Stanislaus County

Mental Health Services Act

Community Services and Supports Implementation Progress Report January 1, 2007 – December 31, 2007

July 2008

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Introduction

On January 24, 2006, Stanislaus County was pleased to be the first county in California to receive approval of a Three year Plan for MHSA Community Services and Supports (CSS). Implementation of the proposed eleven new or expanded services began immediately and proceeded successfully throughout 2006. Implementation workgroups were formed for each of the eleven workplans: 5 Full Service Partnership Programs, 4 General System Development Programs and 2 Outreach & Engagement Programs. Workgroups in all areas sought to include and were successful in engaging stakeholder participation and input. With the support of consumers, family members and other community stakeholders, efforts to move toward transformation were accomplished. As implementation challenges were encountered and in many cases overcome, more was learned about how to operationalize the MHSA Essential Elements: community collaboration, cultural competency, consumer/family driven system, wellness, recovery, resilience and integrated service experience. By the end of 2006, virtually all service targets had been met and each quarter's data was reported in a timely manner. The 2006 Implementation Progress Report, prepared in early 2007, included a description of some early implementation success, challenges and plans for continuing efforts. The 2006 Implementation Progress Report concerned the time frame from January 24, 2006 – December 31, 2006. This progress report builds on the previous progress report. A complete copy of both reports may be found at: www.stanislausmhsa.com.

In the effort by Stanislaus County Behavioral Health and Recovery Services (BHRS) to implement the Three-Year Plan for Mental Health Services Act (MHSA) Community Services and Supports (CSS) Plan continuous progress was made in 2007. While meeting budget challenges in Realignment and loss of AB 2034 funds, implementation of the CSS Plan has moved forward. Addition and loss of funding had a tumultuous impact in 2007. In July 2007, AB 2034 funds ended. This was a devastating loss that created gaps in service that were not present at the time of the initial Community Planning Process in 2005. The reality of this circumstance created challenges concerning sustainability of continued CSS services. Effective August 2007, the California Department of Mental Health (DMH) approved Stanislaus County's CSS Growth Funding Plan. Subsequently, BHRS was awarded approximately $1.5 million in Mental Health Services Act CSS funding. In the fall of 2007, DMH notified counties additional unused State administrative funds would be redistributed to all 58 counties for use as one-time augmentation of local services. On October 18, 2007 DMH issued Information Notice 07-21, providing guidance on the application procedure. Using community stakeholder input, BHRS submitted a request for funding which was subsequently approved in December 2007.

The effect of shifting the mission of BHRS toward the MHSA essential elements is impacting BHRS, community agency partners and the surrounding community. All are key participants in what was accomplished in 2007. Although much remains to be done, significant progress has been achieved. Implementation success is largely attributable to the ongoing participation, partnership and support of community stakeholders, including: consumers, family members, diverse cultural groups, law enforcement, education, social services and others.

On March 18, 2008, California Department of Mental Health (DMH) issued Information Notice #08-08 requesting an update on implementation activities in calendar year 2007. This report describes the ongoing effort to effectively utilize the unique CSS funding guided by the essential elements of MHSA, BHRS Vision and Mission, DMH regulations with feedback and input from community partners. Comment on the report is invited.

A. Program/Services Implementation

1) The County is to briefly report by Work Plan on how implementation of the approved program/services is proceeding including: a.) whether the implementation activities are generally proceeding as described in the County's approved Plan identifying key differences; b & c) for each FSP and GSD Work Plan describe what percent of anticipated clients have been enrolled. (Counties that have submitted their current Exhibit 6, Three-Year Plan – Quarterly Progress Goals and Report, have the option of not including the FSP & GSD information in this report); d) major implementation challenges that the County has encountered.

FULL SERVICE PARTNERSHIP SERVICES

FSP-01 Westside Stanislaus Homeless Outreach Program –
Implementation of this program generally proceeded as described in the County's MHSA Work Plan and DMH Performance Contract/MHSA Agreement.

