

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

DEPT: Behavioral Health And Recovery Services BOARD AGENDA #: B-14
AGENDA DATE: November 21, 2017

SUBJECT:
Approval to Accept the Behavioral Health Board Annual Report for Fiscal Year 2016-2017

BOARD ACTION AS FOLLOWS: No. 2017-671

On motion of Supervisor Olsen , Seconded by Supervisor Monteith
and approved by the following vote,
Ayes: Supervisors: Olsen, Monteith, DeMartini, and Chairman Chiesa
Noes: Supervisors: None
Excused or Absent: Supervisors: Withrow
Abstaining: Supervisor: None


- 1) Approved as recommended
- 2) Denied
- 3) Approved as amended
- 4) Other:

MOTION:

ATTEST: 
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-14
Urgent Routine  AGENDA DATE: November 21, 2017
CEO CONCURRENCE: phx 4/5 Vote Required: Yes No

SUBJECT:

Approval to Accept the Behavioral Health Board Annual Report for Fiscal Year 2016-2017

STAFF RECOMMENDATIONS:

1. Accept the Behavioral Health Board Annual Report for Fiscal Year 2016-2017.

DISCUSSION:

Welfare and Institutions Code Section 5604 requires that each county have a Behavioral Health Board or Commission. The Board of Supervisors appoints members for three-year terms. Behavioral Health Board (BHB) members advise the Board of Supervisors and the Behavioral Health Director on various aspects of local Mental Health and Substance Use Disorder (SUD) programs. It is the responsibility of the BHB to submit an Annual Report to the Board of Supervisors on the needs and performance of Stanislaus County's Mental Health and Substance Use Disorder (SUD) system. Attached is the Stanislaus County Behavioral Health Board Annual Report for Fiscal Year 2016-2017.

The Mental Health Board (MHB) and the Advisory Board for Substance Abuse Programs were combined this year and past difficulties with membership vacancies have since diminished. Currently, there are 17 members with four vacancies. In order to assist new members in understanding the programs and issues with which the board deals, 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 Behavioral Health Board's vision and mission.

During Fiscal Year 2016-2017, the BHB reviewed and developed new bylaws which reflect the broader focus of Mental Health Service and Substance Use Disorder services. In addition, the BHB has been working to develop specific action committees and policies.

Members continue to work to increase the visibility of the BHB throughout the County. BHB committee members have made several site visits this past year and have arranged several presentations for BHB meetings. The newly formed BHB has been continuing to solidify the expanded format for the monthly meetings and providing feedback on all aspects of Behavioral Health and Recovery Services (BHRS) functions and needs. Previously, 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. Now that the combined committees are meeting monthly, it has enhanced the

opportunity for very close coordination and integrated planning for Mental Health and Substance Use Disorder (SUD) services. The BHB began as planned in 2017.

The BHB continues to keep up-to-date on department programs and contracts through site visits, trainings, and monthly presentations. Activities for Fiscal Year 2016-2017 include:

- Active participation in the planning for, and conducting of, the Public Hearing for the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2017-2018.
- The Drug Medi-Cal Organized Delivery System is a program to test a new paradigm for the organized delivery of health care services for Medi-Cal eligible individuals with substance use disorders.
- Human Performance Project – Athlete Committed Overview. This project is a performance-based approach to prevention at high schools.
- Highlights on a conference regarding Individual Placement and Support (IPS), an evidence-based practice of supported employment for people living with mental illness.
- The report from outside consultants of their recommendations was presented on Assisted Outpatient Treatment (AOT).
- Modesto Police Department and Sheriff's Department shared their experience in participating in the Crisis Intervention Training (CIT), a 40-hour training offered by BHRS to law enforcement.
- 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:

There is no fiscal impact associated with the acceptance of this report.

BOARD OF SUPERVISORS' PRIORITY:

Submission of the annual report supports the Board's priorities of A Healthy Community, Effective Partnerships, and Efficient Delivery of Public Services by preparing and presenting an annual review of services provided to the community.

