

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

DEPT: Behavioral Health and Recovery Services

BOARD AGENDA # B-8

Urgent

Routine

AGENDA DATE September 16, 2008

CEO Concurs with Recommendation YES NO
(Information Attached)

4/5 Vote Required YES NO

SUBJECT:

Consideration of the Mental Health Board Annual Report

STAFF RECOMMENDATIONS:

Accept the Mental Health Board Annual Report.

FISCAL IMPACT:

There is no fiscal impact associated with this item.

BOARD ACTION AS FOLLOWS:

No. 2008-660

On motion of Supervisor Monteith, Seconded by Supervisor Grover
and approved by the following vote,

Ayes: Supervisors: O'Brien, Grover, Monteith, and Vice-Chairman DeMartini

Noes: Supervisors: None

Excused or Absent: Supervisors: Mayfield

Abstaining: Supervisor: None


1) Approved as recommended

2) Denied

3) Approved as amended

4) Other:

MOTION:



ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

File No.

DISCUSSION:

It is the responsibility of the Stanislaus County Mental Health Board to submit an Annual Report to the Board of Supervisors on the needs and performance of Stanislaus County's mental health system. Attached is the Mental Health Board Annual Report.

This has been an active year for the Mental Health Board (MHB). The Mental Health Board has been extensively involved in several initiatives, which include the following:

- Mental Health Board members attended a public hearing at the March 18, 2008 Board of Supervisors meeting regarding the proposed exclusion of coverage for mental health and substance abuse treatment under the County's Medically Indigent Adult Program. Mental Health Board members, along with community members, consumers and family members, expressed their concern regarding the elimination of providing psychotropic medication for adults with serious mental illness under this program. The Board of Supervisors instructed staff to develop program options and return in 60 days with a proposal. The Mental Health Board held a special meeting on May 8, 2008 to review the proposed recommendations, which included a continuation of the provision of psychotropic medications with psychiatric consultation by Behavioral Health and Recovery Services, and voted unanimously to endorse the recommendations. This was relayed to the Board of Supervisors who accepted staff recommendations. The Mental Health Board will continue to request reports on the progress of the pilot program developed.
- The Stanislaus County Mental Health Board has been involved in the oversight of the operation of Stanislaus Behavioral Health Center since its purchase. Members are invested in ensuring that the psychiatric hospital provides excellent care and treatment. To that end, the Mental Health Board has had a committee dedicated to the operation of the Stanislaus Behavioral Health Center.

In 2007, the Board of Supervisors authorized staff to proceed with negotiations related to the sale of Stanislaus Behavioral Health Center. A public hearing was set to consider the sale of the psychiatric hospital to Doctors Medical Center. Mental Health Board members attended the public hearing and expressed their views. At the meeting, it was announced that Doctors Medical Center planned to appoint a citizen advisory committee to oversee operations of the psychiatric hospital should Doctors Medical Center purchase Stanislaus Behavioral Health Center. At its meeting of June 28, 2007, Mental Health Board members voted unanimously to request that the membership of such an advisory committee include membership from the Stanislaus County Mental Health Board. Following this request, members met with the Chief Executive Officer of Doctors Medical Center. Subsequent to the sale of Stanislaus Behavioral Health Center in October 2007, a citizen advisory board was established by Doctors Medical Center to provide oversight to the psychiatric hospital. Three members of the Mental Health Board are currently members of the advisory committee.

- With the passage of the Mental Health Services Act (Proposition 63), the Mental Health Board has been busy assisting Behavioral Health and Recovery Services (BHRS) with the planning and implementation processes. Over the past year, the Mental Health Board has been involved in the ongoing planning and implementation of the Stanislaus County Workforce Education and Training Program and Expenditure Plan. The Mental Health Board co-sponsored stakeholder meetings with Behavioral Health and Recovery Services. In January 2008, the Mental Health Board held a public hearing regarding the Workforce Education and Training Program and Expenditure Plan submission.
- The Mental Health Board held joint meetings with the Advisory Board on Substance Abuse Programs to better understand and plan for services to persons with co-occurring disorders (mental health and substance abuse). Topics of discussion included a budget report, a presentation on community integration strategies, and a presentation on the Methamphetamine Task Force.
- The Mental Health Board heard and commented on reports related to the proposed County Budget submission for Behavioral Health and Recovery Services and reviewed and supported approval of the Performance Contract with the State.
- The Mental Health Board also requested information and presentations on stigma regarding mental illness, drug addiction and alcohol abuse as well as the Network of Care, an interactive Internet website. The Board also conducted a program review of the Consumer Employment and Empowerment Center.
- The Board continues to seek increased input from consumers and family members by way of Board membership and consistent reporting from consumer groups. Agenda items have been formally added to the Mental Health Board agenda to include consumer announcements and comments and family member announcements and comments.

Members identified the following challenges and priorities for the Mental Health Board:

- With the passage of the Mental Health Services Act (Proposition 63), MHB members have been busy assisting BHRS with the planning and implementation processes. The Mental Health Board plans to be active in assisting Behavioral Health and Recovery Services in the continued implementation of the approved Community Services and Supports Plan and the Workforce Education and Training Plan and in monitoring program outcomes. The Mental Health Board will assist the organization in the planning and implementation of its efforts around Mental Health Services Act funding for Prevention and Early Intervention, Capital and Information Technology, and Innovation. Additionally, the Mental Health Board will conduct public hearings as needed to comply with Mental Health Services Act statutes. Members will also monitor outcomes of Mental Health Services Act programming.

- The Mental Health Board will continue to hold joint meetings regarding mental health and alcohol and drug program issues that support the Behavioral Health and Recovery Services strategic goal of behavioral health integration.
- Mental Health Board members are invested in ensuring that the psychiatric hospital, Doctors Behavioral Health Center, provides excellent care and treatment to individuals with a mental illness. Three members attend the citizen advisory committee established by Doctors Behavioral Health Center to oversee operations at the psychiatric hospital.
- Mental Health Board members will continue to be involved in and support the efforts of the Community Integration and Change Team, which was designed to position Behavioral Health and Recovery Services to develop and enhance the capacity of communities in Stanislaus County to support recovery and wellness for those residents living with a mental illness or alcohol or drug problems.
- Additionally, the Board will continue to advocate for adequate resources to address the significant unmet needs for mental health services that exist in Stanislaus County. Over the past several years, there have been significant reductions in services due to reductions in State funding; failure of the State to pay for certain mandated services and a lack of funding for the increased costs of doing business. This has resulted in programs being eliminated and services being reduced, especially services to individuals with no public or private health insurance coverage. This has hit especially hard on those adults and older adults in need of routine or intensive outpatient services to maintain their independence in the community. It has also hurt the Department's administrative infrastructure that is necessary to meet the ever-increasing funding and compliance requirements. While funding from the Mental Health Services Act will help it will not compensate for the amount of reductions that have occurred.
- During strong economic conditions in the State and County, Behavioral Health and Recovery Services has been able to initiate new and innovative programs within Stanislaus County, and many collaborative relationships have been developed to meet those objectives. However, with the current budget situation, it is more important than ever to find the means of maintaining the forward momentum vital to meeting the needs of the mentally ill in our community. The Mental Health Board is committed to working with Behavioral Health and Recovery Services and the Board of Supervisors to see that the funds necessary to maintain essential programs and services are provided.
- Collaborative efforts were a high priority during the preceding year, and remain so during the tenuous budget year Behavioral Health and Recovery Services is experiencing, and will continue to do so for some time. The need to pull resources between public and community agencies as well as information sharing between other Mental Health Boards remains a primary objective. We will continue to seek information and work with others in the mental health community.

Representatives of the Mental Health Board will be present at the meeting to present the report and answer any questions you may have.

POLICY ISSUES:

Welfare and Institutions Code Section 5604.2 requires that the Stanislaus County Mental Health Board submit an annual report to the Board of Supervisors on the needs and performance of the County's mental health system. Submission of the annual plan supports the Board's priorities of *Effective partnerships* and *Efficient delivery of public services*.

STAFFING IMPACT:

There are no staffing impacts associated with this item.



Stanislaus County Mental Health Board

Annual Report

Presented to the Stanislaus County
Board of Supervisors
September 2008

ANNUAL REPORT TO THE BOARD OF SUPERVISORS

September 18, 2008

**INTRODUCTION
EXECUTIVE SUMMARY
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**ADMINISTRATIVE/FISCAL SERVICES
ADULT SYSTEM OF CARE
OLDER ADULT SYSTEM OF CARE
FORENSICS SERVICES
CHILDREN'S SYSTEM OF CARE
STANISLAUS BEHAVIORAL HEALTH CENTER
MANAGED CARE SERVICES
MENTAL HEALTH SERVICES ACT PROGRAMS**

PRIORITIES/CHALLENGES

ANNUAL REPORT TO THE BOARD OF SUPERVISORS FROM THE MENTAL HEALTH BOARD

INTRODUCTION

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

- Review and evaluate the community's mental health needs, services, facilities, and special problems.
- Review the County annual performance contract(s) with the State.
- Advise the Board of Supervisors and the local Mental Health Director as to any aspect of the local mental health program.
- Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
- Review and make recommendations on applicants for the appointment of a local Director of Mental Health Services. The Board shall be included in the selection process prior to the vote of the Board of Supervisors.
- Review and comment on the County's performance outcome data and communicate its findings to the California Mental Health Planning Council.
- Submit an annual report to the Board of Supervisors on the needs and performance of the County's mental health system. Thus, it is the duty of the Stanislaus County Mental Health Board to provide an annual update to the Board of Supervisors concerning the performance of Behavioral Health and Recovery Services (BHRS). It is the Mental Health Board's honor to present this information to the Board of Supervisors at this time.

