

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

DEPT: Behavioral Health And Recovery Services BOARD AGENDA #: B-15

AGENDA DATE: November 22, 2016

**SUBJECT:**

Accept the Mental Health Board Annual Report for Fiscal Year 2015-2016.

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**BOARD ACTION AS FOLLOWS:**

**No.** 2016-589

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

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

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1)  Approved as recommended

2)  Denied

3)  Approved as amended

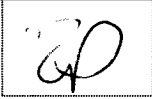
4)  Other:

MOTION:

ATTEST: Elizabeth A. King  
ELIZABETH A. KING, Clerk of the Board of Supervisors

File No.

**THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS  
AGENDA ITEM**

DEPT: Behavioral Health And Recovery Services      BOARD AGENDA #:       B-15        
Urgent       Routine             AGENDA DATE:       November 22, 2016        
CEO CONCURRENCE:       Pht            4/5 Vote Required:    Yes     No

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**SUBJECT:**

Accept the Mental Health Board Annual Report for Fiscal Year 2015-2016.

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**STAFF RECOMMENDATIONS:**

1. Accept the Mental Health Board Annual Report for Fiscal Year 2015-2016.

**DISCUSSION:**

Welfare and Institutions Code Section 5604 requires that each county have a Mental Health Board or Commission. The Board of Supervisors appoints members for three year terms. Mental Health Board (MHB) members advise the Board of Supervisors and the Behavioral Health Director on various aspects of local mental health programs. It is the responsibility of the MHB 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 Stanislaus County Mental Health Board Annual Report for Fiscal Year 2015-2016.

The MHB continues to experience significant member turnover. Currently, there are 11 members with five vacancies. In order to assist new members to understand the programs and issues that the board deals with, a mentorship program was developed. The mentorship program has been working well as members have been partnering and sharing their knowledge to have a better understanding of the Mental Health Board's vision and mission.

During Fiscal Year 2015-2016, the Board completed the five strategic planning goals that were identified in 2013. These goals were:

1. to promote departmental and MHB accountability and outcomes;
2. to increase visibility and communication with the community and elected officials;
3. to advocate for mental health issues at the local level;
4. to develop MHB competency, and;
5. to embrace diversity internally and externally.

## Accept the Mental Health Board Annual Report for Fiscal Year 2015-2016.

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Members continue to work to increase the visibility of the MHB throughout the County. With assistance from Supervisor Withrow, MHB members made presentations to each of the City Councils in Stanislaus County.

For several years, the MHB has held two joint meetings per year with the Advisory Board for Substance Abuse Programs (ABSAP) in order to continuously focus on the integration of mental health and substance use disorder services. During Fiscal Year 2015-2016, the two boards have been focusing on a plan to merge, creating one Behavioral Health Board. An ad hoc committee was convened to work on logistics including, determining membership; revising the bylaws; developing on-going committees and policies. The plan is for the new Board to be effective in early 2017.

The MHB continues to keep up-to-date on department programs and contracts through site visits, trainings, and monthly presentations. Activities for Fiscal Year 2015-2016 include:

- Presentations by: the Stanislaus Asian American Community Resource (SAACR); the Peer Navigation Program; Children's System of Care School Based Services; and BHRS Family Advocates.
- An overview of Moral Reconciliation Therapy (MRT), a cognitive-behavioral program for offender populations in custody or out of custody that leads to enhanced moral reasoning, better decision-making, and more appropriate behavior.
- Received a tutorial on how to access the Community Care Licensing web page by the Board and Care/Patient Rights program.
- Active participation in the planning for, and conducting of, the Public Hearing for the Mental Health Services Act (MHSA) Annual Update for FY 2016-17.
- Participation in a training for MHB members offered by the Local Mental Health Boards and Commissions (LMHB/C).
- Continued representation at California Association of Local Mental Health Boards meetings.
- Active participation and collaboration with the ABSAP Board. A designated member of the MHB attends every ABSAP Board meeting, and reports back to the Mental Health Board.
- Site visits to several programs.

**POLICY ISSUE:**

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.

**FISCAL IMPACT:**

On September 15, 2015, the Board of Supervisors approved a Fiscal Year 2015-2016 Final Budget for Behavioral Health and Recovery Services (BHRS) of \$104,763,534. Of this amount, \$91,596,374 funds public mental health services in Stanislaus County. Services range from crisis services, acute psychiatric hospitalization, placement in Institutes of Mental Disorder (IMD) and State Hospitals, outpatient mental health services, and Mental Health Services Act programming, including mental health education, prevention and outreach.

**BOARD OF SUPERVISORS' PRIORITY:**

Submission of the annual report supports the Board's priorities of Effective Partnerships and Efficient Delivery of Public Services.

**STAFFING IMPACT:**

Existing staff from Behavioral Health and Recovery Services continue to provide support for the Mental Health Board.