Key differences & challenges:

- Expansion of Westside SHOP services was achieved through use of a portion of Growth Funding. Program capacity was expanded to serve 24 additional individuals in the FSP and 100 individuals in GSD-level service. The Peer Advocacy Team shared by three other FSP programs (FSP-03, FSP-04 and FSP-05). (More detail may be found at www.stanislausmhsa.com in the approved Growth Funding and Program Expansion Funding Request 2007-2008)
- One-time augmentation funding was also used to expand Westside SHOP services in 2007. The expansion consisted of service to 70 at risk individuals in FSP & expanded service capacity in intensive services and supports (ISS) as well as a portion of the Peer Advocacy Team. (More detail may be found at www.stanislausmhsa.com in the approved MHSA-CSS One-Time Funding Augmentation Proposal 2007-2008)
- Challenges were present as the program staff adapted to growth and funding uncertainty. Additional screening processes were utilized; Level of Care Utilization System (LOCUS), and other team evaluations were employed to best match client requests and needs to program services. Staffing changes were necessary and increasing costs related to medication costs for the uninsured population were also challenging.

The complete report of data for service to people served in FSP programs during 2007 may be found in Stanislaus County's Exhibit 6: Three-Year Plan Quarterly Progress Goals and Report, as submitted to DMH.

FSP-02 Juvenile Justice Full Service Partnership – Implementation of this program generally proceeded as described in the County's MHSA Work Plan and DMH Performance Contract/MHSA Agreement.

Key differences & challenges:

- This FSP team is moving forward in taking a more consumer/family member driven approach, not typical for juvenile justice programs, by implementing a parent support group and a peer-mentoring element to the program.
- Plans to expand the modular building that housed this team were significantly delayed. This FSP team waited until May 2007 for its new modular building to be purchased and placed on-site. In the meantime, they shared space with another program. Lack of sufficient space interfered with scheduling of groups and offered little privacy in which to meet with service recipients. The team made the best of a difficult situation by being resourceful. It's challenging to have a team in formulation without a place to call "home".
- An additional challenge for this team was the significantly increased amount of paperwork required for FSP data collection and reporting. This unavoidable paperwork was sometimes overwhelming.
- Staff turnover presented challenges also as a Coordinator new to MHSA FSP programs came on board.
- Additional training on the evidence-based practice, Aggression Replacement Therapy (ART)/Teaching Pro-Social Skills would have increased the team's confidence in their work with high-risk youth.

Report of data for service to people served in this FSP programs during 2007 may be found in Stanislaus County's Exhibit 6: Three-Year Plan Quarterly Progress Goals and Report, as submitted to DMH.

FSP-03 Senior Access and Resource Team (SART) – Implementation of this program generally proceeded as described in the County's MHSA Work Plan and DMH Performance Contract/MHSA Agreement.

Key differences & challenges:

- SART initiated a prevention and education program for consumers with co-occurring issues of drug and alcohol abuse, not originally included in its program design.
- Growth Funding enabled addition of a Peer Advocacy Team (Peer Recovery Specialist, Benefits Advocacy Specialist, and Housing Specialist), shared with three other FSP programs (FSP-01, FSP-04 and FSP-05).
- Challenges related to late start-up of this FSP service continued into 2007. As reported in the previous progress report, delay in start-up was caused by a deficit in the BHRS Realignment budget resulting in a reduction in force. To avoid layoff,

existing BHRS employees were offered transfer opportunities to available jobs in new MHSA-funded programs and transfers became effective July 1, 2006.

- Challenges in this new team included typical start-up issues, such as learning to work as a team, accessing sufficient training to develop understanding of Assertive Community Treatment (ACT) and Integrated Dual Diagnosis Treatment (IDDT), clarifying program criteria and informing potential referral sources.
- Significantly larger amounts of paperwork required for FSP data collection and reporting are an ongoing challenge. This unavoidable paperwork was/is sometimes overwhelming.
- Additional challenges have occurred due to program relocation in February 2007 and staff turnover.

The complete report of data for service to people served in FSP programs during 2007 may be found in Stanislaus County's Exhibit 6: Three-Year Plan Quarterly Progress Goals and Report, as submitted to DMH.