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. Stanislaus County Behavioral Health Board Annual Report



Stanislaus County Behavioral Health Board

Annual Report

Presented to the Stanislaus County
Board of Supervisors
November 2017

ANNUAL REPORT TO THE BOARD OF SUPERVISORS

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MANAGED CARE COMMITTEE
PREVENTION AND COMMUNITY EDUCATION/OUTREACH COMMITTEE
IMPACT DEPARTMENT RUN SERVICES
IMPACT CONTRACT RUN SERVICES

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

INTRODUCTION

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

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

It is the duty of the Stanislaus County Behavioral Health Board to provide an annual update to the Board of Supervisors concerning the performance of Behavioral Health and Recovery Services. It is the Behavioral Health Board's honor to present this information to the Board of Supervisors at this time.

The Behavioral Health Board is comprised of a wide range of individuals representing the diversity of the County population. Currently there are 14 members on the Board, comprised of consumers of mental health services, family members of consumers, mental health professionals and others interested and concerned about the mental health system in Stanislaus County. The composition of the Behavioral Health Board meets the statutory requirements for having consumers and family members on the Board. The Behavioral Health Board membership is diverse, including 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 Behavioral Health Board member.

Members of the Behavioral Health Board are appointed based upon Supervisorial District. In the past, efforts to bring the Board to full complement included out-of-district appointments. This practice will be discouraged as Board of Supervisor members wish to appoint and Behavioral Health Board members wish to be appointed from the district in which they reside. However, a Board of Supervisors member may initiate an out-of-district appointment if he is willing to cede a vacancy in his district and the candidate is agreeable to this as well. Behavioral Health Board members continually discuss mental health and substance use issues with members of the public and seek interested individuals willing to fill vacant positions, as they become available. Currently, concerted efforts to recruit individuals representing the various ethnic and cultural groups in the county are being made.

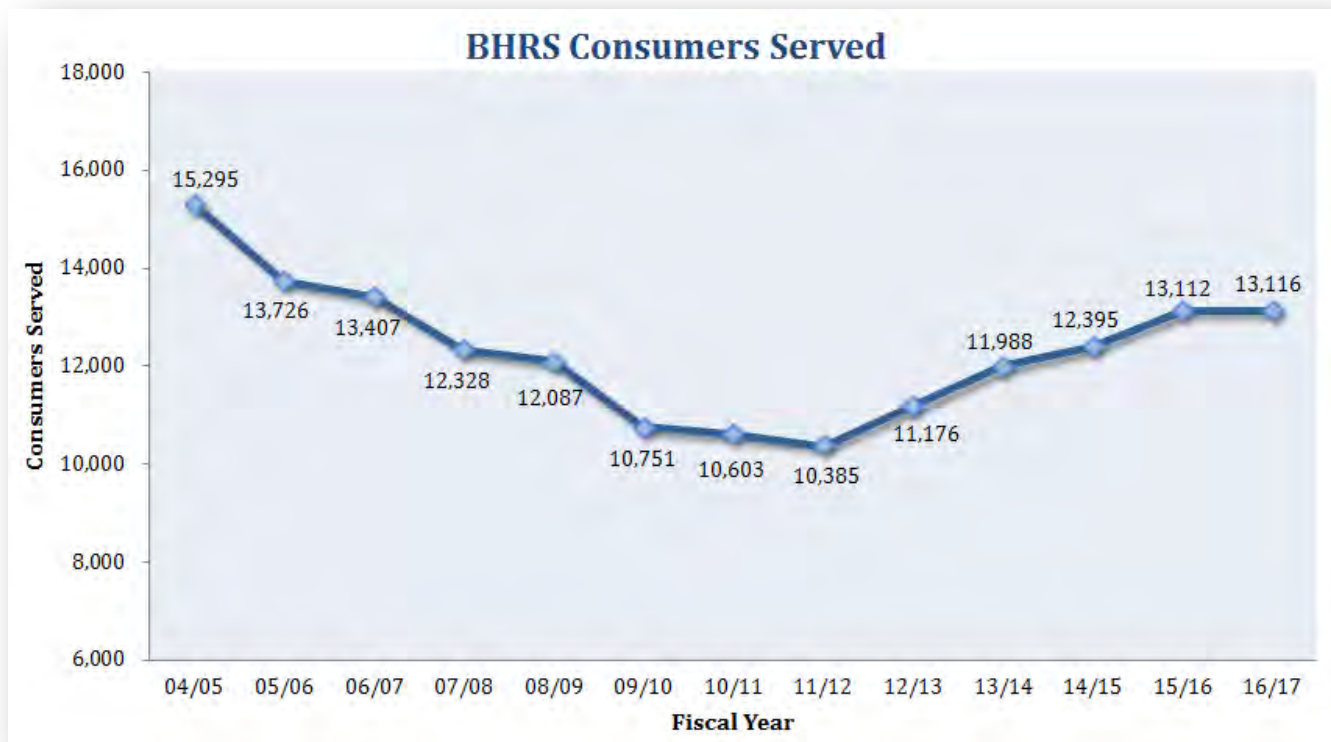
Behavioral Health Board members meet monthly in a public meeting to bring attention to mental health issues, and each member of the Board participates in at least one of six committee meetings designed to focus on more detailed components of mental health and substance use issues. Committees currently consist of the Administrative, Fiscal Management, Managed Care, Prevention and Community Education/Outreach, Impact – Department Run Services, Impact – Contract Run Services. Additionally, the Executive Committee, consisting of the Chair, Vice-Chair and Committee Chairs, meets regularly with the Director of Behavioral Health and Recovery Services and other staff members to set goals and future direction for the Behavioral Health Board. Ad hoc committees are used when needed to address issues that arise.

