

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

DEPT: Behavioral Health and Recovery Services

BOARD AGENDA # B-15

Urgent

Routine

CEO Concurs with Recommendation YES  NO   
(Information Attached)

AGENDA DATE October 20, 2009

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:

On September 16, 2009, the Board of Supervisors approved a Final Budget for Behavioral Health and Recovery Services of \$73,750,977. Of this amount, \$67,215,488 funds public mental health services in Stanislaus County. Services range from crisis services, acute psychiatric hospitalization, and hospitalization in State Hospitals to outpatient mental health services, which includes Mental Health Services Act programming, as well as education and outreach.

BOARD ACTION AS FOLLOWS:

No. 2009-708

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

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

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1)  Approved as recommended

2)  Denied

3)  Approved as amended

4)  Other:

MOTION:

*Christine Ferraro*

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:

- The Mental Health Board held five public hearings over the past year related to the Department's submission of planning documents for Mental Health Services Act funding.
- During the budget planning process, the Mental Health Board held a special meeting in collaboration with the Advisory Board on Substance Abuse Programs to receive a presentation of the Department's budget strategies and to offer input into planning for both current and subsequent years.
- The Mental Health Board has been a strong advocate for Behavioral Health and Recovery Services' move toward building the community's capacity to build and maintain an emotionally healthy community. The Mental Health Board was one of the sponsors of the Prevention Summit in May, 2009, which hosted 300 attendees in workshops focused on community and youth development, resiliency, and emotional health.
- Mental Health Board members serve on the California Association of Local Mental Health Boards and Commissions as that organization's First Vice President, Region Coordinator and Alternate Regional Director for the Central Region. The Mental Health Board Chair was active in the statewide conference planning committee and was a workshop presenter for that event. Four members from Stanislaus County attended the conference.
- Following the sale of Stanislaus Behavioral Health Center to Doctors Medical Center in 2007, the Mental Health Board advocated to be involved in a community-based advisory committee focused on Doctors Behavioral Health Center hospital operations. Two Mental Health Board members serve on the Doctors Behavioral Health Center Community Advisory Board that meets on a quarterly basis.
- Mental Health Board members participated in an annual State audit of Department operations performed by the State's External Quality Review Organization.
- The Mental Health Board's Impact Committee has agreed to work with Behavioral Health and Recovery Services in its efforts to plan, develop and implement result-based outcome measures related to programming and service development in the coming year. In addition, the Impact Committee will be working with the California Mental Health Planning Council (a state-level group operating within the State

Department of Mental Health) to review and report on Stanislaus County mental health outcome indicators on an annual basis.

- In addition, the Mental Health Board has been a supporter of the GI Forum's Family Violence Program, the Mental Health Court program, the National Alliance for Mental Illness' local chapter trainings, and the Art Walk and Music Festival events. These events are focused on the reduction of stigma and the community's inclusion of individuals who struggle with mental health issues.
- The Mental Health Board meets jointly with the Stanislaus County Advisory Board on Substance Abuse Programs twice each year in acknowledgement of the Department's emphasis on co-occurring disorder services.
- Board members participated in hiring panels for management positions in Behavioral Health and Recovery Services and in contract selection processes.
- Board meeting agendas include regular announcements and reports from consumer and family advocacy groups, and the Mental Health Board is committed to community participation and visibility. They took their meetings to Patterson, Turlock, and the El Concilio offices in Modesto over the past year.

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

- With the passage of the Mental Health Services Act (Proposition 63), members have been busy assisting Behavioral Health and Recovery Services 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 Plans and in monitoring program outcomes. 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. Members will continue to attend the citizen advisory committee established by Doctors Behavioral Health Center to oversee operations at the psychiatric hospital.
- 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.

- 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 ensure 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. The need to pull resources between public and community agencies as well as information sharing between other Mental Health Boards remains a primary objective. Members will continue to participate on the California Association of Local Mental Health Boards and Commissions.
- Mental Health Board members will be heavily involved in Behavioral Health and Recovery Services' efforts to strengthen communities' capacities to promote the well being of its members and to promote emotional health in Stanislaus County.

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  
October 2009

# ANNUAL REPORT TO THE BOARD OF SUPERVISORS

October 20, 2009

INTRODUCTION  
EXECUTIVE SUMMARY  
MISSION STATEMENT  
MENTAL HEALTH BOARD MEMBERS

CHILDREN'S AND TRANSITIONAL AGE YOUTH SYSTEM OF CARE COMMITTEE  
ADULT SYSTEM OF CARE COMMITTEE  
OLDER ADULT SYSTEM OF CARE COMMITTEE  
ADMINISTRATIVE/FISCAL SERVICES COMMITTEE  
CRIMINAL JUSTICE OVERSIGHT COMMITTEE  
MANAGED CARE COMMITTEE  
IMPACT COMMITTEE

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 14 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 (29%) and nine family members (64%). The membership includes a total of 10 members (71%) who are consumers or family members. Three 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 illnesses 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 members urge the Board of Supervisors to continue its support of 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. 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. Over the past year, the Mental Health Board held five public hearings regarding Mental Health Services Act Plans.