FSP-04 Health Mental Health Team - Implementation of this program generally proceeded as described in the County's MHSA Work Plan and DMH Performance Contract/MHSA Agreement

Key differences & challenges:

- Growth Funding enabled addition of a Peer Advocacy Team (Peer Recovery Specialist, Benefits Advocacy Specialist, Housing Specialist), shared with three other FSP programs (FSP-01, FSP-03 and FSP-05). This team develops support services and provides specialized resources to increase independence, recovery and wellness.
- This program was originally sited at a location that was relatively cost neutral. However, the location turned out to be more difficult than anticipated for clients to access. Though public transportation was available, the bus stop was not close enough to the service site. The team compensated by making more off-site visits to homes and other locations as much as possible. Ultimately the situation proved unworkable. In August 2007 the program moved to a new, more convenient location, directly on public transportation routes and near the SART FSP.
- Education of potential referral sources has been challenging largely due to the overwhelming need for mental health service to people who have complicated medical issues. The challenge lies in referrals of clients whose needs go beyond the program target population protocols of working with people with diabetes and/or hypertension.

The complete report of data for service to people served in FSP programs during 2007 may be found in Stanislaus County's Exhibit 6: Three-Year Plan Quarterly Progress Goals and Report, as submitted to DMH.

FSP-05 Integrated Forensic Team (IFT) – Implementation of this program generally proceeded as described in the County's approved MHSA-CSS Work Plan and the DMH Performance Contract/MHSA Agreement.

Key differences & challenges:

- Growth Funds made available in 2007, were utilized to increase service capacity from 40 to 80 individuals and add additional levels of care (intensive services and supports and wellness/recovery) to further expand service delivery, including the previously described Peer Advocacy Team. Ten of the new slots were reserved for consumers with co-occurring disorders being served by the Adult Drug Court Program.
- This FSP was the first to be fully implemented. When program capacity doubled and no new staff were added, there was an initial challenge of maintaining full capacity. The experienced team was able to adjust in a short amount of time.

The complete report of data for service to people served in FSP programs during 2007 may be found in Stanislaus County's Exhibit 6: Three-Year Plan Quarterly Progress Goals and Report, as submitted to DMH.

GENERAL SYSTEM DEVELOPMENT SERVICES

GSD-01 Transition Age Young Adult (TAYA) Drop-In Center, "Josie's Place" – Implementation of this program generally proceeded as described in the County's MHSA Work Plan and DMH Performance Contract/MHSA Agreement.

Key differences & challenges:

- One-time augmentation funds were used to expand employment and crisis housing and re-develop a continuum of care including time-limited intensive services and supports to a limited number of individuals at the Drop-in Center site. This new level of care model permits movement through service, intensive supports, and graduation into wellness/recovery, all within one location. Intensive supports level of service is provided by staff from FSP-01 at the Drop-in Center; Josie's Trac. When FSP level services are needed, referral and linkage are made to FSP-01, FSP-02, FSP-04 or FSP-05, as appropriate for the individual. (More detail may be found at www.stanislausmhsa.com in the approved MHSA-CSS One-Time Funding Augmentation Proposal 2007-2008)
- A challenge that was resolved in 2007 was how to meaningfully include 16- and 17-year-old youth in a program primarily utilized by 18 to 25-year-old young adults. Through numerous meetings and consultations with Children's System of Care staff, members of the Josie's Place Young Adult Advisory Council, and Josie's Place staff, the concerns regarding safety and liability were resolved and 16-and 17-year-old youth are now full members at Josie's Place.
- The loss of AB 2034 funding deeply affected the service team housed at Josie's Place resulting in a change in how services are provided to TAYA consumers.

Complete report of data for service to people served in this GSD program during 2007 may be found in Stanislaus County's Exhibit 6: Three-Year Plan Quarterly Progress Goals and Report, as submitted to DMH.

GSD-02 Community Emergency Response Team (CERT) - Implementation of this program generally proceeded as described in the County's MHSA Work Plan and DMH Performance Contract/MHSA Agreement.

Key differences & challenges:

- The Mobile portion of the CERT team "M-CERT" became mobile, in partnership with law enforcement patrol officers, in 2007. Negotiation of the Memorandum of Understanding with Modesto Police Department (MPD) and training required prior to going mobile was a lengthy and detailed process. Once completed and underway, this feature of the service has served to strengthen the relationship between BHRS and MPD. Additionally, it begins to fulfill the number one priority of stakeholders, during CSS planning, to have more immediate access to mental health services and supports in the community.
- The CERT and Warm Line are two parts of this service approach to offering crisis intervention to consumers and family members. Significant effort and development toward teamwork has occurred in 2007.
- In Fall 2007, BHRS sold its acute inpatient psychiatric hospital, Stanislaus Behavioral Health Center, necessitating relocation of the entire CERT/Warm Line team away from the hospital grounds. The move had been anticipated all year and was finally completed by November 1, 2007. The structural change of the worksite led to the need to develop better communication and access for consumers/family members who sought face-to-face contact with Warm Line staff.