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

Mental illness and substance use disorder challenges are not confined to individuals, alone. Mental illness and substance use disorders affect family members, businesses, law enforcement, schools and the community as a whole. Those who experience serious and persistent mental illness and/or substance use disorders are 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 Behavioral Health Board is so concerned about mental health and substance use 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. The Behavioral 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. The Department’s Fiscal Year 2016-2017 Adopted Final Budget was \$109,940,290, an increase of 4.9% over the prior fiscal year. Of the total budget, \$95,415,889 was dedicated for use in mental health programs and \$13,205,836 in substance use disorder programs. The remaining \$1,318,565 was earmarked for use in the public guardian program. Total staffing for the Department, was approximately 455 full-time staff. Behavioral Health and Recovery Services served 13,116 unique mental health and substance use consumers during Fiscal Year 2016-2017. This number remained stable compared with prior fiscal year, but reflects a 5.82% increase from Fiscal Year 2014-2015. The chart below shows historical data on the number of consumers served.



- The chart above depicts the number of unique mental health (MH) and substance use (SU) consumers for each fiscal year. The number is unduplicated between MH and SU (i.e., if consumers receive both MH and SUD services, they are counted only once).
- FY04/05 through FY11/12 (first half) includes consumers served in treatment programs only
- FY11/12 (second half) through FY16/17 includes consumers served in treatment programs and participants in non-treatment programs

MISSION STATEMENT

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

BEHAVIORAL HEALTH BOARD MEMBERS

Jack Waldorf, Chair

Mike Shinkel, Vice-Chair

Supervisor Terry Withrow

Lt. Gregg Clifton

Annie Henrich

Carlos Hernandez, Jr.

Susan Kirk

Yvette McShan

Carmen Maldonado

Vern Masse

Charmaine Monte

Jill Neifer

Officer Thomas Olsen

Frank Ploof

Jerold Rosenthal

Kathy Rupe

Virginia Solorzano

BEHAVIORAL HEALTH BOARD EXECUTIVE SUMMARY

Fiscal Year 2016/2017 was a productive time for the Behavioral Health Board (BHB).

The primary focus of this year has been the integration of the Mental Health Board (MHB) with the Advisory Board on Substance Abuse Programs (ABSAP). Each board selected four members to serve on a committee to negotiate the terms of integration and the bylaws of the new Behavioral Health Board. The committee members worked assiduously to make the new board a reality. In addition, new committees were designated to replace the committees of the two former boards. Members of the new board were assigned to the new committees so that each one had at least three members. These committees are the Administrative and Fiscal Management Committee, the Managed Care Committee, the Prevention and Community Education/Outreach Committee, the Impact-Department Run Services Committee, and the Impact-Contract Run Services Committee. The process took a number of months, so many of the committees are in the early stages of carrying out their responsibilities. All of them, however, are now established and our next year should be a productive one, reaching out to the community, evaluating programs, and reviewing the performance of the hospitals, as well as the administrative functions of Behavioral Health and Recovery Services.