During strong economic conditions in the State and County, Behavioral Health and Recovery Services was able to initiate new and innovative programs within Stanislaus County, and many collaborative relationships were 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. A Special Board Meeting was held to hear information on the Behavioral Health and Recovery Services budget deficit, budget strategies and staffing and program impacts of the deficit. With the current budget situation resulting in program closures, staff reductions 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. Members held meetings in Patterson and at El Concilio for the Spanish Speaking in Modesto to solicit input and encourage community involvement. The Mental Health Board will continue to seek information and work with others in the mental health community.

The Stanislaus County Mental Health Board is a member and strong participant of the California Association of Local Mental Health Board and Commissions. Currently, Stanislaus County representatives serve as First Vice President, Central Region Coordinator and Central Region Alternate Director. Quarterly reports are submitted to the Association regarding membership, current issues being addressed by the Mental Health Board, methods used to ensure citizen involvement, status of the County's Mental Health Services Act Plan and current County performance outcome data.

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 \$72,289,377 and a staff of approximately 326. Behavioral Health and Recovery Services served 9,439 clients in Fiscal Year 2008-2009. As resources decrease, the number of clients served has also decreased. With the budget deficit faced by Behavioral Health and Recovery Services, this trend will continue.

## EXECUTIVE SUMMARY

The Mental Health Board continues to be well-attended, active, and engaged in supporting Behavioral Health and Recovery Services through their involvement in several initiatives, including the following:

- The Stanislaus County Mental Health Board held five public hearings over the past year related to the Behavioral Health and Recovery Services' submission of planning documents for Mental Health Services Act funding. These included hearings for Community Services and Supports Plan Annual Update; Capital Facilities and Information Technology Components; Prevention and Early Intervention Plan; Workforce, Education and Training funding augmentation; and Prevention and Early Intervention Funding Assignment. In addition, Mental Health Board members were active in the Prevention and Early Intervention stakeholder planning process and community informational meetings held to inform members of the public about the Mental Health Services Act plans.
- During the budget planning process, the Mental Health Board held a special meeting in collaboration with the Advisory Board on Substance Abuse Programs to receive a presentation of the Behavioral Health and Recovery Services budget strategies and to offer input into planning for both current and subsequent years. Members are interested in the State budget and legislative activities related to the area of mental health and have standing agenda items on their monthly meeting agenda for updates.
- The Mental Health Board has been a strong advocate for Behavioral Health and Recovery Services' move toward building the community's capacity to build and maintain an emotionally health community. The Mental Health Board was one of the primary sponsors of the Prevention Summit in May, 2009, which hosted 300 attendees in workshops focused on community and youth development, resiliency, and emotional health.
- Mental Health Board members actively participate in Board Committees for various divisions of the Department, which are expanded upon in this report. In addition, Mental Health Board members serve on the California Association of Local Mental Health Boards and Commissions as that organization's First Vice President, Region Coordinator and Alternate Regional Director for the Central Region. The Mental Health Board Chair has been active in the California Association of Local Mental Health Board and Commissions' statewide conference planning committee and was a workshop presenter for that event. Four members from Stanislaus County attended the conference.
- Following the sale of Stanislaus Behavioral Health Center to Doctors Medical Center in 2007, the Mental Health Board advocated to be involved in a community-based advisory committee focused on Doctors Behavioral Health Center hospital operations. Two Mental Health Board members serve on the Doctors Behavioral Health Center Community Advisory Board that meets on a quarterly basis.
- Mental Health Board members participated in an annual State audit of Behavioral Health and Recovery Services operations performed by the State's External Quality Review Organization.
- Members also reviewed the Department's Performance Contract with the State Department of Mental Health.

- The Impact Committee has agreed to work with Behavioral Health and Recovery Services in its efforts to plan, develop and implement results-based outcome measures related to programming and service development in the coming year. This action aligns with that Committee's interest in measuring the effectiveness of Mental Health Services Act programming. In addition, the Impact Committee will be working with the California Mental Health Planning Council (a state-level group operating within the State Department of Mental Health) to review and report on Stanislaus County mental health outcome indicators on an annual basis.
- In addition, the Mental Health Board has been a supporter of the GI Forum's Family Violence Program, the Mental Health Court program, the National Alliance for Mental Illness' local chapter trainings ("Family to Family", the Provider trainings, and "In Our Own Voice" programs), and the Art Walk and Music Festival events. Board members attended several Behavioral Health and Recovery Services community based events, including a "May is Mental Health Month" film screening of The Soloist and events held by West Modesto King Kennedy Neighborhood Collaborative and Modesto Junior College. All of these events are focused on the reduction of stigma and the community's inclusion of individuals who struggle with mental health issues.
- The Mental Health Board meets jointly with the Stanislaus County Advisory Board on Substance Abuse Programs twice each year in acknowledgement of the Department's emphasis on co-occurring disorder services. Mental Health Board members have also attended other neighboring counties' Mental Health Board meetings and are considering planning a joint meeting for the region.
- The Board requested information and presentations on Community Integration and Capacity Building, the Department's Managed Care and Housing programs, Co-occurring Disorder Treatment, Mental Health Services on the County's West side, El Concilio, the Crisis Intervention Training program (a law enforcement collaboration) and Mental Health Board roles and duties.
- Board members participated in hiring panels for management positions in Behavioral Health and Recovery Services and in contract selection processes.
- The Board's membership is a well-balanced mix of consumers, family members, and community members, with strong ethnic diversity. It is not unusual for every member of the Mental Health Board to be in attendance at its monthly meetings.
- Board meeting agendas include regular announcements and reports from consumer and family advocacy groups, and the Mental Health Board is committed to community participation and visibility. They took their meetings to Patterson, Turlock, and the El Concilio offices in Modesto over the past year.