The complete report of data for service to people served in this GSD programs during 2007 may be found in Stanislaus County's Exhibit 6: Three-Year Plan Quarterly Progress Goals and Report, as submitted to DMH Performance Contract/MHSA Agreement.

GSD-04 Families Together - Implementation of this program generally proceeded as described in the County's MHSA Work Plan and DMH Performance Contract/MHSA Agreement.

Key differences & challenges:

- A stakeholder-identified need for more regular transportation to families was accomplished within the approved workplan and level of approved funding. As a result, more transportation has been provided to monolingual Spanish-speaking families, increasing access and participation in program activities a consistent support for families in need.
- The "good" challenge of higher than expected utilization of this program by families occurred in 2007. Through careful coordination and scheduling of existing space and equipment more activities are being scheduled.
- Conversion of the kitchen into a commercial kitchen was proposed in the approved work plan. During early implementation this improvement was discovered to be cost prohibitive. An alternative plan was developed to use the existing kitchenette as effectively as possible to accommodate the increased activities that would include meal preparation and learning activities for youth. There are no funds and no plans to remodel the kitchen in the future.

Complete report of data for service to people served in this GSD program during 2007 may be found in Stanislaus County's Exhibit 6: Three-Year Plan Quarterly Progress Goals and Report, as submitted to DMH.

GSD-05 Consumer and Family Member Employment and Empowerment Center (CFMEEC) - Implementation of this program generally proceeded as described in the County's MHSA Work Plan and DMH Performance Contract/MHSA Agreement.

Key differences & challenges:

- Using a portion of Growth funding, expansion of this program allowed additional transportation services and employment training for consumers and family members. Transportation is used to support all aspects of consumer and family member participation in treatment, community participation and access to employment opportunity.
- In 2007, additional onsite employment and training opportunities began to be developed in an onsite food service operation that would ultimately be named "The Garden of Eat'n". The service provides catering for meetings and take-out meals to individuals. Menus and food are prepared by consumers and family members in career development and paid employment.
- Implementation of a membership program to identify and enroll mental health consumers and family members resolved a challenge of how to limit access to individuals who are not recipients of mental health services. These individuals are now referred to other community resources.

Complete report of data for service to people served in this GSD program during 2007 may be found in Stanislaus County's Exhibit 6: Three-Year Plan Quarterly Progress Goals and Report, as submitted to DMH.

OUTREACH AND ENGAGEMENT SERVICES

O&E-01 Outreach & Engagement: West Modesto King Kennedy Neighborhood Collaborative and El Concilio - Implementation of these programs, generally proceeded as described in the County's MHSA Work Plan DMH Performance Contract/MHSA Agreement.

Key differences & challenges:

- Growth Funding permitted expansion of these organizations. The expansions focused on efforts to build on strengths, natural supports and leadership already existing within the community through educational presentations in non-traditional locations, peer support groups and transportation. Included in these efforts are initiation of a Promotores program by one of the contractors and continuation of the Neighborhood Outreach Worker program by the other contractor.
- By mid-2007 the two program operators concluded their community needs assessment processes, reported specific gaps in service, and prioritized next steps each program would take to serve underserved communities. West Modesto King Kennedy Neighborhood Collaborative, a long-established community-based

organization, identified no implementation challenges, however El Concilio, more familiar with service provision in San Joaquin County, found implementation of support groups throughout the community a challenge at the beginning. Establishing credibility, trust and relationships in the community are key to identifying the right contact people and agencies through which to promote services and build community capacity.

O&E-02 Garden Gate Crisis Outreach Program - Implementation of this program generally proceeded as described in the County's MHSA Work Plan and DMH Performance Contract/MHSA Agreement.

Key differences & challenges:

- Augmentation Funding was used to expand outreach to underserved and unserved diverse populations and crisis housing services and supports to an additional 150 consumers at risk of homelessness.