The Mental Health Board is comprised of a wide range of individuals representing the diversity of the County population. There are currently 13 members on the Board, comprised of consumers of mental health services, family members of consumers and others interested and concerned about the mental health system. Members include four consumers (31%) and six family members (46%). Four members are both consumers and family members. The Mental Health Board membership includes two Latino members, one African American member and one Asian member. Pursuant to statute, a member of the Board of Supervisors is also a Mental Health Board member. Members of the Mental Health Board are appointed primarily based upon Supervisorial District; however, in an effort to bring the Board to full complement, out-of-district appointments have been used. Board members continually discuss mental health issues with members of the public and seek interested individuals willing to fill vacant positions, as they become available.

Mental Health Board members meet monthly in a public meeting to bring attention to mental health issues, and each member of the Board participates in at least one of seven committee meetings designed to focus on more detailed components of mental health issues. Those committees currently consist of Adult System of Care Committee, Older Adult System of Care Committee, Children's System of Care Committee, Stanislaus Behavioral Health Center/Managed Care Committee, Administrative/Fiscal Committee, Criminal Justice Oversight Committee and the Impact Committee. Additionally, the Executive Committee, consisting of the Chair, Vice-Chair and Committee Chairs, meets regularly with the Director of Behavioral Health and Recovery Services and other staff members to set goals and the future direction for the Mental Health Board. The Mental Health Board also meets twice-yearly with the Advisory Board on Substance Abuse Programs to address issues around co-occurring disorders (mental health and alcohol and drug).

The Mental Health Board is responsible for acting as a liaison to the Board of Supervisors. The Mental Health Board is tasked with identifying issues affecting the community as it relates to mental health needs for consumers and those who advocate for them. Members of the Mental Health Board feel strongly that the needs of individuals with mental illness in Stanislaus County must be given the utmost priority in terms of continued support and resources to maintain the excellent programs that currently exist within the system. Members of the Mental Health Board are committed to this goal.

Mental illness is not confined to individuals, alone. Mental illness affects family members, businesses and the community as a whole. Those who experience serious and persistent mental illness are often homeless, involved in substance abuse and, oftentimes, fall into criminal activity, which can have a profound impact on many different aspects of society. This compounding effect is one reason the Mental Health Board is so concerned about mental health issues, and the Mental Health Board urges the Board of Supervisors to continue its support to Behavioral Health and Recovery Services and the work it has yet to complete.

With the passage of the Mental Health Services Act (Proposition 63), Mental Health Board members have also been busy assisting Behavioral Health and Recovery Services with the planning and implementation processes. Over the past year, the Mental Health Board has been involved in the ongoing planning and implementation of the Stanislaus County Workforce Education and Training Program and Expenditure Plan. The Mental Health Board co-sponsored stakeholder meetings with Behavioral Health and Recovery Services. In January 2008, the Mental Health Board held a public hearing regarding the Workforce Education and Training Program and Expenditure Plan submission. A Public Hearing regarding the Mental Health Services Act Community Services and Supports Programs Report for 2007 was held in July 2008 prior to submission to the State. While MHSA funding is designed to support innovative programming and is focused upon increased community, consumer and family member involvement in the planning and delivery of services, it is only the beginning of transforming how mental health services are delivered to those experiencing severe mental illness or emotional disorders. There will continue to be individuals and populations who are significantly unserved and underserved in Stanislaus County.

During strong economic conditions in the State and County, Behavioral Health and Recovery Services has been able to initiate new and innovative programs within Stanislaus County, and many collaborative relationships have been developed to meet those objectives. However, the portion of the budget for Behavioral Health and Recovery Services that supports programming not funded under the Mental Health Services Act has not kept pace with increased expenses and there are significant shortfalls anticipated now and in the future. With the current budget

situation resulting in program closures and reduced services, it is more important than ever to find the means of maintaining the forward momentum vital to meeting the needs of individuals with mentally illness in our community. The Mental Health Board is committed to working with Behavioral Health and Recovery Services and the Board of Supervisors to see that the funds necessary to maintain essential programs and services are provided.

Collaborative efforts were a high priority during the preceding year, and remain so during the tenuous budget year Behavioral Health and Recovery Services is experiencing, and will continue to experience for some time. The need to pool resources between public and community agencies as well as information sharing between other Mental Health Boards remain primary objectives. The Mental Health Board will continue to seek information and work with others in the mental health community.

This report will highlight some of the programs currently in place at Behavioral Health and Recovery Services. This work is accomplished through several Systems of Care mentioned earlier; the Adult System of Care, Older Adult System of Care, Forensics Services, the Children's System of Care, Managed Care Services and the Stanislaus Behavioral Health Center. Behavioral Health and Recovery Services is responsible for a budget of nearly \$65 million and a staff of approximately 429. Behavioral Health and Recovery Services serves approximately 13,000 clients per year.

EXECUTIVE SUMMARY

This has been an active year for the Mental Health Board. The Mental Health Board has been extensively involved in several initiatives, which include the following:

- Mental Health Board members attended a public hearing at the March 18 Board of Supervisors meeting regarding the proposed exclusion of coverage for mental health and substance abuse treatment under the County's Medically Indigent Adult Program. Mental Health Board members, along with community members, consumers and family members, expressed their concern regarding the elimination of providing psychotropic medication for adults with serious mental illness under this program. Because of this advocacy, the Board of Supervisors instructed staff to develop program options and return in 60 days with a proposal. The Mental Health Board held a special meeting on May 8 to review the proposed recommendations, which included a continuation of the provision of psychotropic medications with psychiatric consultation by Behavioral Health and Recovery Services, and voted unanimously to endorse the recommendations. This was relayed to the Board of Supervisors who accepted staff recommendations. The Mental Health Board will continue to request reports on the progress of the pilot program developed.
- The Stanislaus County Mental Health Board has been involved in the oversight of the operation of Stanislaus Behavioral Health Center since its purchase. Members are invested in ensuring that the psychiatric hospital provides excellent care and treatment. To that end, the Mental Health Board has had a committee dedicated to the operation of the Stanislaus Behavioral Health Center.

In 2007, the Board of Supervisors authorized staff to proceed with negotiations related to the sale of Stanislaus Behavioral Health Center. A public hearing was set to consider the sale of the psychiatric hospital to Doctors Medical Center. Mental Health Board members attended the public hearing and expressed their views. At the meeting, it was announced that Doctors Medical Center planned to appoint a citizen advisory committee to oversee operations of the psychiatric hospital should Doctors Medical Center purchase Stanislaus Behavioral Health Center. At its meeting of June 28, Mental Health Board members voted unanimously to request that the membership of such an advisory committee include at least 50% membership from the Stanislaus County Mental Health Board. They also voted to ask that membership on the advisory committee be a part of the negotiations between Stanislaus County and Doctors Medical Center. Following this request, members met with the Chief Executive Officer of Doctors Medical Center. Subsequent to the sale of Stanislaus Behavioral Health Center in October 2007, a citizen advisory board was established by Doctors Medical Center to provide oversight to the psychiatric hospital. Three members of the Mental Health Board are currently members of the advisory committee.

- With the passage of the Mental Health Services Act (Proposition 63), the Mental Health Board has been busy assisting Behavioral Health and Recovery Services with the planning and implementation processes. Over the past year, the Mental Health Board has been involved in the ongoing planning and implementation of the Stanislaus County Workforce Education and Training Program and Expenditure Plan. The Mental Health Board co-sponsored stakeholder meetings with Behavioral Health and Recovery Services. In January 2008, the Mental Health Board held a public hearing regarding the Workforce Education and Training Program and Expenditure Plan submission. A Public Hearing regarding the Mental

Health Services Act Community Services and Supports Programs Report for 2007 was held in July 2008 prior to submission to the State.