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. Behavioral Health and Recovery Services is responsible for a budget of \$72,289,377 and a staff of approximately 326 employees. Behavioral Health and Recovery Services served 9,439 clients in Fiscal Year 2008-2009. In the coming year, the Mental Health Board expects to continue to support the Board of Supervisors' and Behavioral Health and Recovery Services' strong commitment to a healthy community while working to ensure the best service and the most accurate information available to the Board of Supervisors.

**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

Kimberly Kennard-Lyke, DSW, Chair

Chip Langman, Vice Chair

Supervisor Vito Chiesa

Charles E. Aguilar

Francisco Alvarez

Benandrew Briggs

Christopher Cataline

Charles J. Grom

Annie Henrich

Robert Hull

Lynn Padlo

Catherine Szakmary

Karl von Spreckelsen

Jack Waldorf

## CHILDREN'S AND TRANSITIONAL AGE YOUTH SYSTEM OF CARE COMMITTEE

**Committee Chair:** Francisco Alvarez

**Budget:** \$17,817,184

**Services provided in 2008-09:** 4,738 clients served, 92,826 services provided

### **Programming Overview and Changes**

The Children's and Transition Age Youth System of Care continues to provide services to children and youth with serious emotional and behavioral disturbance and their families throughout Stanislaus County. In most cases these services are provided with agencies that serve children. Of the 30 Children's and Transition Age Youth System of Care programs, approximately half are operated directly by Behavioral Health and Recovery Services and half are operated under contract by community-based agencies. Children's and Transition Age Youth System of Care teams are co-located with Child Welfare; Probation; Juvenile Hall; Special Education; Health Services Agency; numerous school sites (25), as well as Headstart and preschool sites; family day care providers; and Family Resource Centers.

The model of service provision for the Children's and Transition Age Youth 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 the criminal justice system, 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 and Transition Age Youth System of Care programming.

The collaborative partnerships developed over the past 16 years have had a tremendous positive impact on how services are provided. By working with the multidisciplinary teams, families and youth are able to have an integrated plan of service and access the resources of each agency. Many of the programs have shared funding, and all programs are developed in partnership with families, agencies and staff. The ability of the 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 and Transition Age Youth 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 and Transition Age Youth System of Care is to work within the extraordinary budget limitations inherent this year, to continue to build collaborations, to continue the successful implementation of Mental Health Services Act programming (Families Together and Teaching Pro-social Skills Treatment Team at Juvenile Justice), and to continue with positive programming as an alternative to hospitalization and out-of-home placement for children and youth. With the closure of the children's psychiatric unit in September 2006, programming has continued to successfully divert youth to a highly intensive alternative inhome program, Aspira Stabilization Program, to avoid out-of-county hospitalizations. The Aspira

Stabilization Program served 120 children/youth last fiscal year, of which only three were hospitalized. These are minors that would likely have been hospitalized without intervention. This has been a very successful alternative to inpatient programming. Similarly, two other intensive in-home services are provided, Therapeutic Behavioral Services and Sierra Vista Home-Based Services. These services provide intensive services to help youth succeed at home and avoid costly and disruptive out-of-home placements. A fourth option, a wraparound project, is being developed by Behavioral Health and Recovery Services, Community Services Agency and the Probation Department, which will compliment this continuum of intensive services.

Accomplishments of the past year include:

- The Mental Health Board Children's System of Care committee has visited all County operated Children's and Transition Age Youth System of Care programs this year to gather data, observe services available, elicit staff input, and to provide support and encouragement to service providers;
- Finalize planning for Mental Health Services Act in the areas of Prevention and Early Intervention, which is beginning implementation;
- Very successful outcomes in the Teaching Pro-social Skills Program and expansion to other sites with training from the Juvenile Justice program staff;
- Families Together continues to conduct outreach activities that include collaboration with education through participation on Stanislaus County School Attendance Review Board, Modesto City School Attendance Review Board, Stanislaus County Needs Assessment Committee, and Stanislaus County ED Assessment Team. This involves connecting with families, identifying and addressing needs earlier, which may prevent the need for higher level services;
- Family Partnership Center's Kinship Support Services continues to support families headed by relative caregivers through support groups, on-site mental health services, and kinship parenting education in an effort to prevent foster care/higher level placements;
- Families have identified Family Partnership Center as a family friendly place where needs may be expressed and met. On Tuesdays, for example, 89 unique clients access onsite mental health services;
- Transition Age Youth services are being provided at multiple levels of intensity, including a drop-in center, intensive treatment services and a Full Service Partnership program. These services are being provided for youth ages 16 to 25 and overlap traditional children's and adult services, in a coordinated approach;
- Transition Age Youth services have implemented a Young Adult Advisory Council made up of youth who are customers, and who advise the program on needed services and program direction;
- 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, an alcohol and other drug assessment instrument and an alcohol and other drug expert on each team was Identified;
- Development of a strategic plan to implement the 40 developmental assets in relation to a resiliency/strengths-based model, two staff trainings on the 40 developmental assets have been held, and programs are developing implementation plans;
- 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 2008-2009. An estimate indicates that as a result of

funding and programming there has been a savings of \$13,054,870 to the County as a result of early intervention with children ages 0-5 and their families;