**CONTACT PERSON:**

Rick DeGette, MA, MFT, Behavioral Health Director

Telephone 525-6205

**ATTACHMENT(S):**

1. Mental Health Board Annual Report

# **Attachment 1**



# Stanislaus County Mental Health Board

## Annual Report

Presented to the Stanislaus County  
Board of Supervisors  
November 22, 2016

# **ANNUAL REPORT TO THE BOARD OF SUPERVISORS**

INTRODUCTION  
MISSION STATEMENT  
MENTAL HEALTH BOARD MEMBERS  
EXECUTIVE SUMMARY

CHILDREN'S SYSTEM OF CARE COMMITTEE  
ADULT/OLDER ADULT SYSTEM OF CARE COMMITTEE  
ADMINISTRATIVE AND FISCAL MANAGEMENT COMMITTEE  
CRIMINAL JUSTICE OVERSIGHT COMMITTEE  
MANAGED CARE COMMITTEE  
IMPACT COMMITTEE

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

**INTRODUCTION**

The Mental Health Board is appointed by the Board of Supervisors as an advisory body to the Board of Supervisors and the local Behavioral Health Director. The role of the 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 Behavioral Health Director as to any aspect of the local mental health program.
- Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
- Review and make recommendations on applicants for the appointment of a local Director of Behavioral Health Services. The Board shall be included in the selection process prior to the vote of the Board of Supervisors.
- Review and comment on the County's performance outcome data and communicate its findings to the California Mental Health Planning Council.
- Submit an annual report to the Board of Supervisors on the needs and performance of the County's mental health system.

It is the duty of the Stanislaus County Mental Health Board to provide an annual update to the Board of Supervisors concerning the performance of Behavioral Health and Recovery Services. 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. Currently there are 10 members on the Board, comprised of consumers of mental health services, family members of consumers, mental health professionals and others interested and concerned about the mental health system in Stanislaus County. The composition of the Mental Health Board meets the statutory requirements for having consumers and family members on the Board. The Mental Health Board membership is diverse, including three Latino members, two African American members, and one Southeast 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 based upon Supervisorial District. In the past, efforts to bring the Board to full complement included out-of-district appointments. This practice will be discouraged as Board of Supervisor members wish to appoint and Mental Health Board members wish to be appointed from the district in which they reside. However, a Board of Supervisors member may initiate an out-of-district appointment if he is willing to cede a vacancy in his district and the candidate is agreeable to this as well. Mental Health 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. Currently, concerted efforts to recruit individuals representing the various ethnic and cultural groups in the county are being made.

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. Committees currently consist of the Adult System of Care/Older Adult System of Care, Children's System of Care, Managed Care, Administrative/Fiscal Management, Criminal Justice Oversight/Forensics, and Impact. Additionally, the Executive Committee, consisting of the Chair, Vice-Chair and Committee Chairs, meets regularly with the Director of Behavioral Health and Recovery Services and other staff members to set goals and future direction for the 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 substance use). Ad hoc committees are used when needed to address issues that arise.

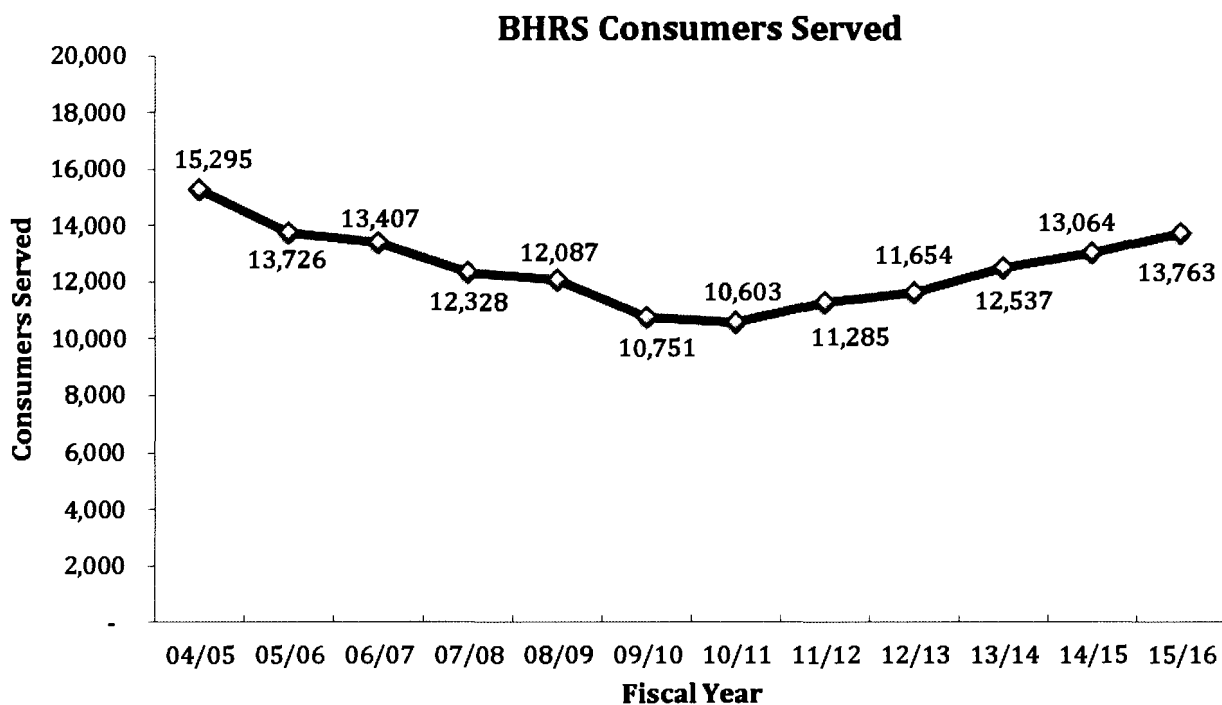
The Mental Health Board is responsible for acting as a liaison to the Board of Supervisors. The Mental Health Board is tasked with identifying issues affecting the community as it relates to mental health needs for consumers and those who advocate for them. Members of the Mental Health Board feel strongly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

Mental illness is not confined to individuals, alone. Mental illness affects family members, businesses, law enforcement, schools and the community as a whole. Those who experience serious and persistent mental illnesses are frequently homeless, may have co-occurring substance use issues and, sometimes, engage in criminal activity, all of which can have an adverse 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 important work it does.