- The Mental Health Board held joint meetings with the Advisory Board on Substance Abuse Programs to better understand and plan for services to persons with co-occurring disorders (mental health and substance abuse). Topics of discussion included a budget report, a presentation on community integration strategies, and a presentation on the Methamphetamine Task Force.
- The Board heard and commented on reports related to the proposed County Budget submission for Behavioral Health and Recovery Services and reviewed and supported approval of the Performance Contract with the State.
- The Mental Health Board also requested information and presentations on stigma regarding mental illness, drug addiction and alcohol abuse as well as the Network of Care, an interactive Internet website. The Board also conducted a program review of the Consumer Employment and Empowerment Center.
- A Mental Health Board member became active in the California Association of Local Mental Health Boards/Commissions and has regularly attended regional and statewide meetings. Stanislaus County has not been an active member in this statewide association for a number of years.
- Members provided input into the External Quality Review Organization onsite review, the Medi-Cal oversight onsite review by the State Department of Mental Health and the Mental Health Services Act site visit.
- Members were involved in the Behavioral Health and Recovery Services Community Integration and Change Team effort designed to develop and enhance the capacity of communities in Stanislaus County to support recovery and wellness for individuals living with a mental illness or alcohol or drug problem.
- The Board has always had more than its share of family member and consumer members, but lacked ethnic diversity. A high priority for the Board was to solicit input and active involvement from diverse individuals. The Board currently has two Latino members, and African American member and an Asian member.
- The Board continues to seek increased input from consumers and family members by way of Board membership and consistent reporting from consumer and family groups. Agenda items have been formally added to the Mental Health Board agenda to include consumer announcements and comments and family member announcements and comments.

This report is similar to the past reports presented to the Board of Supervisors. The following pages will detail the different Systems of Care within Behavioral Health and Recovery Services and outline some of the programs serving the residents of Stanislaus County. The Board looks forward to the challenges facing the County, and will continue working towards providing the best service and the most accurate information available to you, the Board of Supervisors, as well as the community.

**MENTAL HEALTH BOARD
MISSION STATEMENT**

The Stanislaus County Mental Health Board shall advocate for the highest possible quality of life, for the elimination of stigma through education, for removal of barriers to service, and will provide oversight and work in partnership with the staff of the County Mental Health Department.

MENTAL HEALTH BOARD MEMBERS

Robert Angell, Chair

Kimberly Kennard-Lyke, DSW, Vice Chair

Charles E. Aguilar

Francisco Alvarez

Christopher Cataline

Charles J. Grom

Annie Henrich

John J. Jacisin, M.D.

Chip Langman

Supervisor Dick Monteith

Catherine Szakmary

Karl von Spreckelsen

Jack Waldorf

ADMINISTRATIVE/FISCAL SERVICES

Committee Chair: Chip Langman

Budget: \$ 65,034,695 for Mental Health programs

Services provided: Support for all Department functions

Programming Overview and Changes

The Administrative and Fiscal sections of Behavioral Health and Recovery Services are comprised of Accounting, Administration, Business Office/Patient Finance, Contracts, Data Management Services, Facilities/General Services, Human Resources, Performance Measurements and Training. Managers from each of these areas attend the Administrative/Fiscal Committee meetings. This Committee has been in a state of flux for several years, but was reinvigorated and began meeting regularly during the Spring of 2008. The goal of the newly formed committee is to provide a link for the Mental Health Board to administrative functions within Behavioral Health and Recovery Services.

Accomplishments

As the department-wide support team, the Administrative and Fiscal sections are involved in all aspects of Department functions. The tenuous budget situation within the State and County has provided this section with the opportunity to be creative in its provision of services.

Highlights of accomplishments of the past year include:

- Reestablishment of the Administrative Fiscal Committee after a five year gap;
- Development of a new collaborative site located at 500 North 9th Street in Modesto. Behavioral Health and Recovery Services General Services/Facilities worked closely with program management and local contractors to develop a leased site that enabled Behavioral Health and Recovery Services to co-locate four department-run programs previously located in separate facilities, two programs contracted through Telecare Corporation, Inc. that serve similar populations, and two consumer and family advocate organizations, at one service site. Another benefit of this site was that it was accomplished with no additional cost to Behavioral Health and Recovery Services or Stanislaus County.
- As a result of the move to 500 North 9th Street, Behavioral Health and Recovery staff were able to work with the City of Modesto to add a bus stop in front of the site.
- Participation in the negotiations and sale of Stanislaus Behavioral Health Center to Doctors Medical Center of Modesto, including, redirection of 121 full time staff, relocation of 90+ non-hospital staff to other sites and locations within Behavioral Health and Recovery Services, development and monitoring of the various contracts related to the sale and on-going operations, closeout of budgetary items related to Stanislaus Behavioral Health Center, the establishment of a billing system for professional fees, and the transition of the information technology systems from County to privately owned.

Challenges

Budget concerns have been a challenge in this section for several years. Over the last three fiscal years, the Department has seen a growth in funding related to Mental Health Services Act, while at the same time experiencing funding cuts and lack of growth in core Mental Health programs. This has led to rapid expansion in some areas while reducing staff in others. Fortunately, the expansion of Mental Health Services Act programs has provided "landing spots" for a majority of staff who were part of program cuts. The challenge has been to match existing employee skills to new program functions. The Administrative and Fiscal Committee will be heavily involved in efforts to partner with the community to ensure emotional health in Stanislaus County.

Priorities and Outcomes

The priority of the administrative functional areas of Behavioral Health and Recovery Services is to support the needs of consumers and staff while ensuring budgetary proprieties. Additional outcomes from Fiscal year 2007-2008 include:

- Development and monitoring of the Fiscal Year 2007-2008 budget of \$73,307,764;
- Establishment and expansion of a Staff and Consumer Training Unit within the Human Resources unit;
- Initial planning processes for a new Electronic Health Record and Information/Billing System consistent with State requirements;
- Management of 164 on-going contracts and agreements.

ADULT SYSTEM OF CARE

Committee Chairs: Karl von Spreckelsen and Robert Angell

Budget: \$17,995,040

Services Provided: 3,000 individual clients served and 85,000 services provided

The Adult System of Care continues to experience significant changes. Budget reductions in the Adult System of Care continue to impact services to adults with serious mental illnesses for the fourth consecutive year. In 2006, the Adult System of Care experienced the closing of three outpatient regional clinics in the communities of Patterson, Ceres and Oakdale. Regional clinics in Modesto and Turlock were not closed. Currently, some psychiatric appointments for consumers are offered in the communities of Ceres, Oakdale and Patterson. Peer support groups are available as well. Staff from the remaining two regional service sites in Modesto and Turlock provide limited field-based case management services in those locations. However, the overall capacity of the regional team system has decreased by over 350 treatment slots; this is nearly a 30% reduction in the service capacity of the Adult System of Care. Medi-Cal recipients and other high-risk individuals have been prioritized to receive services first. Alternative referrals to other community providers are being made for those consumers who cannot be served. Efforts to partner with community-based organizations are critical in this time of reduced services.

StanWORKs Behavioral Health Services is fully integrated into the Adult System of Care. These services are provided in partnership with the Community Services Agency at the Community Services Agency's Hackett Road and Turlock sites and at the Stanislaus Recovery Center site in Ceres. Integrated alcohol and drug treatment continues to be provided at many Adult System of Care locations. The Integrated Dual Diagnosis Treatment approach continues to be utilized at the regional team service locations in Modesto and Turlock and all service partnerships.

Mental Health Services Act programs in the Adult System of Care are fully implemented and operational. Expanded homeless outreach services on the Westside of Modesto and the addition of a Transitional Age Youth drop-in center are two Mental Health Services Act programs in the Adult System of Care. Contracts with King Kennedy West Modesto Neighborhood Collaborative and El Concilio for outreach efforts have been implemented as well. The Adult System of Care is working with the Health Services Agency's *Promotoras* program, a statewide outreach network of health promoters and community workers who serve as liaisons with Latino communities.

Housing and housing support services continue to be a major focus of Adult System of Care services. Employment, job training and supported employment services are an increased focus for the Adult System of Care. Independent Living, collaboration with medical care providers, education and coping skills are key areas of service as well. Recovery and peer support services continue to be expanded with the idea that not all consumers need to be clients for life and that graduation out of the mental health system can be a positive recovery result.

Stanislaus Homeless Outreach Program (SHOP) is an Assertive Community Treatment team, which serves adults who are homeless and have a serious mental illness and provides continuous street outreach to underserved adults who are homeless and have a serious mental illness. The Mental Health Services Act has funded an expansion of the Stanislaus Homeless Outreach Program specifically targeting the Westside of Modesto to increase capacity and to address disparities in access and quality of care. Additionally, expansion has occurred with added TRAC services, which include three levels of care. Homelessness has been decreased by more than 50% by these programs.

The Garden Gate Respite Center is primarily designed to aid local law enforcement and the Stanislaus Homeless Outreach Program by providing emergency supervised shelter for adults with serious mental illness, who, if left on the street, would be subject to victimization or misdemeanor arrests or citations. The Mental Health Services Act funds an expansion of four additional beds for longer-term engagement.

The Adult System of Care has significantly expanded housing opportunities for mental health consumers by increasing the number of transitional and permanent housing units currently available to this population. This past year, the greatest growth has been again in permanent housing.

Employment services are available to current Adult System of Care consumers interested in pre-employment training, education and access to State Department of Rehabilitation services.

Turning Point Employment Services Program has expanded its career exploration component by adding more janitorial contracts as well as establishing a landscaping crew that has several contracts to provide these services. The Employment Services Program now has a group of on-call, paid consumers who provide assistance with independent living skills to consumers who are homeless or are at risk of losing their housing due to lacking the necessary skills to live independently. The component to assist with independent living skills is fully in place.