- The Passages Outdoor Program was again fully funded by a grant to provide a weeklong outdoor experience for up to 40 at-risk youth;
- CAIRE Center, a one-stop shop for child victims, is another community collaborative effort. The center consists of a multi-disciplinary team of staff from Behavioral Health and Recovery Services, law enforcement, District Attorney, Victim Witness program, 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 sustained 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;
- Seeking Safety groups are being implemented at all Children's and Transition Age Youth System of Care sites. Seeking Safety is an evidence-based practice for treating co-occurring (substance abuse and mental illness) trauma. Youth are particularly enthusiastic about this approach;
- Juvenile Justice Mental Health program staff are involved with the Probation Department Placement Committee, to provide and coordinate resources for youth who are at risk of out-of-home placement;
- The Children's and Transition Age Youth System of Care actively works with community-based agencies to create a haven for at-risk children and youth at-risk for dangerous behavior.

### **Challenges**

- Ongoing development of the Children's System of Care Committee of the Mental Health Board;
- Maintaining programming while facing large deficits and continue to serve families with multiple needs;
- 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 and Transition Age Youth System of Care faces the second generation of youth affected by birth or life in substance abusing families and finding effective tools for treatment;
- Adoption of more Evidenced Based Practice research and training to enhance programming;
- More fully utilize outcome data to guide service delivery.

### **Priorities and Outcomes**

The Children's and Transition Age Youth 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 16 years of data collection experience, there is a wealth of information, including the following:



### Reducing Out-of-Home Placement

Having enjoyed 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), Stanislaus County has experienced an increase in these placements in the past two years. Four clients are currently in residential treatment. One of these clients will be graduating from a program and returning to family, and another will be stepping down to a lower level of care in the upcoming months. No children reside in the highest level of care community treatment facilities and no children have entered the State Hospital in over eleven years.

### Severely Emotionally Disturbed (SED) School Based Services

SED School Based Services have been able to avoid out-of-home placement for over 97% of the youth and families they serve. Eighty percent of mental health services are provided in the classroom, home or in the community.

### Transition Age Youth Services

Transition Age Youth Josie's TRAC has had an 80% reduction in homelessness rates among the youth that they serve.

### Client Satisfaction

Youth are satisfied at the rate of 81% and caregivers at the rate of 84 %.

### Cultural Competence

The Children's and Transition Age Youth 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 is bilingual in Spanish. The diversity of 88 staff employed by the Children's and Transition Age Youth System of Care is as follows:

- Hispanic: 29.5%
- African American: 8%
- Native American: 1%
- Caucasian: 55%
- Asian American: 6.5%

### Ethnicity of Clients

The Children's and Transition Age Youth System of Care served the following diverse client families during the FY 08/09:

- African American: 4%
- Asian American: 1%
- Caucasian: 35%
- Filipino: 4.5%
- Hispanic: 52.5%
- Native American: 1%
- Other: 2%

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 and Transition Age Youth System of Care has successfully increased access to more Hispanic families, increased efforts will be made in recruiting bilingual 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.

## ADULT SYSTEM OF CARE COMMITTEE

**Committee Chair:** Karl von Spreckelsen

**Budget:** \$ 16,671,522

**Services provided:** 3,806, individual clients served and 114,829 services provided

The Adult System of Care continues to experience great changes. Budget reductions in the Adult System of Care continue to impact services to adults with a serious mental illness for the fifth consecutive year. In 2008, the Adult System of Care saw the closing of three psychiatric medication clinics. Services affected by the closures were in the communities of Patterson, Ceres and Oakdale. Consumers in the Cities of Oakdale, Ceres and Patterson must now access medication services, as well as group and individual therapy, in the two remaining regional service sites in Turlock and Modesto. Peer support groups are available as well. Staff from the remaining two regional service sites provide field-based case management services in these locations.

The overall capacity of the regional service system has continued to decrease by over 430 treatment slots; this is nearly a 43% 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 Service Agency at the Hackett Road and Turlock sites. The Community Service Agency's budget shortfall could significantly affect this program in Fiscal Year 2009-2010.

Integrated alcohol and drug treatment in the Adult System of Care locations has been severely reduced with only two outpatient groups being provided this fiscal year. The Integrated Dual Diagnosis Treatment approach also is continuing at the regional service locations in Modesto and Turlock and at partnership locations.

The Mental Health Services Act programs in the Adult System of Care are fully implemented and operational. Expanded homeless outreach services on the west side of Modesto and the addition of a Transition Age Young Adult drop-in center are two of these efforts. Contracts with King Kennedy West Modesto Neighborhood Collaborative and El Concilio for outreach efforts have been implemented as well.

Housing and support services continues to be a major focus of the Adult System of Care. Staff currently assist over 200 individuals and family members in maintaining subsidized supportive housing. As part of the supportive services programming, the curriculum utilizing the Solutions for Wellness Psycho-educational Program continues to be formalized. Independent living skills, in 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.

The Stanislaus Homeless Outreach Program is an Assertive Community Treatment team that serves adults who are homeless and have a serious mental illness. The program provides continuous street outreach to underserved adults. The Mental Health Services Act continues to fund the Stanislaus Homeless Outreach Program. Homelessness has been decreased by 50%. A Homeless Outreach Team has been added this year, which focuses on outreach and engagement with individuals who are homeless and with other agencies serving individuals who are homeless. These services are in the initial implementation stage.