BHB meeting presentations have been a blend of mental health and substance use which has created great discussion on two very important topics. Presentations have include the DMC Waiver 1115, Physiology and Performance, IPS Supportive Employment Leadership Training, Laura's Law, Modesto Police Dept. and Sheriff's Department's approaches to the mentally ill, and a Mother's Quest to Make a Difference.

As the Chair of the BHB, I have also have been building a partnership with the new BHRS Director.

Respectfully submitted by Jack Waldorf, Chair

ADMINISTRATIVE, FISCAL MANAGEMENT COMMITTEE

Committee Chair: Gregg Clifton

Senior Leader: Mandip Dhillon

The Administrative, Fiscal Management Committee (AFMC) meets on a quarterly basis and reports to the Stanislaus County Behavioral Health Board during monthly meetings. The purpose of the AFMC is to provide oversight and assistance to Behavioral Health & Recovery Services (BHRS) and provide feedback to the County Board of Supervisors with this annual report.

The committee tracked goals and results during the 2016/2017 fiscal year from seven BHRS units, which include Accounting Services, Administrative Services, Business Office, Contracts, General Services, Human Resources/WE&T Training, and Data Management Services.

It is clear to this committee that each of these units within BHRS are run very well and efficiently. Each of the managers are positive, engaged, and provide valuable information during committee meetings and for this annual report.

In addition continued and increased funding is needed to meet program goals. BHRS is struggling to recruit and fill vacancies within its ranks. Each of the units addressed in this report have made significant accomplishments with minimal staff.

Accomplishments from Accounting Services:

All budgets were prepared and submitted to CEO for BOS approval prior to deadlines. BHRS operated within BOS approved budgeted appropriations.

	FY 2016-2017 Legal Budget	FY 2016-2017 Actuals	Change Column F - Column E	% of Legal Budget Column F / Column E
Five-Year History	Column E	Column F	Column G	Column H
Behavioral Health and Recovery Services				
1501 through 1507 - Special Revenue Funds				
Total Revenue	\$ 105,371,325	\$ 104,752,318	\$ (619,007)	99.4%
Use of Fund Balance	\$ 8,879,104	\$ (392,306)	\$ (9,271,411)	-4.4%
Gross Costs	\$ 116,231,353	\$ 106,340,936	\$ (9,890,417)	91.5%
Net County Cost	\$ 1,980,924	\$ 1,980,924	\$ -	100.0%

Gross costs were 8.5% lower than budget due to salary savings from multiple position vacancies and under-utilization of services in the following programs:

- Adult rehabilitation and intensive case management services.

- Treatment services for children in foster care.
- Placements at Institutions for Mental Disease (IMD) and state hospitals.
- Narcotic treatment program services.
- Hospitalization services.
- MHSA Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) services.
- MHSA Innovations (INN) projects and other programs that either did not start or were delayed in implementation.

Most Department revenue is received as reimbursement for services. Since gross costs were lower than projected, reimbursement revenue was also lower than anticipated. The Department ended the year with a significant savings in the actual usage of the fund balance as compared to budget.

Accomplishments from Administrative Services:

- Mandip Dhillon replaced Scott Lines as Assistant Director – Administrative Services as of November 14, 2016. Mr. Dhillon has worked for the County for 16 years starting with BHRS as an Accountant, promoting to Manager positions for Environmental Services and the CEO Office, before promotion to his current position as Assistant Director at BHRS.
- Department continues to monitor the funding and service impacts for a potential repeal of the Affordable Care Act.
- Successful collaboration with Community Services Agency, CEO Office, Courts, and other community partners in opening the Initial Outreach and Engagement Center located at 825 12th Street for services to the homeless, a program inspired by the Focus on Prevention Initiative of the County.
- Assisted with matters related to the Laura's law/Assisted Outpatient Treatment in Stanislaus County. Board of Supervisors granted approval to BHRS to expand and enhance existing Mental Health programs as well as to develop Laura's Law implementation strategy for future consideration by the Board. Work is ongoing.
- Responded to Board of Supervisors and the Auditor-Controller's Office on the Client Gift Card and Purchasing/Credit audits. Findings of the audits were discussed with BHRS Executive team, management and confidential assistants. Corrective actions are underway and Accounting Division will provide internal training to BHRS staff responsible for handling cash equivalents starting September 2017.
- Successfully transiting BHRS budgets to a new two-year performance and outcomes based budget reporting format required by the CEO's Office.

Accomplishments from Business Office:

- The Business Office bills Medi-Cal Claims, Medicare, private insurance, and clients. Mental Health Medi-Cal is billed three months in arrears to eliminate excess voids and errors in billing.

- The Business Office has six staff who work on processing claims and two case managers located at MRS, 500 N 9th St. One case manager travels to hospitals to assist clients in applying for Medi-Cal.
- In FY 2014/15, MH Medi-Cal claimed \$33 million in services with a 2% denial rate. Drug Medi-Cal claimed \$4.6 million in services with a 1% denial rate. Due to our billing schedule and the timeline to resubmit denials, we report two years in arrears.
- The Business Office has a current open position, a Staff Services Coordinator, which is being under filled by an Account Technician.

Accomplishments from Contracts:

The BHRS Contracts Department supports the department by drafting, amending, renewing and terminating agreements, leading the Request for Proposal process, managing State contracts, conducting contract monitoring, advising and drafting Memorandum's of Understanding and Inter-agency Agreements, along with initiating and drafting contract related Board of Supervisor Agenda Items.

- 127 contracts went to the Board on June 13, 2017 for approval to renew for FY17/18 totaling \$60,406,385 (4,551,462 in revenue agreements). A copy of this Board Item was provided to the committee in May.
- Contracts processed 47 amendments and created 24 new agreements. The Contracts Department completed one RFP with four in process as of June 30, 2017.
- A new Account Clerk III was hired in August 2016 and then promoted to a Staff Services Analyst in April 2017. One Analyst resigned and an Account Clerk III was brought on board May 2017. There were no other staffing changes.

Accomplishments from General Services:

BHRS General Service Department supports the department through procurement of goods and services, delivery of interoffice mail and supplies, and coordinating the maintenance and repairs of facilities and grounds. The BHRS General Service Department is proud of the everyday work and the many accomplishments made during FY2016/17. These include:

- Installing new flooring and updating the furnishing of the Redwood and Main Conference Rooms
- Procuring and installation of a new Modular Building allowing BHRS Prevention Services to relocate to the 800 Scenic Campus
- Updating the furnishing of The Family Partnership Centers with ergonomically sound furnishings that decrease the risk of repetitive motion injury and increase employee wellness.
- Initial planning for facilities assessment of the 800 Scenic Dr. campus.
- Internal Painting of the Genesis program
- Conversion of facility information from a hard copy binder to a searchable electronic document.

Accomplishments from Human Resources and Workforce Education & Training (WE&T):

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

The Workforce Education & Training (WE&T) is a component of Mental Health Services Act (MHSA) and focuses on the educational and training capacity of the mental health workforce, with the goal to further develop a diverse, skilled workforce; as well as continuing to build collaboration with community partners. Two (2) examples include our continued efforts to expand our Volunteer participation and our partnership with Modesto Junior College to support their California Association of Social Rehabilitation Agencies (CASRA) program.

An example of accomplishments made during FY2016/17, include:

- Budget review and staffing strategies, including renewing, evaluating, and updating over 30 Personal Service Contracts.
- Supporting the County effort for staff to identify their ethnic category(ies).
- Nurses' union negotiations.
- The Probationary Review Committee was reinstated in an effort to support new employees and their supervisors.
- Our Electronic Timecard process was expanded.