The Transition Age Youth Drop in Center, Josie's Place, and Josie's Place Service Team, are Mental Health Services Act funded programs for youth ages 16 to 24. These services are the hub of all transition age youth services. Space is provided for other programs that provide services to this age group, and has specific hours during which clients of the Children's System of Care can attend the Drop in Center. It is also a resource clearing house for this age group. There is an established Young Adult Advisory Council that is actively providing input and direction for Josie's Place activities.

The Wellness Recovery Center offers services for adults with serious and persistent mental illness who are seeking recovery through self-management and peer support. This activity is now housed in new facilities on Ninth Street in Modesto. Peer facilitated groups and activities are free of charge. Medication services are also provided to those consumers who no longer need intensive case management or other services usually provided through regional teams. The Wellness Recovery Center provides a way for consumers who are improving in their recovery to move to a less intensive service level, yet remain connected to Behavioral Health and Recovery Services for needed supports. West Modesto and Turlock Regional Teams are also each developing a wellness recovery level of care component linked to the Wellness Recovery Center in Modesto. Wellness recovery components are also being added to all other Adult System of Care programs. Wellness Recovery efforts rely on consumer volunteers and provide opportunities for consumers to help support other consumers. Wellness Recovery

staff have begun holding monthly wellness celebrations for consumers and family members to share recovery successes. Mental Health Board members have attended these celebrations.

The Integrated Service Agency is a transitional program for consumers in need of intensive services. Consumers meeting criteria are referred to the program through the Adult System of Care and move through the program over a course of several months to two years. Once consumers have achieved and maintained their goals related to housing and employment and appear able to sustain this level of stability without intensive services, they are offered less intensive services provided by the Adult System of Care. This program has been very successful in transitioning individuals from the State Hospital and locked facilities into the community.

Priorities

- Continue to maintain a collaborative relationship with psychiatric hospital staff as the hospital transitions from Behavioral Health and Recovery Services to Doctors Medical Center.
- Continue a wellness recovery approach and continue to use the Milestones in Recovery as well as increased peer and family involvement, including expanded use of peer support groups.
- Better integration of dynamic outcome data in service design.
- Provide culturally competent services in the Adult System of Care. This is an especially challenging issue.
- A supported housing system, which received a substantial State grant to provide housing along with peer support and teaching of independent living skills.
- Continue to move forward with employing consumers.

Outcomes

- The Ninth Street facility co-locates similar programs at a single site, such as East Modesto and West Modesto Regional Teams working side by side. The site also houses the National Alliance on Mentally Illness and the Consumer Network as well as Mental Health Services Act programs. There are three levels of support for wellness and recovery at each site.
- Large housing grant received and implementation has begun.
- Peer support warm line, a Mental Health Services Act program, which was highlighted in the State's *Changing Services, Changing Lives* presentation.
- Mental Health Services Act growth funding received in late 2007 enabled the addition of a Peer Advocacy Team made up of a Peer Recovery Specialist, Benefits Advocacy Specialist, Housing Specialist and Administrative Clerk. This team is shared with three other Mental Health Services Act Full Service Partnership programs and is responsible for creating and developing services to support individuals to develop and maintain sustained resources, thus increasing independence, recovery, and wellness.

OLDER ADULT SYSTEM OF CARE

Committee Chair: Jack Waldorf

Budget: \$2,045,204

Services Provided: 315 individual clients served and 8,102 services provided

Program Overview

Behavioral Health and Recovery Services Older Adult System of Care was established in 1996. In 2001, Behavioral Health and Recovery Services was one of four Older Adult Systems of Care in California that participated in a Substance Abuse and Mental Health Services Administration (SAMHSA) Demonstration Project grant. The Demonstration Project grant, funded through the California Department of Mental Health, established a Senior Access Team. The Senior Access Team provided countywide education and outreach, conducted assessments for older adults in their residences, consulted with primary care physicians, and coordinated the care for those individuals who did not need specialized mental health services.

The primary goal of programs in the Older Adult System of Care is to maintain high quality, senior-focused services. The Senior Access Team, now called the Senior Access Treatment Team is the core program for older adult services. This team focuses on medication services and case management, provides assessments and assists with linkages to outpatient services, including employment and housing. The Mental Health Services Act funded Senior Access Resource Team begun in June 2006, and provides an intensive level of services, including medication services, case management and crisis intervention. This team assists unserved and underserved seniors of Stanislaus County. An alcohol and drug prevention effort designed for seniors completes the array of older adult services available through Behavioral Health and Recovery Services.

The two Senior Access Teams are co-located and work hand-in-hand to serve Stanislaus County seniors. First level services are provided by the Senior Access Treatment Team. Typical clients may be homebound, in board and care facilities, in skilled nursing facilities, or living independently. To be eligible for services, a client must be over 60 years of age, a Medi-Cal beneficiary and have a serious and persistent mental illness. Treatment at this level typically includes case management and/or medication services, and possibly group therapy.

The second level of treatment (the highest level of older adult care) is provided by Senior Access Resource Team. This program is funded by the Mental Health Services Act and provides 24 hour a day, 7 day a week intensive services. Clients may be "transitional aged adults" (55-59 years of age) or anyone over 60 years of age. Typical services provided include case management, medication services, placement, financial help, rehabilitative services, crisis intervention, and individual counseling and/or group therapy. To be eligible for services, a client must have a serious and persistent mental illness (e.g., schizophrenia, major depression, bipolar disorder). The Senior Access Resource Team serves individuals who are unserved as well as those who are underserved. Individuals qualify who may be at risk of losing placement or who are currently homeless. Clients may also be at risk for institutionalization or hospitalization. They may be uninsured be a Medi-Cal beneficiary or be insured under Medicare/Medi-Cal. Privately insured individuals are considered after rigorous screening and advance approval by the System of Care Chief.

Changes

Mental Health Services Act growth funding received in late 2007 enabled the addition of a Peer Advocacy Team made up of a Peer Recovery Specialist, Benefits Advocacy Specialist, Housing Specialist and Administrative Clerk. This team is shared with three other Mental Health Services Act Full Service Partnership programs and is responsible for creating and developing services to support individuals to develop and maintain sustained resources, thus increasing independence, recovery, and wellness.

Accomplishments

- Served 315 Stanislaus County seniors who have a serious and persistent mental illness.
- Transitioned individuals from homelessness to independent living.
- Helped a client who had never socialized to go on job interviews, resulting in a job.
- Ethnically diverse Senior Access Team staff members (African American, Hispanic, Filipino, Caucasian).
- Completed over 200 depression screenings during National Depression Screening Day in Stanislaus County (October 2007).
- Maintained excellent communication with clients' physicians throughout Stanislaus County. In June 2008, 96.8% of Senior Access Treatment Team clients and 95% of Senior Access Resource Team clients had primary care physicians associated with Health Services Agency or in private practice.
- Increased socialization opportunities for all clients. This included trips to the Stanislaus County Fair, Pumpkin Festival, Modesto Nuts baseball game (complete with a tailgate party), Christmas Tree Lane and Daffodil Hill. Two staff members helped chaperone a large board and care group trip to Disneyland. Staff provided Thanksgiving dinner and made holiday ornaments and decorations.
- A California State University, Stanislaus Social Work intern successfully completed field studies with Senior Access this past year.
- Annie Henrich, Vietnamese-American Mental Health Board Older Adult System of Care Committee member, has been accepted as a volunteer at The Bridge in west Modesto to help engage the Southeast Asian population.

Challenges/Needs

Consumer-related

- Transportation. We were successful in recruiting two United Way volunteer consumers and two retirees to provide transportation while the regular driver was out on a lengthy medical leave.
- Budget cuts restricted Senior Access Treatment Team services to Medi-Cal clients. These clients may be served by Senior Access Resource Team as long as all program admission criteria are met.

Staff-related

- Reduction-in-Force process threatened jobs and concurrent medical leaves were big challenges; however, staff members' morale and support stayed strong.
- Senior Access Resource Team was not fully staffed until February 2008, eight months after program start-up.

- Significantly large amounts of paperwork required for Senior Access Resource Team Full Service Partnership data collection and reporting. This unavoidable paperwork is sometimes overwhelming.

Site/Program-related

- Site safety issues: low lighting in rear parking lot; funding for installation of a safety rail in the main hallway.
- Outgrowing space for group activities only one year after move to new facility.
- Increase the number and types of groups offered. For example, add "Seeking Safety" groups for dually diagnosed individuals.

Priorities

Consumer-related

- Improve transportation to increase consumer involvement in the Senior Access Team programs.
- Increase the number of consumer-facilitated support groups.
- Enhance communication with clients' primary care physicians by continued participation in Behavioral Health and Recovery Services' Primary Care Physicians Contact Process Improvement Project.