Collaborative efforts were a high priority during the preceding year, and remain so even as the economy is improving locally. The need to maximize resources among and between public agencies and community-based agencies, as well as the need for information sharing with other county Mental Health Boards remain primary objectives.

Members held meetings at Doctors Behavioral Health Center and the Transitional Age Young Adult Drop-In Center this year 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.

This report will highlight some of the programs currently in place at Behavioral Health and Recovery Services (BHRS). This work is accomplished through the Adult System of Care, Older Adult System of Care, Forensics Services, the Children’s System of Care, and Managed Care Services. During Fiscal Year 2015-2016, the Department’s budget increased by 18% to \$104,763,534, of which \$91,596,374 was designated for Mental Health programs. Total staffing for the Department, including Substance Use treatment staff, is approximately 439 full-time staff. Behavioral Health and Recovery Services served 13,763 unique mental health and substance use consumers during fiscal year 2015-2016. This number reflects a 5.4% increase from the prior fiscal year and 18.1% increase from fiscal year 2012-2013. The chart below shows historical data on the number of consumers served.



- The chart above depicts the number of unique mental health and substance use consumers for each fiscal year
- FY04/05 through FY11/12 (first half) includes consumers served in treatment programs only
- FY11/12 (second half) through FY15/16 includes consumers served in treatment programs and participants in non-treatment programs

## **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**

Jack Waldorf, Chair

Vern Masse, Vice-Chair

Supervisor Terry Withrow

Kimberly Kennard, DSW

Tony Flores

Annie Henrich

Yvette McShan

Frank Ploof

Jerold Rosenthal

Virginia Solorzano

Carmen Maldonado

## **MENTAL HEALTH BOARD EXECUTIVE SUMMARY**

Fiscal Year 2015/2016 was a productive time for the Mental Health Board (MHB). Though many MHB members resigned or did not wish to be re-appointed, two members have been appointed this fiscal year. Currently, there are 11 members with five current vacancies. In order to assist the new members in understanding the programs and issues that the board deals with, a mentorship program has been developed. The mentorship program has been working well as members have been partnering and sharing their knowledge to have a better understanding of the Mental Health Board's vision and mission.

The Board has completed the five strategic planning goals that were identified in 2013. The five goals that were identified were: 1) To promote departmental and MHB accountability and outcomes, 2) To increase visibility and communication with the community and elected officials, 3) To advocate for mental health issues at the local level, 4) To develop MHB competency, and 5) To embrace diversity internally and externally. Members continue to do exceptional work with increasing the visibility of the Mental Health Board by through outreach by the ad hoc committee. With assistance from Supervisor Withrow, the committee presented to each of the City Council in Stanislaus County.

The focus for this fiscal year is combining the Mental Health Board with the Advisory Board for Substance Abuse to have one Behavioral Health Board. An ad hoc committee has been working out the logistics which includes revising the bylaws, policies and committees. It is hope that the merger will maximize the effectiveness and advocacy of the combine boards.

In order to keep the MHB up-to-date on department programs and contracts, a schedule of site visits and program evaluations was established. Each of the standing committees was responsible for visiting programs in their area of oversight and noting their outcomes and needs of each program, while using the Results-Based Accountability approach. Approximately 30 programs were visited, and special attention was given to the input of those who received services from the programs.

Monthly presentations to the MHB are one way to help members better understand the various internal and external programs and community partners.

### **Some Presentation Highlights**

- Stanislaus Asian American Community Resource (SAACR) - Is a non- profit organization that started in 2011 by county residents with a common interest to advocate for the underserved Asian community. Their vision is to expand opportunity and the quality of life for Asian Americans in the county. SAACR's mission is to develop leadership within the Asian American community; bridge cultures; organize; advance collaboration with community organizations and community building; provide cultural and intra-cultural support to all Asian Americans in Stanislaus County; engagement of local systems; build alliances

with advocacy and policy organizations; value the diversity and gifts across all cultures. One of many highlights was about the Youth Conference Workshop that encouraged students on education.