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 a serious mental illness, who, if left on the street, would be subject to victimization or misdemeanor arrests or citations.

Employment services are available to current Adult System of Care consumers interested in going to work, pursuing a career path utilizing the educational system, and/or accessing Department of Rehabilitation services. On July 1, 2009, the Turning Point Employment Program contract was discontinued and services are now provided by Behavioral Health and Recovery Services staff under the Employment and Support Services Program. Development of this program is underway and services provided include job development, job placement, job coaching, educational guidance, etc.

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 the service for needed supports. The program offers services for adults with serious and persistent mental illness who are seeking recovery through self-management and peer support. Medication services are also provided to those consumers who no longer need intensive case management or other services usually provided through regional service sites. Wellness recovery efforts rely on consumer volunteers and provide opportunities for consumers to help support others. The peer facilitated groups and activities are free of charge. Modesto Regional Services and Turlock Regional Services are 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 Adult System of Care programs. Wellness Recovery staff coordinate 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. 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 continues to be very successful in transitioning individuals from State Hospital and locked facilities into the community. Through close collaboration with Behavioral Health and Recovery Services and the Public Guardian's Office, Stanislaus County continues to have only 41 clients in locked facilities. Close monitoring will need to continue because of a recent change in billing of psychotropic medications to the County instead of Medi-Cal.

## Priorities

Priorities for the Adult System of Care include the following:

- Continue to maintain a collaborative relationship with psychiatric hospital staff following the hospital transition from Behavioral Health and Recovery Services to Doctors Medical Center
- Continue the use of a wellness recovery approach, the Milestones in Recovery and increase peer and family involvement, including expanded use of peer support groups
- Behavioral Health and Recovery Services has partnered with Telecare Corporation in purchasing software that will allow better integration of Level of Care Utilization System (LOCUS) outcome data in service design
- The provision of culturally competent services in the Adult System of Care is an especially challenging issue
- Continue the development of Mental Health Services Act supportive permanent housing projects, i.e., Meadow Glen Apartments (32 units), Bennett Place Senior Apartments (18units), 615 Fifth Street Single Family Home (2 bedroom) and the expansion of the Garden Gate site
- Develop a COOP agreement between Behavioral Health and Recovery Services and the State Department of Rehabilitation as another resource for consumers

## Outcomes

- Clients from outlying Psychiatric Clinics in Patterson, Ceres and Oakdale have been successfully transitioned to services in Modesto and Turlock. Limited transportation is available through the addition of a Driver Clerk position to the Adult System of Care.
- The Ninth Street Mental Health service site provides multi-programs at a single site. The site also houses the National Alliance on Mental Illness (NAMI) and the Consumer Network. Collaboration is a natural outcome of this setting. NAMI has been able to offer a Provider Training Class for Behavioral Health and Recovery Services and contract staff. In addition, the Consumer Art Project provides art for both buildings on a rotating basis. Providing groups lead by staff from more than one program, i.e. Modesto Regional Services and Telecare, is being planned. This will allow increased group choices and clinical staff strengths will be available across programs.
- A substantial housing grant was received and implementation has begun.
- A productivity monitoring project has been implemented with the goal of 55% productivity level for Adult System of Care staff.
- A collaborative project with Telecare has been implemented to increase validity and use of data collection from the Level of Care Utilization System (LOCUS). This included purchasing software that will allow the LOCUS data to be used more effectively for treatment and/or discharge planning.

## Future Challenges and Changes

- Due to budget shortfalls, medication clinics in Patterson, Ceres and Oakdale were closed. Consumers receiving their services from these sites were re-directed to Turlock Regional Services (TRS) or Modesto Recovery Services (MRS). This change has created problems with consumers not having transportation to doctor's appointments, especially from Patterson. A temporary solution has been put into place by adding a Driver Clerk position to transport individuals to appointments.
- As of July 1, the Community Emergency Response Team (CERT) has been moved under the Adult System of Care. In addition, the Medi-Cal Assessment function has also been moved to the Community Emergency Response Team from Modesto Recovery Services and Turlock Recovery Services. This is the first step in creating a more comprehensive "front door" into Behavioral Health and Recovery Services for adults. Focus in Fiscal Year 2009-2010 is to continue to try to solidify this function and, perhaps, expand the array of services they provide.
- The severe reduction of Alcohol and Other Drug services has created an opportunity at Modesto Recovery Services and Turlock Recovery Services to develop intensive co-occurring treatment tracks. Staff were able to add four co-occurring Behavioral Health Specialist positions with reduced caseloads. Integrated Dual Diagnosis Treatment, an evidence based practice, has indicated that reduced caseloads for this specific population is a "best practice". These treatment services should be fully implemented by October 1, 2009.
- Current economy and high unemployment rates will especially impact the employment of individuals with severe mental illness.
- Due to budget shortfalls, the Respite Center has been reduced by four beds.
- Status of a contract with Community Services Agency regarding StanWORKs has yet to be finalized and may be reduced.