Site/Program-related

- Collaborate with Behavioral Health and Recovery Services Data Management Services to improve reliability of program reports.
- Focus on the five Essential Elements of the Mental Health Services Act to transform the entire Older Adult System of Care: community collaboration, cultural competence, client/family-driven mental health system, wellness for recovery and resilience, and integrated service experiences.
- Continue to provide outreach to ethnically and racially diverse seniors through health clinics, National Depression Screening Day and the Healthy Aging Summit.
- Continue to conduct a variety of activities to increase socialization and reduce isolation of clients.

Outcomes/Performance

- Older Adult System of Care programs provided 315 individuals a total of 8,102 services in 2007. The Senior Access Treatment Team program capacity is approximately 200 clients. The Senior Access Resource Team program's annual service target is 50.
- Senior Access Resource Team secured housing for or helped retain the residences of an estimated fifteen homeless seniors and seniors at risk of losing their homes.
- The majority of clients served by the two Older Adult System of Care programs were women (69%), 60 to 74 years of age, who live in the Modesto/Turlock area. Seventy-three percent of clients were white, 18% Hispanic, 4% African American, 1% Native American, and approximately 5% from other ethnic groups. Seventy-nine percent spoke English, 9 % Spanish and 6% Assyrian. Most clients suffered from a mood disorder. The majority lived independently, on disability or retirement income. About 40% received Medicare and 38% were Medicare/Medi-Cal beneficiaries.

Cultural Competence

- Senior Access Teams will increase outreach to the monolingual Spanish-speaking community.
- Senior Access Teams will continue efforts to address gender and ethnic disparities through collaboration with El Concilio, West Modesto King Kennedy Neighborhood Collaborative, The Bridge and other community-based organizations and groups.
- Senior Access Teams will develop program information brochures and posters in other languages (e.g., Laotian, Hmong, Cambodian) for posting at popular community locations such as grocery stores and clinics.

FORENSICS SERVICES

Criminal Justice Oversight Committee Chair: Charles Grom

Membership of the Criminal Justice Oversight Committee includes Mental Health Board members, judicial representation, Probation Department representatives, local law enforcement representatives, Sheriff's Department representatives, California Forensic Medical Group, and Behavioral Health and Recovery Services staff. The Committee provides oversight and advice to Behavioral Health and Recovery Services programs connected to criminal justice.

In Fiscal Year 2007-2008, 23.8% of the individuals booked into the Stanislaus County Safety Center had some mental health contact with Behavioral Health and Recovery Services, 15.2% were currently open and receiving services, and 38% of individuals booked who had contact with Behavioral Health and Recovery Services were rearrested. Behavioral Health and Recovery Services feels this illustrates the ongoing need for collaborative efforts between the Criminal Justice System and the organization to better serve adults with serious and persistent mental illness in our community. Current collaborative efforts include the following:

Crisis Intervention Training

Crisis Intervention Training (CIT) is a nationally recognized curriculum for law enforcement officers that originated with the Memphis, Tennessee Police Department in 1988. The development of the local Crisis Intervention Training Program is a collaborative effort between the Modesto Police Department, Stanislaus County Sheriff's Office, Stanislaus County Behavioral Health and Recovery Services, and the Stanislaus Chapter of National Alliance on Mental Illness. The goal of the 40-hour training academy is as follows:

- Reduce use-of-force incidents by officers when encountering emotionally disturbed individuals;
- Reduce related injuries to officer and citizens;
- Reduce misdemeanor arrests among individuals with a serious mental illness;
- Decrease the frequency and amount of time officers spend responding to calls for service with this population;
- Reduce involuntary psychiatric hospitalizations; and
- Improve relationships between law enforcement, local behavioral health and other service providers, and consumers of behavioral health services and their families.

Crisis Intervention Training for law enforcement officers continues to attract interested participants on a regular basis. Currently, the department is providing two academies a year and each class is filled to capacity. Originally, the course was designed for the street level officer, however, Behavioral Health and Recovery Services has opened up this academy to other disciplines in the criminal justice system.

Members of the Probation Department, Sheriff's Adult Detention, Courts and others have attended past academies. The input from those participants has allowed the academy to provide information and education that is unique to Stanislaus County and valuable to those in other jurisdictions. Responses from officers and other graduates has shown that the information and training from these academies has made dealing with individuals with mental illness safer for both officers and citizens. Graduates are more informed about the effects of mental illness

and quicker to use dialogue rather than force in situations that were, previously, considered potentially dangerous.

This spring, leadership from the academies were asked to present to a group of County Administrators who were pursuing initiating Crisis Intervention Training Academies in their areas. San Mateo and Stanislaus Counties were presented as successful Academies and were asked to share information on our programs. Participants from as far north as Sacramento have expressed interest in sending officers to Stanislaus County, which speaks for the quality and relevance of this Crisis Intervention Training Academy.

Crisis Intervention Training Statistics – 2007-2008

- 2 Academies were provided on October 1-5, 2007 and March 17-21, 2008,
- 46 total individuals trained (24 Modesto Police Department, 11 Stanislaus County Sheriff's Office, 4 Manteca Police Department, 4 CSUS/MJC Officers 1 Ceres Police Department, 1 Deputy District Attorney, and 1 Stanislaus County Probation)
- Next Academy – October 2008

Restorative Policing

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

Restorative Policing continues to meet on a monthly basis. In addition, Turlock Police Department has joined the meeting to discuss individuals from Turlock. Modesto Police Department reported a decrease of 126 contacts with individuals who have a serious mental illness and/or co-occurring substance abuse diagnosis from January through June 2007 (668 calls) to January through June 2008 (452 calls). Modesto Police Department contributes this to the collaborative partnerships, Crisis Intervention Training, Restorative Policing and the Mobile Community Emergency Response Team.

Mental Health Court/Integrated Forensic Team

Combined budget for 2007-2008 — \$1,588,688
Individuals served – 93

The Sheriff's Department, in partnership with several other agencies, was successful at receiving a grant funded for 18 months from the Corrections Standard Authority. This grant was used to establish a Mental Health Court in Stanislaus County. The mission of Stanislaus County's Mental Health Court is to hold individuals accountable while enlisting their participation in flexible and intensive treatment programs tailored to their specific assessed needs. The key objective is to prevent the incarceration of individuals with a serious and persistent mental illness by securing their release from jail for appropriate community intervention and treatment services.

The Integrated Forensic Team is a Mental Health Services Act funded Full Service Partnership program. This program makes court-accountable case management services available to 40 individuals with a serious mental illness and/or a co-occurring substance abuse disorder. Services include crisis response, peer support, alternatives to jail, re-entry support and housing and employment services.

Stanislaus County Mental Health Court is planning its first graduation class this fall. Five participants are expected to graduate from the program after a successful 18 months. The Mental Health Court, built on the Drug Court Model, is an example of the collaboration between many county agencies within the criminal justice community. It is this partnership that has enabled the program to succeed from the infancy of the unknown into the foundations for future growth.

Currently, participants are brought into the program upon referral from different sources, but most commonly, after being incarcerated for a minor offense. One of the current graduating participants is a male in his early 20's who has been jailed several times for minor drug related offenses. After the Mental Health Court Deputy assigned to the Public Safety Center intervened, it was discovered this young man did have a mental illness and much of his involvement in the criminal justice system was a result of the illness. He became a part of the Mental Health Court process and is now one of the Mental Health Court's first success stories.

The program averages approximately 20 participants at any given time and the parameters have been reevaluated to serve those most in need. With continued support and constant evaluation, the program has the potential to serve a greater population involved in the criminal justice system for no other reason than having a mental illness.

Accomplishments:

- Stanislaus County continues to have a strong partnership within the Criminal Justice System. Statewide, Mentally Ill Offender Crime Reduction Grant programs have shown an 82% decrease in bookings, 94% decrease in jail days, and a 92% decrease in homeless days by individuals participating in the programs. This demonstrates that these types of partnerships are effective.
- Crisis Intervention Training Academies twice a year
- The Integrated Forensic Team/Mental Health Court move to 500 N. 9th Street and being co-located with similar programs has provided more opportunities for clients.
- Growth of Restorative Policing to other communities.

Anticipated Challenges

- Reorganizing Integrated Forensic Team/Mental Health Court if the Mentally Ill Offender Crime Reduction funding is eliminated.
- Coordinating mental health services upon release of inmates from jail
- Accessing appropriate housing for clients

- Effectively treating individuals who have a serious mental illness and a co-occurring substance abuse diagnosis. 48% of the individuals booked had contact with both a mental health service and a drug and alcohol service. 78% of the individuals who were booked who were currently open to a mental health service were also needing services for alcohol and other drug abuse or addiction. Statewide, Mentally Ill Offender Crime Reduction Grant programs report 83% of the individuals served also have a co-occurring substance abuse diagnosis.