- Peer Navigation Program - The program is intended to increase capacity to better serve individuals in the following ways: coordinate physician and Medi-Cal appointments; coordinate and facilitate communication with healthcare providers; arrange or provide transportation to and from medical appointments; access and maintain insurance coverage; assist individuals, families and caregivers in completing medical, financial and other forms; provide education about medical conditions and recovery strategies; motivate and educate individuals and their family/caregivers about the importance of preventative services; arrange translation services; identify and address barriers to healthcare for disparate populations; coordinate child care, elder care, and respite services; provide emotional support to alleviate fear and barriers to accessing quality healthcare. The presentation also included information on how the program operates through referral sources, service provision, outcomes and demographic data, and success of contacts.
- School Based Services (SBS) – The program believes in the resiliency of children and their families, utilizes a collaborative approach integrating mental health, early intervention, prevention, and community consultation to help students overcome obstacles in their education. The program offers services such as Educationally Related Mental Health Services (ERMHS); Aggression Replacement Training (ART) & Community Well-Being; and School Behavioral Health Consultation.
- Board & Care / Patients' Rights - A tutorial was given on how to access the Community Care Licensing web page. An overview was provided of resources, facilities available, monitoring process, complaints process, transitional Board & Care (Patch Rate), and Adult Community Living.
- Family Advocates – The role of Family Advocates includes assisting families with accessing, understanding, and utilizing mental health, alcohol and drug services. In addition, support and information is provided to family members to help cope with the illness of loved ones. The Family Advocates work independently of all service providers in order to help improve and facilitate relationships.
- Moral Reconciliation Therapy (MRT) - It's a cognitive-behavioral program for offender populations in custody or out of custody that leads to enhanced moral reasoning, better decision-making, and more appropriate behavior. Reconciliation is a term to describe the point where the body, mind and spirit are aligned in decision making. Reconciliation refers to alter the process of how decisions are made. The program is a four day training by referral from the Sheriff and Probation Departments. The focus of the program is confrontation of beliefs, attitudes, and behaviors; assessment of current relationships; reinforcement of positive behavior and habits; position identifies formation, enhance of self-concept; decrease in hedonism; development of frustration tolerance, and development of higher stages of moral reasoning. The correctional program goals for MRT are to

decrease high program dropout rates; improve program completion rates; improve outcomes with minority populations; provide integration of programming across the continuum of treatment levels; and reduction of criminal recidivism. MRT's next steps are to track progress, gather recidivism data, and compare to other efforts within BHRS, the Sheriff's Office, and the Probation Department. The program's attributes, history, cost, and schedule was shared.

The Mental Health Board held a Public Hearing on the Mental Health Services Act (MHSA) Annual Update for FY 2016-17. In addition, board members heard presentations on the following MHSA stakeholder approved projects: Suicide Prevention Innovation Project, Central Valley Suicide Prevention Hotline, bed expansion at Garden Gate Respite Center; an MHSA emergency housing program.

MHB members attended training that was offered by the Local Mental Health Boards and Commissions (LMHB/C). The learning objectives for these trainings have been to increase awareness of the legal requirements for the LMHB/C, to understand the expectations of being a board members, to develop strategies to build a strong, effective and responsive LMHB/C, to learn how to improve stakeholder participation and how to advocate for mental health, substance use disorder issues in the community, and to network with other county board members. Lastly, the Mental Health Board sends a representative to meeting of the California Association of Local Mental Health Boards.

Because so many of those who have a mental illness self-medicate with street drugs, the MHB is actively involved with the Advisory Board on Substance Abuse Programs (ABSAP) Board. A designated member of the Mental Health Board attends every ABSAP Board meeting, and reports back to the Mental Health Board. In addition, the two boards meet jointly in April and November, and they have discussed the potential establishment of a foundation that could receive donations to assist mental health and substance use treatment programs and their clients.

Respectfully submitted by Jack Waldorf, Chair

## CHILDREN'S SYSTEM OF CARE COMMITTEE

**Committee Chair:** Jerald Rhine

**Senior Leader:** Shannyn McDonald

The Children's System of Care committee evaluates a wide variety of programs, some of which will be highlighted herein. This Committee is concerned with children and youth exhibiting serious emotional behavior disturbances. Of these, approximately 50% are BHRS based and 50% Community-based partnerships. A sampling of the programs visited during the 2016 year is listed herein.

- Sierra Vista Kirk Baucher Non-Public School - The attractive country campus has approximately ninety students attending. The purpose of the day was to observe a school program. An attractive multi-purpose room housed a stage area. Approximately one hundred tables were available for students, parents, staff and other relatives. Approximately twenty-four students presented the story of STONE SOUP with an additional five or six staff members assisted. The actors, staff and audience were enthusiastic and the event was well-received.

Following the presentation, staff led a tour of the campus. Four large well-stocked classrooms were visited and teachers shared perceptions of the facility. Children were interacting on the playground, well-supervised and involved.

It was a pleasant and positive experience for the committee both of whom spoke well of the visitation and services being provided.

- Aspiranet Stabilization Program - This is a Medi-Cal mental health service that provides individual behavioral intervention for children and young adults up to 21 years of age.

This collaborative therapeutic program identifies qualifying clients with interfering and/or high-risk behaviors. The program develops and implements a target plan to improve those behaviors which may include aggression, defiance, and emotional expression, among others.

Aspiranet Stabilization Program started in 2006 to work with crisis ideation, offering services 24/7 and clients participate for thirty days. As of 2014, 217 clients with 98% connected to outside services. Clients covered a full spectrum of ethnicity with a large majority within the 13-18 age range. Ten hours per week for the child and the family is the expectation. Nearly 60% of respondents stated that goals had been reached. Current funding is appropriate for 55% of staff time on direct contact to meet objectives and goals. The presentation and information was well-prepared and provided the committee with the necessary information to understand and evaluate the program.