Accomplishments from Data Management Services/Performance Measures:

BHRS DMS/PM Department provides IT support to the department, as well as department outcomes. DMS/PM is responsible for hardware, software, our main information system (EHR), local area network, VoIP system, outcomes, and state reporting including, consumer perception surveys and other department surveys. The BHRS DMS/PM department is proud of the everyday work and the many accomplishments made during FY 2016/17. These include:

- Upgraded our Electronic Health Records system and provided training to over 650 staff, including contractors.
- Upgraded our data lines to AT&T Switched Ethernet (ASE) to provide better support and network performance.
- Administered two consumer perception surveys, one in November of 2016 and one in May 2017. These surveys are a state requirement with optional participation from our consumers.
- Reduced the expenses of Mobile Devices by 30% by implementing a tracking system with a key indicator report.
- Filled 2 positions in FY 16/17.

The seven units highlighted in this report provide the service and structure that enables BHRS to function and operate successfully. During this fiscal year, BHRS has done a wonderful job with fiscal management, and reaching the needs, mandates, and goals associated with the department, staff and the community it serves.

Respectfully submitted by Gregg Clifton, Chair

MANAGED CARE COMMITTEE

Committee Chair: Jack Waldorf

Senior Leader: Monica Salazar

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

The committee's primary focus is to analyze various aspects of the county's contractual relationship with Doctors Behavioral Health Center, the county's Psychiatric Health Facility, and the Crisis Stabilization Unit. This includes trends and percentages of denied days and appeals, access, and re-hospitalizations. It also includes the impact of AB 109, the number and percentage of uninsured patients, and a comparison of the lengths of stay for insured and uninsured adult and child patients. In addition, the committee analyzes the impact of two managed care plans, the Health Plan of San Joaquin, and Health Net, that are responsible for providing services to individuals covered by Medi-Cal that have mild to moderate mental illnesses.

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

Respectfully submitted by Jack Waldorf, Chair

PREVENTION AND COMMUNITY EDUCATION/OUTREACH COMMITTEE

Committee Chair: Jill Neifer

Senior Leader: Kevin Panyanouvong

We would like to thank you for your leadership and the incredible responsibility that entails your position. As members of the Behavioral Health Board, we are humbled and honored to serve you, staff of BHRS and the community in which we call home. The mission of our board is to:

- Advocate for the highest possible quality of life
- Advocate for the elimination of stigma through education
- Advocate for the removal of barriers to service
- Provide oversight and work in partnership with the staff of the County Behavioral Health Department

Accomplishments

The single greatest accomplishment for the Fiscal Year July 1, 2016-June 30, 2017 would be the merger of the Mental Health Board and the Substance Abuse Board into the Behavioral Health Board. We have come together to learn, to listen, work collectively to seek truth and offer solutions for building community. Together and separately we have utilized and assessed Stanislaus County web site for information on current practices and **hope** for consumers, families and the staff of BHRS. During the 2016-2017 year, we broke bread with the Asian community, cheered for children on and off the playing fields, established a community resource rack at a local emergency room, attended prevention and education for homelessness, researched Drug and Alcohol Recovery Services and supported the Stanislaus Committed program for our High Schoolers! We have learned and attended classes regarding Mental Health and Wellness. We have strengthened our own families, supported our co-workers, sought out the leaders, the hopeless and listened to their concerns. We have smiled, we have cried and we have grown stronger because of it! We are Team Stanislaus!

Goals

We have learned much by volunteering our time. We have observed a confident and wise leader in Supervisor Withrow. We have welcomed Stanislaus County's new mental health director Rick DeGette. We have listened and observed the staff of Behavioral Health and Recovery Services on the strengths and weaknesses of Stanislaus County BHRS. The Prevention and Community Education Committee has built a strong foundation to start advocating for and empowering the community, leaders, families and employees of Stanislaus County. Our goal is to prevent, educate, and seek opportunities in the community to act out our mission statement. We have just begun our individual and committee journeys and there is much work to be done. Thank you for allowing us to serve and "Cheer for the Community" in which we live. In order to continue to make a difference in our community we need to invest in those that

are on the front lines of BHRS. We have observed committed employees that are doing their best with the resources available for use. So we ask of you, what are we doing right and what can we do better? Our goals for the next year are to continue to learn, listen and work within our community. Our focus will be assisting the aging population with resources. We will continue to encourage our teens and high schools to utilize the Stanislaus Committed Program. We will talk openly about our own family struggles and reduce the stigma of mental illness, alcohol abuse and drug addiction. We will challenge each other, our community leaders, our families, co-workers and neighbors to continue to make a difference and join us in building wellness in the community.