CHILDREN'S SYSTEM OF CARE

Committee Chair: Frank Alvarez

Budget: \$17,225,840

Services provided in 2007-2008: 3,813 clients served, 93,053 services provided

Programming Overview and Changes

The Children's System of Care continues to provide services throughout Stanislaus County to children with serious emotional and behavioral disturbance and their families. In most cases these services are provided with agencies that serve children. Children's System of Care teams are co-located with Child Welfare; Probation; Juvenile Hall; Special Education; Health Services Agency; twenty-three school sites, as well as Headstart and preschool sites; family day care providers; and Family Resource Centers. The model of service provision for the Children's System of Care is community-based, collaborative programming focused on keeping children and families safe, together or in the most family-like setting possible, in school, and out of trouble as well as improving the child's and family's functioning. The core values of family involvement in all levels of services (including policy, program development and leadership), strength-based services building on family and individual strengths, and culturally competent services are consistent throughout Children's System of Care programming. The collaborative partnerships developed over the past 15 years have had a tremendous positive impact on how services are provided. Working with these multidisciplinary teams, families and youth are able to have an integrated plan of service and access the resources of each agency. Many of the Children's System of Care programs have shared funding, and all programs are developed in partnership with families, agencies and staff. The ability of the Children's System of Care programming to produce excellent outcomes is the result of these collaborations. Currently, the Mental Health Services Act essential elements are incorporated into the Children's System of Care values and match well with these values: community collaboration, cultural competence, clients and family driven services, wellness recovery and resiliency focus and integrated services for clients and families.

Accomplishments

The current focus for the Children's System of Care is to work within budget limitations inherent this year, to continue to build collaborations, continue the successful implementation of the Mental Health Services Act programming (Families Together, and Aggression Replacement Treatment Team at Juvenile Justice) and to continue with positive programming as an alternative to hospitalization for children and youth.

With the closure of the children's psychiatric unit in September 2006, programming was developed to avoid out-of-county hospitalizations by diverting youth to a highly intensive alternative in-home program, Aspira Stabilization Program. To date, the Aspira Stabilization Program has served 159 youth during the last fiscal year, of which only four were hospitalized. These minors would likely have been hospitalized without intervention by the Aspira Stabilization Program. Additionally, hospitalizations have decreased by approximately 60% since September 2006, and community and hospital collaboration has lead to a reduction in hospital length of stay overall. This program has been a very successful alternative to inpatient programming.

Additional accomplishments include:

- Increased planning for Mental Health Services Act in the areas of Prevention and Early Intervention;
- Cornerstones of Empowerment which focuses on the rights and responsibilities of consumers and staff;
- Very successful outcomes in the Aggression Replacement Program and expansion to other sites with training from Juvenile Justice program staff;
- Families Together established a Youth Advisory Council (YAC) that consists of six youth who provide input into what youth want at the Center and plan activities throughout the year;
- Families Together increased transportation to isolated clients;
- Implementation of a strategic plan to expand drug and alcohol services to all children's sites, i.e. a universal screening tool for youth was selected and a drug and alcohol expert on each team was Identified;
- Development of a strategic plan to implement developmental assets in relation to resiliency;
- Increased inclusion of consumers and families in all levels of decision-making;
- The Leaps and Bounds program continues to carry out the Specialized Child Care Consultation Project in partnership with Sierra Vista Child and Family Services. The results and outcomes yielded continued funding from the Children and Families Commission of Stanislaus County for Fiscal Year 2007-2008. This funding and programming has produced savings of \$13,042,505 to the County as the result of early intervention with children ages 0 to 5;
- The Passages outdoor program was fully funded by a grant and provided a weeklong outdoor experience for up to 40 children and youth;
- The CAIRE Center, a multi-disciplinary program for child victims, is a collaborative effort. The Center consists of a multi-disciplinary team of Behavioral Health and Recovery Services, Law Enforcement, District Attorney, Victim Witness, and Child Protective Services. Services are provided for children who have experienced trauma and have been victims of abuse. Behavioral Health and Recovery Services has obtained grant funding for two full time Mental Health Clinicians to provide short-term clinical services, as well as resource and referral services for non-offending family members of victims. A strength-based approach is utilized, which is child-centered, family-focused and community-based.

Challenges

- Developing and implementing new programming and continuing to serve families with multiple needs while facing large deficits;
- Ongoing development of the Children's System of Care Committee of the Mental Health Board;
- Sustainability planning for a decrease in funding from the Children and Families Commission;
- Additional paperwork and outcomes tied to new funding;
- Increases in the severity of the emotional problems of the youth and families served as the Children's System of Care faces the second generation of youth affected by birth or life in substance abusing families and finding effective tools for treatment;
- Adopt more Evidenced Based Practice research and training to enhance programming.

Priorities and Outcomes

The Children's System of Care evaluates its performance in a number of areas, and these outcomes are the guides by which the System of Care develops strategies for successful service provision. With fifteen years of data collection experience, there is a wealth of information, including the following:

Reducing Out-of-Home Placement

Stanislaus County Children's System of Care has had one the lowest out-of-home placement rates in the State for a number of years for Levels 12-14 (the highest levels of care). However, in 2007-2008, Stanislaus County experienced an increase in these placements. Nine clients currently are in placement. Three of these clients will be graduating from programs and will be returning to their families within six months. This will yield an average of 6 to 7 clients in placement versus 3 or 4 clients in placement in past years. No children reside in the highest level of care community treatment facilities and no children have entered the State Hospital in over ten years.

Increasing Client Functioning

During this reporting period, approximately 50% of children have made significant improvement in functioning.

Juvenile Drug Court Outcomes

Juvenile Drug Court administered 3,164 drug tests, of which 2,552 (81%) were negative. Five drug free babies were delivered. Eight clients received their GED while in the program, and four clients graduated from the program. In addition, 22,138 placement days were avoided due to Juvenile Drug Court services being provided.

Reducing Recidivism

Ninety-one percent of the youth being served in the Juvenile Justice Mental Health System have not re-offended. Eighty-seven percent of the youth discharged in Fiscal Year 2007-2008 had no re-offenses in the six months post treatment. These rates have been at 85% to 90% for the last six fiscal years.

Staying in school

During this reporting period, 91% percent of the students have attended over 80% of scheduled school days.

Client Satisfaction

90.9% of youth and caregivers surveyed during this reporting period were satisfied with services, a six percent increase from the previous year, continuing the improvement trend.

Cultural Competence

The Children's System of Care has a very diverse staff. All programs have bilingual clerical support, and a minimum of one full-time staff person in all job classifications per program are bilingual in Spanish. Currently, the diversity of 89 staff employed by the Children's System of Care is as follows:

- Hispanic: 31.5%
- African American: 10%
- Native American: 1%
- Caucasian: 54%
- South East Asian: 3.4%

Ethnicity of Clients

Currently the Children's System of Care serves the following diverse client families:

- Hispanic: 37%
- African American: 5%
- Asian American: 2%
- Native American: 1%
- Caucasian: 51%
- Other 4%

Focus with regard to cultural competence will include having a better presence in the South East Asian community and increasing the number of bilingual Spanish speaking Staff. As the Children's System of Care has successfully increased access to more Hispanic families, increased efforts will be made in recruiting multilingual staff. With hiring freezes and fiscal deficits, this will be a challenge, but is an important focus. Continued training of staff in a variety of areas related to cultural competence is ongoing.

STANISLAUS BEHAVIORAL HEALTH CENTER

Committee Chair: Robert Angell

Budget: \$8,783,850 (Based on 4 months)

Services provided: 3,835 patient days and 518 admissions.

Average Daily Census: 31

The annual report for Stanislaus Behavioral Health Center reflects services and outcomes from July 2007 through October 31, 2007, while under the ownership of Stanislaus County. As of November 1, 2007 Doctor's Medical Center assumed ownership and daily operations of Stanislaus Behavioral Health Center.

Stanislaus County purchased Stanislaus Behavioral Health Center in 1994. With the closure of Stanislaus Medical Center, it came under the operating licensure of Doctors Medical Center in 1997, forming a public and private partnership. Stanislaus Behavioral Health Center of Doctors Medical Center functioned under the policies and procedures of Doctors Medical Center. The 67-bed facility provided 24-hour psychiatric inpatient services for adults, children and adolescents

All services offered on the 10-acre campus were provided in a safe and secure setting. A multidisciplinary team, consisting of a psychiatrist, primary care doctor, nurse, mental health clinician, activity therapist, substance abuse counselor, and mental health workers, delivered services. Treatment was individualized, and support was available for family members. Stanislaus Behavioral Health Center provided services to patients of both public and private sectors. Patients were referred to Stanislaus Behavioral Health Center by community agencies, physicians, therapists, schools, family and friends or were self-referred. Fifteen counties contracted for inpatient services, and Stanislaus Behavioral Health Center had contracts with 11 private insurance companies. In an effort to operate cost effectively, Stanislaus Behavioral Health Center welcomed out-of-county and private referrals.