- School Based Services/SED/ERMHS - There are seventeen employees including a psychiatrist, nurse, mental health clinicians, behavioral health specialists and clerical support. School referrals in 2015 numbered 120, ages 5 - 21. Components of the program also include Prevention and Early Intervention and Sierra Vista contracted services to cover the Turlock area. Clients are engaged through group activities in the schools such as art therapy and class presentation for clients experiencing varying issues, i.e., cutting, bullying. Other support group resources are available at Hutton House. There is an ED and Autism program in Oakdale. Orville Wright and Rose Ave schools have an ED class and a behavioral health consultant who work with the community. These include Self-Care and ERM HS services such as healthy eating, parent involvement, bullying in collaboration with teachers and the principal. Topics include nurturing, parenting, social skills, empathy, literacy, obesity and mental health. ERMHS is IEP driven for students who are identified as eligible through IDEA or have an IEP. Services include counseling, guidance, social work services, parent counseling, group therapy, family-teacher-student support and behavioral health consultation.
- Juvenile Justice Behavioral Health Program (The Spot) - CSOC Board members were introduced and welcomed for a tour of The Spot, a peer component of the Juvenile Justice Behavioral Health program. The program has been operational since 2015 as a result of PEI funding and is carried out at the Prevention Center. Clients are screened following court appearances and engaged in the program for approximately six months or more. Programming includes homework and participation advisory committee. To date, no recommendations have been made as to how to improve the service. It would appear that there is no overlap of services since the focus is on peer interaction. Peer staff members are young and several are volunteers. They exhibited much enthusiasm, knowledge and dedication to the program. CSOC members were impressed with this program. Board members invited them to provide a presentation at a Mental Health Board meeting.
- Oakdale Family Resource and Counseling Center - Following introductions and a brief background information statement, a tour was made of the well-maintained facility. Under the auspices of the Center for Human Services, the mission of the Oakdale Family Resource and Counseling Center is to change lives and build futures through programs that strengthen and support youth and families. Core programs include education focusing on child development, parenting and promoting family health, and functioning by providing neighborhood based services. The program consists of five staff members providing assessments and referrals, family advocacy/case management, translation assistance (80% of clients are Hispanics), mental health counseling, support groups, outreach, literacy, and emergency food/clothing. Overall, the program has increased in numbers each year. Additional staff and resources could increase effectiveness but the current funding is adequate to meet current needs. Overall, the CSOC was impressed with the quality of this program.

Respectfully submitted by Jerald Rhine

## ADULT/OLDER ADULT SYSTEM OF CARE COMMITTEE

**Committee Chair:** Annie Henrich

**Senior Leader:** Kevin Panyanouvong

Membership of the Adult/Older Adult System of Care Committee (A/OASOC) includes Mental Health Board members, and Program Managers and Coordinators.

The A/OASOC Committee meets once a month on the second Wednesday of each month, 4:00-5:00p.m. at the High Risk Health Senior Access/Senior Access Treatment Team (HRHSA/SATT) Program, 303 Downey Avenue, Modesto, CA.

In September 2015, the Adult System of Care Committee and the Older Adult System of Care Committee Merged. Both Systems of Care serve adults ages 18+ and share clients and services. After the merge of the two committees, members decided to conduct site visits of the A/OASOC Programs, alternating with the meetings at the HRHSA/SATT office. Members of the committee used a Site Visit Questionnaire for client interviews.

### Highlights

- Committee members attended the Regional Training for Local Mental Health Boards/Commissions by the CIBHS - California Institute for Behavioral Solutions on June 6, 2015.
- 02/10/16 - Modesto Recovery Services (MRS) Visit - A Telepsychiatry, aka Telehealth, real time video conferencing was demonstrated. While visiting MRS, committee members took a quick tour of the Telecare Program as it is located at the same site.
- 03/09/16 - HRHSA/SATT Committee Meeting - The committee discussed that members would be attending the Mental Health Awareness Day on 04/20/16 at the Modesto Junior College East Campus.
- 04/11/16 - HRHSA/SATT Meeting - Committee members met at the HRHSA/SATT office to plan for the Turlock Recovery Services (TRS) site visit in May and plan interviewing two clients at MRS, one from each level of care.
- 05/11/16 - Turlock Recovery Services (TRS) Site Visit - Committee members interviewed one client who was very appreciative of the support from TRS. The client was once homeless and is now working in Security at a hospital. Committee members met briefly with the Program Coordinator to learn about the program. The committee discussed returning to tour the facility in the near future.

- 06/18/16 - Modesto Recovery Services Site Visit - Committee members interviewed three clients about their Telepsychiatry experiences. Two of the clients had experienced communicating with the doctor using Telepsychiatry. One client preferred face to face meetings; the other client liked it. The third client witnessed how Telepsychiatry works and would like to experience it.
- 07/14/16 - StanWORKs Site Visit - Three committee members interviewed two clients. The well-being of the clients was a concern as they began sharing their lives and became emotional. In the future, the interview should be about the services provided. Both clients were very thankful for the services they received from the program and staff. The clients are doing much better. Committee members were introduced to StanWORKs staff and were impressed by the way the program is so well organized and prepared to assist clients.
- The opportunity for committee members to interview clients at the different programs has been a very positive experience. Members have a better understanding about the treatment offered by the regional treatment teams and the clients who are receiving the services provided.

### **Challenges**

- The committee started with six members last year and currently has three. This is a concern in maintaining meeting attendance. However, committee members were able to keep all appointments for site visits and client interviews.
- The committee was active visiting programs in the Adult/Older Adult System of Care. The committee looks forward to a new year to visit more programs, meeting with clients, and reporting to the Mental Health Board and the Board of Supervisors.