2) For each of the six general standards in the California Code of Regulations, Title 9, Section 3320, very briefly describe one example of a successful activity, strategy or program implemented through CSS funding and why you think it is an example e of success, e.g., what was the result of your activity. Please be specific.

Keeping MHSA Essential Elements "front and center" has been a BHRS leadership commitment throughout 2007. Progress in all implementation efforts is evident. Meeting service targets, outreach to underserved/unserved communities, becoming more recovery-oriented, moving toward transformation and effectively utilizing MHSA funds have been at the top of the priority list for the organization.

Community Collaboration - Coordination with other healthcare providers results in more efficient service delivery to diverse cultural and ethnic individuals. One example of successful community collaboration is the effort by the Health Mental Health FSP team to work with primary care physicians and clinics to address disparities in access and reduce barriers to service for diverse populations. One method that has produced results has to do with having frequent contact with primary care providers who treat the underserved diverse populations including accompanying consumers to medical appointments. From this three-way partnership, consumer (and family if involved), mental health team and primary care team comes increased continuity of care, access to accurate information and increased quality of life for consumers.

Community interaction needs to be about more than services if we are to truly be an organization that reflects an attitude of wellness, recovery and resiliency. The Peer to Peer Recovery Art Project was begun in mid-summer 2007. The first Art Walk was held in downtown Modesto in conjunction with open house at the new Gallo Center for the Arts. Subsequent Art Walks were held on the third Thursday of each month at local galleries, restaurants and theaters. The Central California Art Association Mistlin Gallery lends easels and musicians share their instrumental and vocal talents as

background to the artists' work. Members of the art and business community, BHRS consumers, Peer and Family Advocates and other staff are involved in making this event happen. In 2008, the Art Walk will be held at the main BHRS campus at 800 Scenic Drive.

Cultural Competence – BHRS leadership is committed to ongoing effort to shift organizational culture, develop community strengths, establish supportive strategies, provide advocacy, and develop trust through engagement of individuals in racially and ethnically diverse communities with an intended result of increasing community capacity for mental health and wellness for all ages.

As reported in the progress report for 2006, BHRS established contractual relationships with community-based organizations to develop outreach and engagement services into specific underserved ethnic groups and neighborhoods with the intent to build community capacity for support of individuals with emerging mental health issues as well as to identify those currently in need of specialty mental health services. Following the extensive needs assessment to further define specific gaps in service, focus shifted to the development of strategies to support individuals in their communities and to begin to utilize these supportive strategies. As anticipated, use of these strategies has also identified some individuals who need to access specialty mental health services. In many cases, these are individuals who have never sought services, are reluctant to seek services in traditional mental health settings or who have sought service and never received enough service in the past. Outreach and Engagement program staff are familiar with neighborhood leaders and natural supports in the neighborhood as well as program referral criteria of MHSA and other programs are central to impacting people in need. This collaboration has resulted in engaging individuals who would otherwise have gone unserved.

Client/Family Driven Mental Health System - Throughout 2007, consumers and family members participated meaningfully and substantively in committees, workgroups and program operations. Their presence has the effect of raising awareness in the organization, inspiring transformation of organizational culture and providing important process improvements.

Each of the General System Development programs that proposed a consumer/family member advisory group has their group fully operational in 2007. Josie's Place has Young Adult Advisory Council, Families Together has the Family Partnership Center Consulting Committee and the Youth Advisory Committee, Consumer and Family Member Empowerment and Employment Center has consumer and family members, as staff and volunteers, in daily operations of the center.
The Family Partnership Center Consulting Committee and the Youth Advisory Committee: these Committees serve as advisory groups to Families Together and the entire Family Partnership Center. Members include participants in all three programs at the Family Partnership Center (Families Together, Kinship Support Service Program and Parent Partner Program). The Committees serve in a liaison/advisory role, to bring forth positives and/or concerns about the Family Partnership Program. Concerns and complaints are heard, solutions are brainstormed and information is provided for

Committee members to share with others. Committee members contribute to design of services by letting BHRS staff know what is important to them. A result of these committees' proactive work is their design and creation of the Drop-In Space proposed in the CSS Work Plan

A result of the Youth Advisory Committee was their participation in the annual Children's System of Care Fall Festival. They wanted to do a "Tattoo Booth". To accomplish this, Youth Council members wrote a letter to request a booth, determined what supplies they needed, priced and shopped for supplies, developed schedules and protocols for running the booth activity, set up and took down the booth, recruited participants at the event, learned about safety issues involved, debriefed and made notes for the next activity, and celebrated their success.