In 2007, the Board of Supervisors authorized staff to proceed with negotiations related to the sale of Stanislaus Behavioral Health Center. A public hearing was set to consider the sale of the psychiatric hospital to Doctors Medical Center. Mental Health Board members attended the public hearing and expressed their views. At the meeting, it was announced that Doctors Medical Center planned to appoint a citizen advisory committee to oversee operations of the psychiatric hospital should Doctors Medical Center purchase Stanislaus Behavioral Health Center. At its meeting of June 28, Mental Health Board members voted unanimously to request that the membership of such an advisory committee include at least 50% membership from the Stanislaus County Mental Health Board. They also voted to ask that membership on the advisory committee be a part of the negotiations between Stanislaus County and Doctors Medical Center. Following this request, members met with the Chief Executive Officer of Doctors Medical Center. Subsequent to the sale of Stanislaus Behavioral Health Center in October 2007, a citizen advisory board was established by Doctors Medical Center to provide oversight to the psychiatric hospital. Three members of the Mental Health Board are currently members of the advisory committee.

The transition of the daily operations of Stanislaus Behavioral Health Center from Stanislaus County Behavioral Health and Recovery Services to Doctors Medical Center occurred on November 1, 2007. A number of staff were hired by Doctors Medical Center. This assisted in the continuity of care for individuals hospitalized at the time. Stanislaus County entered into a Provider Agreement with Doctors Medical Center. This agreement establishes that Doctors Behavioral Health Center will provide comprehensive inpatient psychiatric services for Stanislaus County residents.

Adolescent and Child Inpatient Program

In September 2006, Stanislaus Behavioral Health Center converted the adolescent units beds into adult beds. This transition was needed to have additional adult beds available to avoid diverting adults to out-of-county hospitals. There were also several problems related to operating the unit, including a relatively low census. The average daily census for the unit was six patients. With the development of alternatives to hospitalization for children and adolescents, fewer child and adolescent patients were diverted to out-of-county hospitals than the number of adult patients diverted.

With the closure of the children's psychiatric unit, the Aspira Stabilization Program was developed to divert youth to this highly intensive alternative in-home program to avoid out-of-county hospitalizations for children and youth. This has been a very successful alternative to inpatient programming.

Adult Inpatient Services

Adult services were provided on two separate units. One unit worked with patients experiencing depressive problems, anxiety crises, co-existing disorders (such as depression and drug/alcohol abuse), and more. The other unit was designed for adults with a serious and persistent mental illness. Both programs were structured to provide an individualized treatment approach for recovery.

Fiscal, Staffing and Facility Issues

As a result of the increase in nurse staffing ratios (one licensed nurse to six patients), the cost per patient day increased and revenues at times did not cover the costs. A major challenge was to keep the staffing costs at the budgeted level, and staff the units according to regulatory requirements. The well-documented nursing shortage in California contributed to this challenge. Additionally, the facility is over twenty years old and requires increased maintenance and repairs.

Accomplishments/Outcomes

- Consumer/ Family involvement workgroup met on a monthly basis.
- Warmline and Consumer Empowerment and Employment staff, both of which are Mental Health Services Act Programs, provided outreach services to patients.
- 95% of patients were restraint free.
- Alcoholic Anonymous provided a group on a weekly basis.
- Patient Satisfaction for this reporting period was 92%.
- There was only one employee lost day due to an injury during the four months.

Challenges

- A shortage in the number of psychiatrists and nursing staff at Stanislaus Behavioral Health Center necessitated capping the census.
- Staffing was a challenge with the uncertainty of the transition of Stanislaus Behavioral Health Center to Doctors Medical Center. With the uncertainty, many staff left for other employment. These changes contributed to capping the daily census due to inadequate staffing.
- Staff morale was low due to the pending sale of Stanislaus Behavioral Health Center to Doctors Medical Center and the expected Reduction in Force.
- The average daily census decreased from 46 patients per day to 31 patients per day resulting in less revenue generated for operational costs.

Cultural Competence

Stanislaus Behavioral Health Center provided a bilingual Spanish-speaking staff for every shift. Stanislaus Behavioral Health Center served the following diverse patients:

- White: 67%
- Hispanic/Latino: 17%
- African American: 5%
- Other Ethnic groups: 11%

MANAGED CARE SERVICES

Committee Chair: Robert Angell

Budget: \$10,451,362

Services provided: 8,236 contacts for 5,108 individuals

Community Emergency Response Team (CERT)

Community Emergency Response Team (CERT) provides emergency and urgent services to individuals and families experiencing behavioral health crises. Some urgent psychiatric services are also available. Community Emergency Response Team services are available 24 hours a day/7 days a week. With the sale of Stanislaus Behavioral Health Center to Doctors Medical Center, the Community Emergency Response Team moved to the 800 Scenic Drive campus in Modesto where walk-in services are available. Mental Health Services Act stakeholders overwhelmingly said they wanted community-based psychiatric emergency services. Since the move to 800 Scenic Drive, 72% of CERT services were provided in the community, primarily at Doctors Behavioral Health Center and area emergency rooms.

In June 2007, Behavioral Health and Recovery Services engaged in a partnership with Modesto Police Department, deploying Mental Health Clinicians with Modesto Police Department officers who have been through Crisis Intervention Training in order to respond to mental health calls in Modesto. The Mobile-Community Emergency Response Team (M-CERT) units originally were available two days a week during peak hours. They are now deployed five days a week during peak hours, with plans to expand to weekend hours when Modesto Police Department has sufficient officers trained in Crisis Intervention Training on those shifts. The Memorandum of Understanding with Modesto Police Department was recently renewed, and both organizations remain committed to the partnership. This is an important component in the community-based service delivery model.

This is the second year of the partnership with Turning Point Community Programs who are contracted to provide a consumer and family-driven warm-line and peer support service. This service is co-located with CERT. The consumers and family members who staff the warm-line provide a vital service to callers who are not in acute crisis, but need support and a listening ear. This allows clinical staff to focus on individuals in crisis, but more importantly, provides a needed service we were unable to offer before. It is believed that this level of support helps individuals cope more effectively with problems and avert crises.

Since the move in November 2007, the amount of face-to-face peer support has decreased because most CERT services are now provided in the community. As we plan for the third year of the partnership, we are exploring ways to provide extended crisis intervention services that will increase the opportunity to link individuals and families in crisis with peer support.

Access Line

Staff in this unit provide information regarding access to behavioral health services for Stanislaus County residents utilizing a toll free number. Staff members provide assistance for all callers in finding appropriate contacts for needed services as well as scheduling assessment

appointments for Medi-Cal beneficiaries. Access line staff also refer callers to Mental Health Services Act programs for assessment. The access line is answered 24 hours a day, seven days a week. Access line staff are bilingual and bicultural in Spanish and Assyrian. Outside of normal business hours, the calls are forwarded to CERT or an outside answering service to ensure access at all times.

Assessment Services

Initial assessments for adult Medi-Cal beneficiaries are provided in Modesto and Turlock. Regional team staff arrange for follow-up services for individuals who have been assessed. Assessments for children and older adults continue to be provided at the respective programs. Callers referred to Mental Health Services Act programs are assessed by the programs. Screening for uninsured callers is provided as resources permit. All programs are staffed with bilingual, Spanish-speaking staff or have the ability to access language assistance when needed.

The goal is to provide the assessment within 14 working days of the initial call. During Fiscal Year 2007-2008, 93% of 1,182 adult Medi-Cal beneficiaries were assessed within the timeline. 71% of 640 children and adolescents received an assessment within 14 days, as did 66% of 137 older adult Medi-Cal beneficiaries.

Workplace Wellness

Workplace Wellness provides Employee Assistance (EA) services for county employees and their dependents. Services include assessment and referral for a variety of behavioral health issues, psycho-educational group offerings, supervisor training and consultation, critical incident stress debriefing services, and other workplace interventions. This unit publishes a quarterly newsletter for Stanislaus County employees. In the last fiscal year, Workplace Wellness experienced a 12% increase in counseling sessions provided. This program served a very diverse group of employees. Family problems and personal stress were the primary reasons employees sought Employee Assistance services. In addition, attendance at Workplace Wellness workshops, critical incident debriefings and consultations increased 8% over last fiscal year. About 85% of all workshop participants felt that the workshops had great job applicability, helping them become more efficient and effective in their jobs. Also, close to 98% felt that their participation in the workshops was worth the time and effort.

Managed Care Administration

Managed Care Administration staff provide a variety of activities including authorization of Medi-Cal services, reviewing inpatient documentation for medical necessity, quality assurance, and payment of claims. The unit's clinical staff authorizes ongoing outpatient services and manages inpatient review processes.

Accomplishments

- Successful transition of Community Emergency Response Team and Utilization Management from Stanislaus Behavioral Health Center to 800 Scenic Drive campus
- Significant increase in CERT community-based services (9% to 72%)
- Successful partnership with Modesto Police Department
- Warm-line/peer support services recognized as model program
- Most adult Medi-Cal beneficiaries receive assessment within 14 days of initial call

Challenges

- Limited resources for uninsured individuals
- Anticipated influx of Iraqi refugees to area who are expected to need behavioral health services
- Managing access to limited inpatient psychiatric beds
- Expected impact of proposed State budget reductions

MENTAL HEALTH SERVICES ACT PROGRAMS

On January 24, 2006, Stanislaus County became the first California County to receive funding under the Mental Health Services Act to *transform* the public mental health system in Stanislaus County. Individuals eligible for services under the Mental Health Services Act are children and adolescents under age 18 who are severely emotionally disturbed, and adults and seniors with serious mental illnesses. These target populations require the presence of specific psychiatric diagnoses combined with serious functional impairments.