Respectfully submitted by Annie Thu Henrich

## **ADMINISTRATIVE, FISCAL MANAGEMENT COMMITTEE**

**Committee Chair:** Frank Ploof

**Senior Leader:** Linda Downs (Interim)

This committee provides oversight of six groups within Behavioral Health and Recovery Services (BHRS). Each group will be described below as well as a report from the Department.

The committee had membership changes. The format of the committee also changed from monthly to quarterly meetings in addition to bi-annual discussions with each group leader. This led to a more productive use of everyone's time as well as having more detailed discussions of each group's operation including any issues that the board may be able to assist with.

Overall the Administrative group had a very productive year with many significant accomplishments as highlighted below.

### **Department Overview**

- Implemented almost all aspects of the Electronic Health Record (EHR).
- On October 1, 2015, BHRS transitioned to the new Diagnostic and Statistical Manual of Mental Disorders (DSM V) and to International Classification of Disease (ICD) 10.
- The Executive Assistant and the new Assistant Director successfully completed an intensive Leadership Institute offered by the California Institute for Behavioral Health Solutions and University of Southern California.
- Completed the second round of Mental Health Services Act planning for Fiscal Year 2015-2016 with the development of several Plan Updates.
- Completed the final goal of the BHRS 24/7 Secure Mental Health Services Strategic Plan by opening the new Crisis Stabilization Unit at the end of February 2016.
- Implemented on a department-wide basis the use of iDashboard so outcomes can be monitored.
- Opened "The Spot," a drop-in center for youth involved primarily with juvenile probation.

- On August 13, 2015, BHRS staff moved into the new Day Reporting Center creating a one-stop location for better engagement and outcomes with people involved in the criminal justice system.
- Hosted a Crisis Intervention Academy that was attended by 22 law enforcement personnel from Modesto Junior College, Stanislaus Sheriff, Oakdale Police Department, Stanislaus Probation, and California State University Stanislaus Police Department.
- In partnership with the Community Services Agency, fully implemented stipulations of the Katie A. lawsuit.

## **Accounting**

At the beginning of FY 2015-2016, BHRS anticipated using \$6,830,093 of departmental fund balance to cover an operating deficit (excess of expenditures over revenue) for the following Behavioral Health programs:

- Adult System of Care
- Older Adult System of Care
- Children's System of Care
- In-Patient Psychiatric Hospitalizations (DBHC, other Out of County providers)
- Psychiatric Health Facility (PHF)
- MSA programs
- Supporting administration and infrastructure costs

The Department is estimating that these programs will end the year with an excess of revenue over expenditures of \$872,716. The savings of fund balance can be directly attributed to salary savings as a result of numerous position vacancies throughout the year, cost savings from under-utilization of contacted services, an increase in Federal Financial Participation revenue for the provision of Specialty Mental Health Services (SMHS), and a lower than expected offset to 1991 realignment revenue for in-patient hospitalizations.

Notable accomplishments for Accounting Services during FY 2015-2016:

- The Department experienced significant staff turnover during the year; 1 retirement, 2 promotions to other departments, 1 transfer out to another department. By the end of the fiscal year, all positions had been filled. The Department is now in the process of training each staff member on his/her unique role and how that role interacts with other departments.
- Despite the staffing challenges, the Department successfully met all internal and external deadlines.
- Accounting Services formulated a process improvement plan for FY 2016-2017. The goal of the plan is to streamline operations by improving department efficiency and reducing redundancy in operations. As a result of this, the

department has three special projects planned for FY 2016-2017 that are designed to ensure continued compliance with changing Federal and State regulations. The department hopes that these projects will also improve the level of service provided to internal and external customers.

- The Department evaluated many internal procedures and is in the process of modifying several in an effort to provide greater fiscal oversight of program operations.

### **Business Office**

- The Business Office Manager retired March 19, 2016. A new Manager was hired from within the Department effective March 20, 2016.
- In FY 2013-14, the Department claimed \$29 million in Mental Health Medi-Cal services with 2% denial. Drug Medi-Cal claims were \$3.7 million with 1% denial.
- State Medi-Cal payment turnaround was 21-30 days.
- Sent out patient statements for services dating back to January 1, 2012, for the first time since the new Electronic Health Record (Cerner) went live.
- Business Office staff attended classes during the 2015 BHRS Safety Fair.
- Business Office was fully staffed and all employee evaluations were up to date.

### **Contracts**

- The previous Contracts Manager left on 04/01/2016. A new Manager was hired and started on 06/27/2016.
- Two (2) open Contracts Analysts positions were filled in November 2015 and March 2016.
- One (1) new Staff Services Coordinator position was created and filled by a promotion within the section.
- Renewed 115 contracts including standard provider and revenue contracts totaling \$46,517,563.
- Twenty eight (28) new contract agreements.
- Thirty seven (37) amendments to contracts. (The committee asked for a report of why there were so many amendments.)
- Three (3) request for Information processes were completed.

- Four (4) Request for Proposals processes were completed.

## **Facilities**

- Completed furniture and equipment purchases, and installations for the Crisis Stabilization Unit.
- Completed purchases and installations of furniture and equipment for the Full Services Partnership Co-Occurring Disorders Program.
- Began BHRS Archive Shredding Project with 95k pounds of files shredded this year. Approximately the same amount will be shredded in the upcoming year.
- Began planning process for replacement of boiler distribution pipes, which are located underground.
- Worked on BHRS expansion space needs. The will be part of a long-range space master plan in conjunction with the Chief Executive Office.
- Staff attended several trainings including supervisory, Purchasing requirements, and Safety Fair classes.
- Facilities did not have any vacant positions and has completed three employee evaluations.
- Completed 55 move events.
- Completed 35 trackable projects, with eleven remaining open.
- Completed 182 Daily Service Work Orders.
- Added fifteen 2016 vehicles to the BHRS fleet.