## OLDER ADULT SYSTEM OF CARE COMMITTEE

**Committee Chair:** Jack Waldorf

**Budget:** \$1,845,153.46

**Services Provided:** 288 individual clients served and 8,261 services provided

### Program Overview

Behavioral Health and Recovery Services Older Adult System of Care was established in 1996. In 2001, Stanislaus County 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 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 usually 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 intensive services 24 hours a day, seven days a week. 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**

Staffing changes include the following:

- Reduction of a Mental Health Clinician position and a Psychiatric Nurse position and the addition of two Behavioral Health Specialist positions
- Loss of long standing Program Coordinator with a number of interim Program Coordinators at the program during the recruitment process
- Appointment of a new Program Manager and reassignment to the Forensics System of Care with a new Senior Leader

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 288 Stanislaus County seniors who have a serious and persistent mental illness
- Reduced homelessness in the Full Service Partnership program by 85.8% in the last year, which continues a three year trend
- Reduced the instances of acute psychiatric hospitalization in the Full Service Partnership program by 63.8%
- Reduced the instances of institutionalization in the Full Service Partnership program by 67.6% in the past year
- Ethnically diverse Senior Access Team staff members (African American, Hispanic, Filipino, Caucasian).
- Increased the number of mental health groups offered to consumers in programs
- Completed over 189 depression screenings during National Depression Screening Day in Stanislaus County (October 2008)
- 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. Staff provided Thanksgiving dinner and made holiday ornaments and decorations.
- Social work intern from California State University, Stanislaus successfully completed field studies with Senior Access Teams
- Helped consumers reach their goals of being increasingly more independent and stable. For example, in the past year, one consumer was able to access stable housing for the first time in years. This was a significant change from a prior life on the streets. In another case, a consumer who had a history of repeated psychiatric hospitalizations is now in stable housing and has not had one instance of psychiatric hospitalization in the past year.



## **Challenges/Needs**

- How to provide services to the west side of Stanislaus County
- 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
- 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 eight months after program start-up
- The paperwork demands for data collection are significant for the Senior Access Resource Team Full Service Partnership
- Site safety issues include low lighting in rear parking lot
- Space for group activities is limited
- 10% reduction in funding

## **Priorities**

- 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
- 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 288 individuals a total of 8,261 services in 2008. 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 15 homeless seniors and seniors at risk of losing their homes
- 25% of combined caseload of consumers reside in Turlock which is significantly higher than other Full Service Partnership programs, which averaged 8.4%
- The majority of clients served by the two Older Adult System of Care programs were women (70%), who live in Stanislaus County. Seventy percent of clients were white, 20% Hispanic, 3% 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

- Seventy percent of clients were white, 20% Hispanic, 3% African American, 1% Native American, and approximately 5% from other ethnic groups. Seventy-nine percent spoke English, 9% Spanish and 6% Assyrian.
- 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.

## ADMINISTRATIVE AND FISCAL SERVICES COMMITTEE

**Committee Chair:** Chip Langman

**Budget:** \$ 67,073,803 for Mental Health programs

**Services provided:** Support for all Behavioral Health and Recovery Services functions

### Programming Overview and Changes

The Administrative and Fiscal units of Behavioral Health and Recovery Services are Accounting, Administration, Business Office/Patient Finance, Contracts, Data Management Services, Facilities/General Services, Human Resources, Performance Measurement and Training. Managers from each of these areas attend the Administrative/Fiscal Committee meetings. This Committee has been meeting regularly since re-establishing in the Spring of 2008. The goal of the 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:

- Development and monitoring of the Fiscal Year 2008-2009 budget of \$72,289,377
- Issuance of a Request for Proposals document to solicit vendors for an Electronic Health Record and Information/Billing System consistent with State requirements
- Management of 164 on-going contracts and agreements
- Development of a SSI application database to track the status of pending applications
- Fiscal and administrative assistance with the Prevention and Early Intervention Stakeholder and Planning processes
- Development of a Human Services specific curriculum at Modesto Junior College as part of the Mental Health Services Act Workforce Education and Development Plan
- Participation in the State's process of updating the Medi-Cal Billing System

### Challenges

Budget concerns have been a challenge in this section for several years. Over the last four fiscal years, Behavioral Health and Recovery Services has seen a growth in funding related to the 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 the majority of staff who were part of program reductions. The challenge has been to match existing employee skills to new program functions. The Administrative and Fiscal Services Committee will be heavily involved in Behavioral Health and Recovery Services' efforts to partner with the community to ensure emotional health in Stanislaus County.

## **Priorities and Outcomes**

The priority of the administrative areas is to support the needs of consumers and staff while ensuring budgetary proprieties. Goals for Fiscal Year 2009-2010 include:

- Strict monitoring of all aspects of the Behavioral Health and Recovery Services budget, including expenditures, outstanding receivables and cash flow
- Planning for Fiscal Year 2010-2011 budget in anticipation of further State and County reductions
- Selection, negotiation and implementation of the Electronic Health Record and Information/Billing System
- Analysis and clean-up of accounts in the current information system in preparation for implementation of a new system
- Initiation of a Request for Proposals process for Prevention and Early Intervention community contractors

## **Community Collaboration**

Administrative and fiscal units have been active in the Department's goal of partnering with the community. Activities from this section include:

- Participation in the Prevention and Early Intervention Stakeholder and Planning Processes
- Participation in the Prevention and Early Intervention Summit
- Participation in the Innovation and Capital Facilities and Technological Needs Stakeholder Meeting

## CRIMINAL JUSTICE OVERSIGHT COMMITTEE

**Criminal Justice Oversight Committee Chair:** Charles Grom

Membership of the Criminal Justice Oversight Committee includes Mental Health Board members; Advisory Board on Substance Abuse Programs members; judicial representation; Probation Department representatives; local law enforcement representatives; Sheriff's Department representatives; California Correct Care Solutions, PC staff; 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 2008-2009, 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, Behavioral Health and Recovery Services is providing two academies a year and each class is filled to capacity. Originally, the course was designed for the street level officer; however, this academy has now been opened up to other disciplines in the criminal justice system.