Respectfully submitted by Jill Neifer, Chair

IMPACT- DEPARTMENT RUN SERVICES COMMITTEE

Committee Chair: Vern Masse

Senior Leader: Debra Buckles and Pam Esparza

The Impact Committee for Department Run Programs was created out of the merger of the Mental Health and Advisory Board on Substance Abuse Programs Boards. The committee has been visiting contract programs for some time, evaluating their effectiveness and trying to identify where the programs could be improved to better serve the consumers and to make sure public funds are being used effectively. With the merger, the committee decided to expand this to department run programs. Program presentations were presented to the committee and then the committee visited the program, talked with staff and consumers.

Since the committee's inception, the committee visited three programs: Detention Mental Health Services, Genesis Narcotic Treatment Program and, the Wellness Recovery Clinic. All programs appeared to provide quality services. The two areas that could be improved were access to county vehicles and the difficulty in filling vacant positions. In the past, clinical staff after college graduation would work at non-profits until they were experienced enough to apply for position with the county. Now due to the county's pay and benefits falling below what other counties and private programs offer, the reverse is true. If the county expects to hire the most experienced and skilled clinicians the county must match or better what other programs are offering. As a clinician myself, when I renewed my license, I received an offer from San Joaquin County that was more than Stanislaus currently offers.

Respectfully submitted by Vern Masse

IMPACT – CONTRACT RUN SERVICES COMMITTEE

Committee Chair: Frank Ploof

Senior Leader: Dawn Vercelli and Shannyn McDonald

This committee was formed as an outcome of the Mental Health Board and the Advisory Board on Substance Abuse Programs merge that concluded in February 2017. Committee members and chair were selected shortly thereafter and the first meeting was held on Wednesday, March 8, 2017. The meetings are held on the second Wednesday of month. The committee is scheduled to meet monthly as well as have periodic site visits throughout the year.

The committee is comprised of board members Tony Flores, Annie Henrich, and Frank Ploof as chair. It also includes two Senior Leader staff, Shannyn McDonald and Dawn Vercelli, as well as an administrative support person.

The committee spent the first several months creating a plan of operation which resulted in a two part strategy. First, the committee would have the major contractors present an overview of their services and second, after the presentation the committee would select one or more services to follow-up on with site visits. It's worthy to note that because some committee members are also involved in department operated services, both committees adopt the same strategies.

To date, we have had presentations by Telecare and Turning Point and a site visit to Telecare. Next is a site visit to Turning Point in late September or early October. Both presentations were very informative and their teams articulated the broad range of critical services provided to our community of people diagnosed with a serious mental illness. The site visit to Telecare was also well done. The director and BHRS contract monitor hosted the visit and provided a tour of the various team offices. The committee was introduced to staff and questions from the committee were engaged. The committee was invited back for further discussions with one or more teams to learn more, if desired.

Challenges that were discussed seem to be common across many organizations in the valley. There is an acute shortage of professional level staff which in our case its clinicians, psychiatrists, and medical doctors. Other challenges are the shortages of housing for homeless clients, the difficulty in working with the homeless due to irregular contact, taking medications as prescribed, and co-occurring issues. Lastly, there's a shortage of psychiatric beds, not only locally but nationwide.

The committee thus far has taken in a lot of information about services provided and is still working on understanding them all in terms of performance and outcomes. We are in the process of reading applicable contracts so we understand contractually what is expected in line with our observations of actual performance.

Given the short amount of time this committee has been operating, significant progress has been made. In another year, the committee will have a much better understanding of services and outcomes such that we can provide a much more detailed report of contract operated services.

Respectfully submitted by Frank Ploof, Chair