Wellness, Recovery, and Resilience Focused - Throughout BHRS numerous wellness, recovery and resilience focused activities occurred in 2007. Some we know about and can report, others occur between peers and, though they make a difference in lives, there is no immediate measurement for the impact.

Everyday the Warm Line staff share the message of recovery and resiliency to members of the community looking for support for their mental health issues. The "reach" of this warm line support has grown and become established in the community during 2007. A result is that once people become connected with this support they use it to further their own relapse prevention plans. One individual called the Warm Line for support from Seattle, Washington to avoid a crisis that could have led to out of state hospitalization.

Though not implemented directly through CSS funding, certainly a correlate of MHSA activity and a noteworthy example, the BHRS Resiliency Committee that began in 2007. Initially organized around design of a training event that would lead to development of ideas and strategies of "resiliency" within BHRS. It became an ongoing committee that has grown to include representatives from nearly all systems of care, consumers, family members and organizational contractors. Training was scheduled for Summer 2007 but due to the trainer becoming unavailable, has been postponed indefinitely. In the spirit of resiliency, the Committee morphed into a mission of exploration into what BHRS could do to encourage resiliency as a developing practice. This has spawned a rich discussion among committee members regarding resiliency in real life situations. The Committee continues to meet and develop ideas and ways to go forward. The result is an immeasurable effect on the evolution and transformation of BHRS culture to promote and include resiliency in everyday practice. Development of a work product , similar to Milestones in Recovery, is pending.
Noteworthy in its interrelatedness with CSS-funded programs, staff, clients, and organizational culture are activities initiated by (a non-MHSA program) Wellness Recovery Center opened in 1998. The Wellness Recovery Center serves consumers and family members throughout Stanislaus County. Since February 16, 2007, Wellness Recovery Program staff has organized and conducted a "Monthly Recovery Celebration". This event, originally suggested by consumers and family members, is held at the main campus of BHRS on the third Friday of each month and intended to

celebrate accomplishments of consumers and family members. All consumers and family members, BHRS staff, contract program staff, and other community partners are invited to join in the celebration, as well as anyone from the consumer's community whom he/she feels has been instrumental to his/her success. Staff, consumers, or family members may initiate the celebration of a consumer's steps toward recovery and wellness. These lively consumer-run celebrations of success give hope and inspiration to all present.

Integrated Service Experiences for Clients and their Families - Many aspects of service by new and expanded MHSA teams are designed to provide an integrated service experience for consumers and families. Full Service Partnership teams are single point of responsibility, 24/7 partners with the people they serve. General System Development teams are building, for all age groups, a culture of peer or family support, resiliency, recovery and hope. Outreach and Engagement teams are bringing new opportunity to previously underserved and unserved people in the community. All of these programs are interfacing with "core" programs to ensure that services are accessible to those who need them.

A specific example of integrated service experience between programs is the Co-occurring Treatment Track (COTT) offered through the BHRS-operated Stanislaus Recovery Center. The need for specialized treatment for people with co-occurring issues of mental illness and substance abuse was established by stakeholders during community planning process in 2005 and continues to be a prioritized need in 2007. Development of the program included consumers in recovery from co-occurring behavioral health issues. These treatment services are available through residential or day treatment programming. COTT-SRC staff and FSP teams work closely to ensure that services are closely coordinated. As a result, many service recipients of FSP programs have successfully completed the treatment and maintained their recovery. Integration of FSP services and supports with co-occurring treatment has been key to bridging the service gap for these individuals and their families.

3) For the Full Service Partnership category only:

a. If the County has not implemented the SB 163 Wraparound, please describe the progress that has been made, identify any barriers encountered, and outline the next steps anticipated.