## **Human Resources and Workforce Education & Training**

### Human Resources

- Expanded the recruitment outreach for Psychiatrists due to Tele-psychiatry options.
- County event with the Modesto Nuts baseball game to take place on August 26, 2016.
- A successful online County Open Enrolment process took place October 23, 2015 through mid-November 2015.

- Final budget has allocated 439 staff positions and 36 Personal Services Contracts (PSC's).
- BHRS & HSA celebrated Diversity Week in the Martin Conference Room on October 8, 2015.
- Additional 21 staff positions were approved in the proposed budget process.
- The electronic timecard process has been expanded outside of the 800 Scenic campus staff.
- The Personal Services Contract renewal process included coordination of 28 contracts.

#### Workforce Education & Training (WE&T)

- MHSA Annual Report for Workforce Education and Training completed for Stakeholders for fiscal year 2014-2015:
  - Provided oversight and coordination regarding the increase in BHRS departmental clinical supervision needs with staff who are obtaining hours towards licensure.
  - Coordinated the transition and expansion of online trainings offered to BHRS staff in collaboration with Training Dept., QS and DMS.
  - A Workforce Education & Training (WE&T) presentation was made as part of the MHSA Representative Stakeholder meeting on January 2016.
- The Volunteer Program did an internal customer survey and the California Association of Social Rehabilitation Agencies (CASRA) support program did a participant customer survey and we are using the data to develop action plans. They both also have further developed desk reference manuals to assist with cross-training and training of their volunteer staff.
- Nineteen participants completed the 9-unit CASRA certificate program. In addition, three participants continued their education and received their AA degree at MJC and two participants are pursuing their BA degrees.
- A successful BHRS Volunteer Celebration took place in a larger venue on April 26, 2106, with 140 invitees, resulting in 70 attendees.
- The Volunteer Program expanded into two additional BHRS program sites.
- UC Davis Leadership Academy, offered through our partnership with CIBHS, was successfully completed by several BHRS Coordinators and Managers, January 2016- June 2016.
- Completed several trainings for community members on Suicide and Mental Health issues. In addition, BHRS conducted specific trauma training for staff in November 2015.



- The BHRS Intranet link was expanded to include:
  - More Volunteer process information regarding protocols.
  - Additional information regarding the BHRS training schedule.

### **Information Technology**

- The Cerner application is in production with CSOC Clinical EHR forms.
- Obtained switches, routers, and various computer equipment for new CSU building that houses CERT.
- Completed upgrading the Windows 2003 servers.
- Three (3) new staff started in the month of May 2016.
- Designed and tested major functions of the PEI database, and trained and supported PEI programs in use of database and outcome reports.
- Installed software upgrades for the EHR.
- Continue to support the department in the delivery of tele-psychiatry services.
- Started a new process of attaching lab results to client EHR.
- Started to look at the integration of the LOCUS (Level of Care Utilization System) tool in the EHR.
- Implemented the DSM-5/ICD-10 diagnostic system in the EHR in order to be in compliance by October 1, 2015.
- Developed additional department dashboards, acquired additional licenses, and conducted Dashboard training for Managers and Coordinators.
- Staff attended at least one class at the 2015 BHRS Safety Fair.
- Added additional UPS power in the server room.
- Snap Survey purchase to replace the Teleform system.

Respectfully submitted by Frank Ploof, Chair

## **CRIMINAL JUSTICE OVERSIGHT/FORENSICS COMMITTEE**

**Committee Chair:** Vern Masse

**Senior Leader:** Debra Buckles

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, and Behavioral Health and Recovery Services staff. The Committee provides oversight and advice to Behavioral Health and Recovery Services programs connected to criminal justice.

### **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 Department, Behavioral Health and Recovery Services, and the Stanislaus Chapter of the National Alliance on Mental Illness. The goal of the 40-hour training is as follows:

- Reduce use-of-force incidents by officers when encountering emotionally disturbed individuals;
- Reduce related injuries to officers 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 able to provide two academies a year. Classes in the spring and fall of 2016 were full. 55 officers were trained from Modesto Police Department, Stanislaus County Sheriff's Department, both patrol and custodial staff, Stanislaus County Probation Department and some officers from out of county. One Mental Health Board member provided two presentations at the CIT trainings.

Responses from officers and other graduates have shown that the information and training from these academies has made dealing with individuals with mental illness safer for both officers and citizens. The evaluations of the CIT Academy remain very strong, earning an overall rating of 4.3 out of 5 and a rating of 2.6 out of 3, for usefulness for their duties. 94% of the respondents in May would recommend this class to other officers.

### **Restorative Policing**

This forensic, multi-disciplinary group meets to guide a community policing effort. 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 past year has seen a renewal in focus through structure and attendance. The Modesto Police Department's Sargent in charge attends along with several of his officers. Regular invites to key players has paid off with increased participation across agencies and disciplines. The meeting structure allows for a much more focused discussion on several individuals, often over several meetings. Treatment planning with individuals that are very difficult to engage in mental health services can be very rich with this forensic, multi-disciplinary approach.