Members of the Probation Department, Sheriff's Adult Detention, Courts and others have attended 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.

Local governmental budgets continue to impact law enforcement agencies. Training, however, is still a priority for law enforcement and as well as being mandated by state agencies. Crisis Intervention Training continues to be a viable program despite reduced training budgets. Crisis Intervention Training must be promoted throughout the criminal justice community not only because it is offered free of charge to participating agencies, but because of the positive fiscal impact it provides by reducing the potential injury to officers and citizens and reducing the amount of officer hours previously needed for calls regarding individuals in crisis.

#### Crisis Intervention Training Statistics – 2007-2008

- One academy was provided this year. A second scheduled academy was postponed until later in the year due to low numbers of participants.
- Continued support from local law enforcement agencies and interest from agencies in surrounding areas outside of Stanislaus County.
- Next Academy is scheduled in November 2009 (Tentative)

#### **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 within 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 continued decrease of contacts with individuals who have a serious mental illness and/or co-occurring substance abuse diagnosis. Modesto Police Department attributes this to collaborative partnerships, Crisis Intervention Training, Restorative Policing and the Mobile Community Emergency Response Team.

#### **Mental Health Court/Integrated Forensic Team**

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.

The Sheriff's Department, in partnership with several other agencies, was successful in receiving a grant 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.

Stanislaus County Mental Health Court has had four graduation ceremonies to date, the last being held on September 3<sup>rd</sup> of 2009. 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.

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.

As of this time, the Mental Health Court has:

- Received 90 referrals
- Enrolled 45 participants
- Graduated 8
- Currently has 13 enrolled in the program
- And discharged 24 participants

### **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.
- Developed a closer working relationship with the local chapter of the National Alliance on Mental Illness. This collaboration developed a streamlined process for family members to receive and provide information to correctional staff on family members who have been arrested and are receiving treatment for mental illness.

### **Anticipated Challenges**

- 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, programs report 83% of the individuals served also have a co-occurring substance abuse diagnosis.

## MANAGED CARE COMMITTEE

**Committee Chair:** Jack Waldorf

**Budget:** \$9,060,656

**Services provided in FY08/09:** 7,274 contacts for 2,963 individuals<sup>1</sup>

### **Community Emergency Response Team**

The Community Emergency Response Team (CERT) provides emergency and urgent services to individuals and families experiencing behavioral health crises. Community Emergency Response Team services are available 24-hours a day, seven days a week. Community Emergency Response Team recently re-located to 500 Ninth Street to better integrate services and improve coordination of services with the Adult System of Care. Community Emergency Response Team continues to provide Managed Care access functions, but organizationally is now part of the Adult System of Care. Community Emergency Response Team will continue to provide emergency and urgent services to children and adolescents as well. Since the move, more than 90% of services are provided in the field.

In June 2007, Behavioral Health and Recovery Services engaged in a partnership with Modesto Police Department, deploying Behavioral Health and Recovery Services Mental Health Clinicians with Modesto Police Department officers trained in Crisis Intervention Training to respond to mental health calls in Modesto. This successful collaboration continues. Oversight of the M-CERT units is now assigned to the Forensics System of Care to more fully integrate M-CERT functions with other collaborative initiatives between Behavioral Health and Recovery Services and local law enforcement agencies.

The partnership with Turning Point Community Programs for a consumer and family-driven warm-line and peer support services continues into its fourth year. This service is co-located with Community Emergency Response Team at the complex on Ninth Street. 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 not offered before. It is believed that this level of support helps people to cope more effectively with their problems and avert crises.

With the sale of Stanislaus Behavioral Health Center and the opening of Doctors Behavioral Health Center and the new Kaiser hospital, community capacity for providing emergency psychiatric evaluation services expanded significantly. Behavioral Health and Recovery Services trained and authorized Doctors Behavioral Health Center staff to provide 5150 evaluations for those who are not Stanislaus County Medi-Cal beneficiaries or uninsured individuals living in the County. Kaiser staff were trained and authorized to provide 5150 evaluations for Kaiser members. These actions decreased the demand for Community Emergency Response Team services, and staffing was reduced accordingly. In addition to increasing community capacity to manage behavioral health emergencies, Behavioral Health and Recovery Services was able to provide services for the target population (Medi-Cal and uninsured) and to save approximately \$500,000 during the year.



## **Access Line**

Access Line staff 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 in addition to 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 the Community Emergency Response Team or an outside answering service to ensure access at all times.

## **Assessment Services**

As a part of the integration into Adult System of Care, Community Emergency Response Team staff also assumed responsibility for initial Medi-Cal assessments for adult Medi-Cal beneficiaries. This action makes the Community Emergency Response Team truly the front door for adults who are Medi-Cal beneficiaries. It also allows Adult System of Care regional teams the ability to refocus on providing services for individuals currently receiving services, which is even more important as the Adult System of Care faces more potential cuts to staffing and resources. It is believed that this change will improve access, and initial data shows fewer no-shows since the change.