A comprehensive Community Services and Supports Three-Year Plan was required by the State Department of Mental Health. Mental health services were developed based on an intensive community stakeholder process. The services are provided through programming in one of three categories, Full-Service Partnerships ("whatever it takes"), General System Development, or Community Outreach and Engagement. Mental Health Services Act programs are as follows:

Westside Homeless Outreach Program

The Westside Homeless Outreach Program is an expansion to the existing Stanislaus Homeless Outreach Program of individuals with serious mental illness. The expansion is aimed at providing culturally and linguistically appropriate services to the Westside of Modesto and South Modesto. This Full Service Partnership program serves transition age youth, adults and older adults.

Juvenile Justice Full Partnership

The Juvenile Justice Full Partnership Program provides 24 hour a day, 7 day a week crisis response services and on-site intensive mental health services to high-risk youth in the Juvenile Mental Health Program with a diagnosis of a serious emotional disturbance, and who are on probation. This Full Service Partnership program serves children, youth, transition age youth and their families.

Senior Access and Resource Team

The Senior Access and Resource Team provides skilled geropsychiatric assessment and comprehensive services (group therapies, case management services and linkages to other necessary services), for individuals with serious mental illness. This Full Service Partnership program serves adults and older adults.

Health/Mental Health High Risk Team

The Health/Mental Health High Risk Team provides intensive, integrated services to individuals who have both a serious mental illness and significant co-occurring health conditions (e.g., diabetes mellitus or hypertension) that require ongoing, and often frequent and costly, treatment from primary care providers. Health conditions that are prevalent among individuals from racial and ethnic populations as well as those conditions that may be worsened by psychotropic medications will be the focus of this collaborative team approach. This Full Service Partnership program serves adults and older adults.

Integrated Forensic Team

The Integrated Forensic Team makes court-accountable case management services available to individuals with a serious mental illness and a co-occurring substance abuse disorder. Services include crisis response, peer support, alternatives to jail, re-entry support and housing and employment services. This Full Service Partnership program serves transition age youth and adults.

Transitional Age Young Adult Drop-In Center

The Transitional Age Young Adult Drop-In Center, Josie's Place, provides peer support along with information and referral for employment, housing and education for young adults. The Center acts as a "front door" engagement effort for unserved and underserved individuals with a serious mental illness and serves as a critical entry point for young adults from racially and ethnically diverse communities who usually do not access the mental health system in the more traditional way. This General System Development program serves transition age youth.

Community Emergency Response Team

The Community Emergency Response Team (CERT) is a broad system redesign effort, leveraging and enhancing resources in the existing Behavioral Health and Recovery Services Emergency Services program. The use of consumer and/or family volunteers and employees are paired with the professional interventions needed in crisis situations. This General System Development program serves children, youth and families, transition age youth, adults and older adults. The Community Emergency Response Team work group, charged with redesigning emergency services delivery made recommendations to Senior Leadership which were accepted. Included in the recommendations was a proposal from Modesto Police Department to pair Behavioral Health and Recovery Services clinicians with specially trained Modesto Police Department officers to respond to mental health calls in the community. In June 2007, the partnership began with joint Mobile-CERT units deployed in Modesto.

As part of the Community Response Team program redesign, Turning Point Community Programs was awarded a contract to provide 24-hour warm line and on-site peer support services. Consumer and family member staff and volunteers provide services located adjacent to Emergency Services.

Families Together

Families Together is an enhancement and expansion of the Family Partnership Center to improve supports and services for youth with serious emotional disturbance and their families. Services include advocacy, case management, family and individual respite and wraparound services. This General System Development program serves children, youth and families and transition age youth and families.

Consumer Employment and Empowerment Center

The Consumer Employment and Empowerment Center is for all consumer and family organizations and is staffed by consumers. Employment services focus on assisting individuals with goals related to volunteerism, supported employment and competitive employment options. This General System Development program serves transition age youth, adults and older adults.

Outreach and Engagement Services

Outreach and Engagement Services provides outreach and engagement to individuals with serious mental illness and serious emotional disturbance in partnership with racially and ethnically diverse community-based service organizations to eliminate racial and ethnic disparities in the access to services and increase the amount and timeliness of services. Contracts were awarded to two community groups, i.e., El Concilio and West Modesto King Kennedy Neighborhood Collaborative.

Garden Gate Crisis Outreach Program

The Garden Gate Crisis Outreach Program is an expansion of the current crisis housing program, increasing the number of beds by four and adding an intermediate stay component for individuals with serious mental illness who are homeless or at risk of becoming homeless. This Outreach and Engagement program serves transition age youth, adults and older adults.

Dual Disorder Programming

Although not an actual Mental Health Services Act program, this service has been developed to meet the needs of consumers who will be served in Mental Health Services Act programs. Stanislaus Recovery Center designated eight beds in the Adult Residential program to serve adults and older adults with co-occurring mental health and substance abuse disorders. The program is fully operational. The success of this program led to an expansion of services at the day treatment level of care. Having this "step down" to outpatient care further increases the likelihood of maintaining achievements obtained during the residential stay. This program serves a diverse population with Caucasian (62%), Hispanic (30%), and African American (4%) representing the most frequently served ethnic groups. It should be noted that over the last few months, a workgroup has been working on improving penetration of African American clients. Successful completion of the program occurred for 57% of the clients. This is very impressive given that successful completion rates for individuals without co-occurring disorders ranges between 40% and 60%.

As noted above, the completion statistics reflect only individuals participating in a Mental Health Services Act Full Service Partnership program. This program also attempts to serve other individuals with co-occurring disorders if there are slots available in the program. This has been extremely helpful to clients who, in many cases, have never been successful in treatment because both their mental health issues and their substance abuse issues were never treated at the same time. Since only those clients that are linked with an Full Service Partnership program are able to reliably obtain psychotropic medication, it continues to be a challenge to meet the enormous demand for these services with our limited resources.

PRIORITIES/CHALLENGES

In the coming year the Mental Health Board will face a number of challenges similar to those faced by the Behavioral Health and Recovery Services including the following:

- With the passage of the Mental Health Services Act (Proposition 63), MHB members have been busy assisting BHRS with the planning and implementation processes. The Mental Health Board plans to be active in assisting Behavioral Health and Recovery Services in the continued implementation of the approved Community Services and Supports Plan and the Workforce Education and Training Plan and in monitoring program outcomes. The Mental Health Board will assist the organization in the planning and implementation of its efforts around Mental Health Services Act funding for Prevention and Early Intervention, Capital and Information Technology, and Innovation. Additionally, the Mental Health Board will conduct public hearings as needed to comply with Mental Health Services Act statutes. Members will also monitor outcomes of Mental Health Services Act programming.
- The Mental Health Board will continue to hold joint meetings regarding mental health and alcohol and drug program issues that support the Behavioral Health and Recovery Services strategic goal of behavioral health integration.
- Mental Health Board members are invested in ensuring that the psychiatric hospital, Doctors Behavioral Health Center, provides excellent care and treatment to individuals with a mental illness. Three members attend the citizen advisory committee established by Doctors Behavioral Health Center to oversee operations at the psychiatric hospital.
- Mental Health Board members will continue to be involved in and support the efforts of the Community Integration and Change Team, which was designed to position Behavioral Health and Recovery Services to develop and enhance the capacity of communities in Stanislaus County to support recovery and wellness for those residents living with a mental illness or alcohol or drug problems.
- Additionally, the Board will continue to advocate for adequate resources to address the significant unmet needs for mental health services that exist in Stanislaus County. Over the past several years, there have been significant reductions in services due to reductions in State funding; failure of the State to pay for certain mandated services and a lack of funding for the increased costs of doing business. This has resulted in programs being eliminated and services being reduced, especially services to individuals with no public or private health insurance coverage. This has hit especially hard on those adults and older adults in need of routine or intensive outpatient services to maintain their independence in the community. It has also hurt the Department's administrative infrastructure that is necessary to meet the ever-increasing funding and compliance requirements. While funding from the Mental Health Services Act will help it will not compensate for the amount of reductions that have occurred.
- During strong economic conditions in the State and County, Behavioral Health and Recovery Services has been able to initiate new and innovative programs within Stanislaus County, and many collaborative relationships have been developed to meet those objectives. However, with the current budget situation, it is more important than ever to find the means of maintaining the forward momentum vital to meeting the needs of the mentally ill in our community. The Mental Health Board is committed to working with Behavioral

Health and Recovery Services and the Board of Supervisors to see that the funds necessary to maintain essential programs and services are provided.

- Collaborative efforts were a high priority during the preceding year, and remain so during the tenuous budget year Behavioral Health and Recovery Services is experiencing, and will continue to do so for some time. The need to pull resources between public and community agencies as well as information sharing between other Mental Health Boards remains a primary objective. We will continue to seek information and work with others in the mental health community.