In 1994, prior to initiation of pilot projects with state and local child welfare dollars (Project Uplift in Santa Clara, SB 163), Stanislaus County Behavioral Health and Recovery Services (BHRS), in partnership with Stanislaus County Community Services Agency (CSA), created innovative "wraparound" programming with flexible funds. The flexible funds leveraged other dollars for increased service capacity to youth and their families throughout the BHRS Children's System of Care (CSOC). Stanislaus County agreed, during the MHSA-CSS approval process, to evaluate existing flexible fund services, to examine possible gaps that may need to be addressed and to obtain consultation from California Department of Social Services (CDSS). That effort has been ongoing since CSS Plan approval. Stanislaus County BHRS and Stanislaus

County CSA continue to work, in partnership, to maintain a low out-of-home placement rate through the use of flexible funds.

An analysis was started in 2006 and continued into 2007 that compared BHRS use of flexible funds to SB 163 wraparound standards. Small differences were identified and a plan to address the differences was developed to enhance existing procedures. The analysis identified one feature in which the existing BHRS wraparound program differed from Welfare and Institutions Code, Section 18250 provisions: There is no formal Memorandum of Understanding between BHRS and the county department of social services (CSA). As a result, Stanislaus County has not yet implemented the formal SB 163 Wraparound program and continues to analyze feasibility of doing so.

In 2007 the following activities were conducted to further analyze feasibility:

- BHRS staff participated in an SB 163 web cast presentation in July 2007 with the purpose of sharing knowledge with other counties, CDSS experts and others.
- Telephone consultation between CDSS representative (Patrick Keliher), and the BHRS Chief of CSOC (Nancy Millberry) to discuss local and statewide strategies for SB 163 implementation.
- CSOC wraparound services were expanded in direct response to a need created by the closure of Stanislaus Behavioral Health Center's Child/Adolescent Unit (the county-owned acute psychiatric hospital). The new 24/7 service is operated by Aspira, a local organizational contractor. The service is called "Aspira Stabilization Program" and it serves families with children and adolescents to create an alternative to hospitalization. It has been very effective and will continue as part of the local wraparound program commitment.
- Meetings and informal discussions between representatives from BHRS, Community Services Agency/Child Welfare Division and Stanislaus County Probation Department have occurred to examine a variety of service provision strategies and availability of funding. The meetings were productive and a number of things were discussed including a review of the original commitment made in 1994 to establish a local wraparound program and the success of the 14-year history of the program. Formal SB 163 program implementation was discussed and considered by all to have barriers. In particular, budgetary constraints are faced by each of the departments and these issues have raised serious concerns about establishing a formal SB 163 Wraparound Program. These concerns have halted movement toward development of a Memorandum of Understanding.

BHRS will continue the use of Children's System of Care model including local wraparound services, that has demonstrated an effective means of maintaining children and adolescents in the most home-like setting and has prevented and/or minimized out-of-home placements. Additionally BHRS, and local agency partners, will continue to assess feasibility of implementing a formal SB 163 Wraparound program.

b. Please provide the total amount of MHSA funding approved as Full Service Partnership funds that was used for short-term acute inpatient services.

No MHSA Full Service Partnership funding was used for short-term acute inpatient services.

4) For the General System Development category only - briefly describe how the implementation of the General System Development programs have strengthened or changed the County's overall public mental health system. If applicable, provide an update on any progress made towards addressing any conditions that may have been specified in your DMH approval letter.

Stanislaus County's MHSA CSS Plan was approved without conditions.

The overall strengthening effect of four General System Development programs in the approved MHSA-CSS Plan is evidenced by the amount of participation by individuals, in these programs, from all parts of the community and service system. Key examples illustrate how it's working:

GSD-01 Transition Age Young Adult (TAYA) Drop-In Center, "Josie's Place" - Josie's Place has become a "hub in the wheel" of a continuum of services to culturally and ethnically diverse young adults. Collaboration, between service programs and with community supports, has enriched services and supports for young people diagnosed with mental illness community-wide. Some of them receive services in MHSA programs, some in "core system" programs (ASOC and CSOC), and some in the private sector. Some of them choose no services and seek to have their own recovery plan and support system while utilizing peer support at Josie's Place.

GSD-02 Community Emergency Response Team (CERT) and Warm Line & On site Peer Support - Expansion and re-design of this service was top priority for community stakeholders in 2005. Subsequently, most of 2006 was dedicated to an implementation and re-design workgroup that included consumers, family members and law enforcement stakeholders. The service is now fully operational and is utilized by individuals in crisis and seeking support throughout Stanislaus County. The Warm Line, comprised of consumers and family members who have personal experiences within mental health, is the first of its kind in Stanislaus County. Mobile CERT (M-CERT) became mobile in partnership with law enforcement patrol officers in 2007. This feature of the service has strengthened Stanislaus County's public mental health system by offering more immediate access to mental health services in the community, and by strengthening community ties with law enforcement, emergency rooms, consumers, family members, and others.

