drug Medi-Cal Organized Delivery System to offer a full array of substance use disorder treatment (SUD) services. BHRS also is now utilizing peer navigators for both adults and youth to assist consumers in linking individuals to resources and assisting with the access to timely and appropriate services. An indication

of consumers' needs being met is that consumer satisfaction is at 92% according to the State satisfaction survey.

Fiscal Year 2018-2019 Key Statistics

- ◆ 806 (88%) of Medi-Cal assessments for adults and older adults were scheduled within 10 business days.
- ◆ 1,842 (73%) of Medi-Cal assessments for children/adolescents were scheduled within 10 business days. This represents a 19% increase of children scheduled from FY 2017-2018.
- ◆ 12,615 unique consumers were served.
- ◆ 92% of survey responders were satisfied with services.
- ◆ 2,475 individuals, or 43% of the adults, older adults, and children/adolescents in crisis, averted in-patient hospitalization through collaborative efforts.
- ◆ 182 Children/adolescents (12% of those in crisis) were averted from hospitalization through the intensive Aspiranet Stabilization Program (ASP) or the Children's Crisis Intervention Program (CIP).

Respectfully submitted by Virginia Solorzano, Chair

IMPACT – CONTRACT RUN SERVICES COMMITTEE

Committee Chair: Rebecca Clover

Senior Leaders: Dawn Vercelli

This is briefly, the full year of committee operations from July 1, 2018 to June 30, 2019.

During the year, Frank Ploof stepped down from his Chair duties in order to focus more on his work with the “Homeless” projects. Amy Thomas assumed the Chair duty and Rebecca Clover became Co-Chair. Early in June, Amy Thomas moved to another county and Rebecca Clover became Chair for the time being. Senior Staff members were Dawn Vercelli and Shannyn McDonald.

The June 13, 2018 meeting focus was to gain knowledge and insight into BHRS and to suggest improvements if thought necessary. We, also, received an excellent power point presentation from Mike DeRose of Aspiranet who described their family, community, residential, and intensive home- based behavioral health services. There was a future site visit to be scheduled.

The August 8, 2018 meeting discussed plans for review into the next six months and to schedule visits with Sierra Vista, Center for Human Services, Aspiranet, and Central Star.

On September 11, 2018 the Impact committee made a site visit to Aspiranet’s Outreach and Trauma Based Care Program in Turlock. This program currently serves about 120 clients who are seen by a case worker weekly, on average, and that may include short term residential homes. There are two main staffing issues: not enough professionals in the area to hire and pay is not competitive compared to other areas and so wage retention is an issue that desires a remediation.

October 10, 2018 meeting discussed a site visit appointment to Sierra Vista on December 11 made by Sandy Martinez, Adm. Clerk III. We were, also, given the preferred “BHB Impact-Contract Run Services Committee Site Visit – Questionnaire” for the BHB member visits.

December 11, 2018, a site visit was made to The Center for Human Services which is located at 2000 W. Briggsmore Ave., which, by the way, was a functionally remodeled former skating rink. The tour was led by LMFT Steve Collins. Within the building are 10 or 11 clinic rooms that offer counseling services to children and their families. There are play therapy rooms and an assortment of games to help meet the children’s needs. Around 250 persons are employed to facilitate the needs of the young clients. The interior is cheerfully decorated by staff and has a very welcoming atmosphere.

February 13, 2019 Members in attendance were Frank Ploof and Annie Henrich and Staff Shannyn McDonald, Sandy Martinez, Zenya Munoz. Absent were Rebecca Clover and Amy Thomas. Peter Dean was mentioned as a new member of this committee. Review discussions of programs, updates, improvements, and site visits. Schedule a site

visit to McHenry's McHenry Village location. Shannyn shared that Children's System of Care (CSOC) has 28 contacts and serves approximately 5,500 children yearly.

March 13, 2019 Jeff Anderson from Sierra Vista gave us a presentation of services from Sierra Vista. It has a multitude of programs that are committed to caring, both short and long term, from early intervention, perinatal substance abuse, SED children, and SMI adults. Spanish is spoken. There are 125 clients now with three clinicians, one full time and one-half time. The nearest psychiatric hospitals are in Fresno or Sacramento and one closer to Stanislaus County is very desirable. Hospitalization for children under age 10 is not recommended.

April 10, 2019 This is a short summary of the Impact Contract Run Committee's site visit to Sierra Vista Child and Family Services at their 1700 McHenry building. They are the largest Central Valley provider and have been in service since 1972. We were given a tour of the large facility by Outpatient Director Tiffany Rivera. The facility was sparse in décor as they were transitioning from their K Street location. Overall, the program directors were very positive about their resources to help children and parents with fewer hospitalizations, improvement of family relationships, and children fully integrated into school. If salaries could be increased, they felt that retention would be easier for licensed counseling staff remain as they leave too often for more lucrative salaries.

May 8, 2019 Purpose of meeting was to make recommendations on areas that may need improvement. Frank wanted to continue to review a few Telecare contracts per year. Reminder to use the "Site Visit Guidelines" as a template for consistency. Amy confirmed that site visits can be made in lieu of the monthly meetings.

June 12, 2019 Amy Thomas resigned from the BHB Impact Contract Run Committee effective June 30, 2019 to accept a new job in Monterey. Nasrin Safi, BHRS Quality Services Manager gave a report in July as she was unable to present today. Dawn shared that BHRS conducts Consumer Surveys twice a year. Dawn has access to BHRS contracts and will provide exhibits of services/scope of work information for committee presentations and site visits. The Board of Supervisors will determine who will replace Amy Thomas.

Respectfully submitted by Rebecca Clover, Chair