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 assessments within 30 days of the initial call. The goal was changed during Fiscal Year 2008-2009 in response to reduced staffing and to better align with generally accepted community standards. During 2008-2009, 80% of 1,067 adult Medi-Cal beneficiaries were assessed within the timeline. We believe that by moving the assessment function to the Community Emergency Response Team, we will be able to increase the number of individuals who are assessed within 30 days of their initial call. 79% of 560 children and adolescents received an assessment within 30 days, as did 55% of 111 older adult Medi-Cal beneficiaries. The data for children and adolescents includes only those who were assessed by County program staff as there is no reliable way to track assessments by contract agency programs.

## **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. Utilization Management includes two full-time clinical staff who authorize ongoing outpatient services and manage inpatient review processes. This year Utilization Management staff also assumed responsibility for managing authorization processes for foster children placed out-of-county who need mental health services. Utilization Management clerical staff receive and track provider appeals for denied services, which increased significantly after Stanislaus Behavioral Health Center was sold. The Mental Health Plan Administrator and the Utilization Management Coordinator ensure that appeals are processed according to regulatory requirements.

## **Collaborative efforts**

- The M-CERT partnership with Modesto Police Department continues to provide needed behavioral health emergency services in the community, which was identified as very important to community mental health by the Mental Health Services Act stakeholders.
- Mental health staff at Doctors Behavioral Health Center and Kaiser were trained and authorized to provide 5150 evaluations to insured individuals, which increases community capacity and allows Behavioral Health and Recovery Services to focus on the target populations of Stanislaus County Medi-Cal beneficiaries and uninsured individuals.
- At the suggestion of a consumer representative to the Managed Care Quality Improvement Council, information was researched and shared with Behavioral Health and Recovery Services staff and clients about the benefits of enrolling in MedicAlert for assistance in managing behavioral health crises. Since then, we learned that MedicAlert has partnered with the National Bipolar Foundation to provide a 24-hour comprehensive protection system for individuals with bipolar disorder and their families called Safe 'til Stable. Information about the program is available at the MedicAlert website.

## **Accomplishments**

- Managed Care staff participated in the Request for Proposals process for a new information system
- Over 90% of Community Emergency Response Team services are provided in the field
- Most clients surveyed continue to report satisfaction with where they receive services
- Most clients surveyed would recommend Behavioral Health and Recovery Services to their families and friends
- Most adult Medi-Cal beneficiaries receive assessment within 30 days of initial call

## **Challenges**

- Limited resources for uninsured individuals
- Continuing impact of State budget reductions
- Managing high volume of provider appeals of denied hospital days

<sup>1</sup> This total includes clients and services that may also be included in other System of Care data as Managed Care functions for assessment and crisis services are now provided within Systems of Care. The reduced numbers are in part due to transferring responsibility for 5150 evaluations for insured individuals to Doctors Behavioral Health Center and Kaiser.

## IMPACT COMMITTEE

**Committee Chair:** Catherine Szakmary

The Impact Committee began as an ad hoc committee of the Mental Health Board to increase the impact of the Stanislaus County Mental Health Board. The Bylaws of the Board were amended in July 2006 to change the Impact Committee from an ad hoc committee to a standing committee of the Board.

The Impact Committee's charge included working toward changes that maximize the effective delivery of quality mental health care in Stanislaus County. To increase the education and involvement of Board members, it was decided that the Committee would focus on one program during each monthly meeting. This would allow members to gain a more comprehensive overview of each program. With the passage of the Mental Health Services Act (MHSA), the Committee made the decision to become educated with regard to MHSA funded programs and monitor the quality and effectiveness of services offered by these programs. Committee members review program indicators and outcomes and evaluate the effect programs have on clients' mental health.

During the past year, the Impact Committee made onsite, monitoring visits to the following MHSA programs:

- Consumer Employment and Empowerment Center
  - Community Emergency Response Team
  - Health/Mental Health Team
  - Integrated Forensic Team
  - Stanislaus Homeless Outreach Program
  - Senior Access and Referral Team
  - Josie's Place Transitional Age Young Adult Drop-In Center
- 
- The Committee had several meetings with management and staff of the Consumer Employment and Empowerment Center, BHRS management and the Behavioral Health Director to address areas of concern and made recommendations regarding the Consumer Employment and Empowerment Center. The Director responded in writing to the Committee's comments and concerns. The Impact Committee has agreed to work with Behavioral Health and Recovery Services in its efforts to plan, develop and implement result-based outcome measures related to programming and service development in the coming year. This action aligns with that Committee's interest in measuring the effectiveness of Mental Health Services Act programming. In addition, the Impact Committee will be working with the California Mental Health Planning Council (a state-level group operating within the State Department of Mental Health) to review and report on Stanislaus County mental health outcome indicators on an annual basis.

The Committee will continue to look at program outcomes and make appropriate recommendations to Behavioral Health and Recovery Services.

## 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 Plans 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 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 with the Advisory Board on Substance Abuse Programs 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. Members attend the citizen advisory committee established by Doctors Behavioral Health Center to oversee operations at the psychiatric hospital.
- 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. Members will continue to participate on the California Association of Local Mental Health Boards and Commissions. We will continue to seek information and work with others in the mental health community.

- Mental Health Board members will be heavily involved in Behavioral Health and Recovery Services' efforts to strengthen communities' capacities to promote the well being of its members and to promote emotional health in Stanislaus County.