### **Forensic System of Care Treatment Programs**

The Forensic System of Care served 535 individuals in the Fiscal Year 2015/2016. 72% of the individuals served were from Modesto and 84% were between the ages of 26-59. 52% were White, 33% were Hispanic, and 6% were Black/African American. All treatment modalities maintained an 80% non-booking rate while in treatment for the year with most months maintaining a 90% non-booking rate while enrolled in treatment.

The Integrated Forensic Team is a Full Service Partnership program funded under the Mental Health Services Act. This program makes court-accountable case management services available to 80 individuals with a serious mental illness and/or a co-occurring substance abuse disorder. Through the efforts of an interdisciplinary team, including a Probation Officer, the following services are provided: crisis response, peer support, alternatives to jail, re-entry support and housing and employment services.

This collaborative effort and the positive outcomes from the Integrated Forensic Team were key factors in the Community Corrections Partnership (CCP) funding of an expansion of the Integrated Forensic Team to provide mental health services to the post-released community supervision (PRCS) population in Fiscal Year 2011/2012. In Fiscal Year 2013/2014, the CCP increased funding to increase capacity for the PRCS population in the full service partnership program; a medication clinic was downsized since it was not being fully utilized to accommodate for much needed capacity in the full service partnership program.

The in-custody program, consisting of 3 Mental Health Clinicians, continues to do very well. The linkages to services post-release are beneficial to the individual and our criminal justice partners. They also continue to assist with maintaining current housing

status while in jail. Behavioral Health and Recovery Services continues to be an active participant and voice in the Community Corrections Partnership.

### **Accomplishments**

- The Veteran's Service Committee was merged into the Criminal Justice committee as the Veteran's service committee met its goals and the number of veterans served by Behavioral Health and Recovery Services is very low. The final accomplishment of the Veteran's Service Committee was the establishment of the Veteran's Treatment Court in January of this year. The court continues to increase the number of veterans served. Currently more than 60 veterans are being served through this new collaborative court.
- Active participation in the Community Corrections Partnership with continued funding of services for individuals with mental illness and substance use disorders.
- Co-location with the Probation Department and the Sheriff's Department in the Day Reporting Center.
- Stanislaus County continues to have a strong partnership within the Criminal Justice System. This type of partnership is very effective. The Integrated Forensic Team continues to show a decrease in jail days, and a decrease in homeless days by individuals participating in this collaborative program.
- Crisis Intervention Training Academies have taken place twice this year.

### **Anticipated Challenges**

- Accessing appropriate safe housing for our clients.
- Finding appropriate treatment programs for individuals ready for discharge from the Integrated Forensic Teams to allow capacity for the target population.
- Linking individuals to appropriate services who are classified as mild and moderately mentally ill, instead of our target population of seriously mentally ill. Following through with services may remain a challenge, since we are less likely to have direct involvement with the individual.
- Adjusting to the changes in the criminal sentencing laws which seemed to have resulted in increases in the Misdemeanant Restoration to Competency program and an increase in State Hospital releases.

Respectfully submitted by Vern Masse

## **MANAGED CARE COMMITTEE**

**Committee Chair:** Jack Waldorf

**Senior Leader:** Monica Salazar

The Managed Care Committee reviews two (2) state audits; Annual External Quality Review Organization and Triennial Medi-Cal Systems Audit. Both audits review access, services provided, quality of care, BHRIS internal processes, consumer participation, and other areas of the department.

The committee's primary focus is an analysis of various aspects of the county's contractual relationship with Doctor's Behavioral Health Center, the county's Psychiatric Health Facility and Crisis Stabilization Unit. This includes trends and percentage of denied days and appeals, access, and re-hospitalizations. It also includes the impact of AB109, number of uninsured patients, and a comparison of the length of stay for insured/uninsured children and adult patients. In addition, the committee discusses the impact of two (2) Managed Care Plans; Health Plan of San Joaquin and Health Net that are responsible for providing mild to moderate services to individuals with Medi-Cal.

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

Respectfully submitted by Jack Waldorf

## **IMPACT COMMITTEE**

**Committee Chair:** Jack Waldorf

**Senior Leader:** Kevin Panyanouvong

The purpose of the four-member Impact Committee is to evaluate the impact and make recommendations concerning departmental and contract programs. This is done through visits and discussions with both clients and staff of the programs, using the results-based accountability approach. In some cases repeated visits are made to ensure adequate input. This year the committee has evaluated the following Prevention and Early Intervention programs funded by the MHSA:

- 1) Child Sexual Abuse Early Intervention
- 2) NAMI In Our Own Voice
- 3) West Modesto King-Kennedy Center Early Intervention
- 4) NAMI Ending the Silence
- 5) Riverbank Promotores
- 6) Turlock Promotores
- 7) Ceres Promotores
- 8) Golden Valley Primary Care Behavioral Health Integration, Modesto
- 9) Department of Aging Older Adult Services
- 10) SCOE Staff Training K-12

All of the programs that were evaluated were successful in reaching unserved and underserved ethnic and cultural communities at risk for mental illness. Most of the programs serve difficult-to-engage groups.

The committee's reports are forwarded for discussion with departmental staff and program managers, who use them for planning, targeting, and program improvement. The information in the reports has provided opportunities to particularly successful programs for increased funding through the stakeholder process. It has also provided for increased access for other at-risk cultural groups, and for additional training for program managers, clients, and community members.

Respectfully submitted by Jack Waldorf