GSD-04 Families Together – This program focuses on supporting families of children receiving services. The center is centrally located in Modesto and has evening hours for easy access. A primary mission of this program is to empower, educate and reduce barriers to families seeking and receiving the services they need. Families Together provides a place without stigma for families to gather to support each other and have

some fun. There is a spirit of openness and cooperation at the Center that reaches beyond the boundaries of the program into the community.

GSD-05 Consumer Employment and Empowerment Center - is a consumer-and family member-driven resource center in an easily accessible location on a main bus line. Staff of the center is comprised of consumers and family members who relate to members from a place of hope and empowerment. Many opportunities exist for socialization, advocacy and recovery-based peer and family support in the Center. The Center offers linkages to career development and employment opportunities as well as ongoing educational/training events. In 2007, plans went forward to remodel an adjacent kitchen that would be used for employment development while offered catering and take out meals for staff and others to purchase.

B. Efforts to Address Disparities

1) Briefly describe one or two successful current efforts/strategies to address disparities in access and quality of services to unserved or underserved populations targeted in the CSS component of your Plan. If possible, include results of the effort/strategy.

Bi-lingual, bi-cultural program staff are critical to reaching and engaging consumers, family members and the community supports of the bi-lingual individuals they serve.

All of the Full Service Partnership teams have up to 50% staffing with diverse cultural background and bi-lingual, bi-cultural skills. This is a major element in delivery of quality service to diverse populations who seek services from BHRS programs. Westside SHOP has seven Spanish-speaking staff. Juvenile Justice FSP has two Spanish speaking staff, Health Mental Health FSP Team has a Spanish-speaking secretary, case manager, and Psychologist; four of seven of the Integrated Forensics Team FSP are bilingual, bicultural Spanish. Senior Access and Resource Team addressed both mental health and physical health concerns through partnership with El Concilio and West Modesto King Kennedy Neighborhood Collaborative.

General System Development programs have bi-lingual. bicultural staff working in every capacity with consumers and family members. The Transition Age Young Adult (TAYA) Drop-In Center, “Josie’s Place”, is also a rich and diverse team with three Laotian staff, one TAYA African American staff who is a former Foster Care youth, and one Latino staff member. The TAYA Service team includes two Latino and one African American staff member. Among these diverse individuals at Josie’s Place are also several family members and consumers. CERT/Warm Line and On-Site Peer Support employ Spanish-speaking staff, consumers and family members. Consumer and Family Member Employment and Empowerment Center include staff fluent in both Spanish and Portuguese and all staff are consumers or family members. Families Together has staff who are bilingual in Spanish. Families Together addressed disparities in access to service by establishing groups in outlying geographical areas of the county; doing outreach at community events, schools, participating on school committees, and other

efforts to ensure that community members know about the supportive services they offer.

Three key FSP teams provide outreach to health clinics that serve ethnically and racially diverse populations: Westside Stanislaus Homeless Outreach, Senior Access and Resource Team, and Health/Mental Health Team. The Stanislaus County Health Services Agency and Golden Valley Health Clinics (a Federally Qualified Health Clinic) have been working with the FSP teams to link underserved and unserved people who need mental health services. The Health Mental Health Team conducts a Spanish-speaking depression support group.

Josie's Place staff did extensive outreach and gave many presentations to ethnically diverse organizations and agencies. These specifically included The Bridge, a community center for individuals and families from the Southeast Asian community; El Concilio for the Latino community, and West Modesto King Kennedy Neighborhood Collaborative for the African American community. The Josie's Place team also participated in multi-cultural community events. Stanislaus PRIDE Center provided education and resources to strengthen and support LGBTQ youth and peers on-site at Josie's Place. A "Diversity Board" (bulletin board) was used to share information about/from different cultural groups.

Community capacity building through partnership with established leaders in the community leads to increased access to support.

To effectively serve the highly ethnically diverse community of West Modesto, West Modesto King Kennedy Neighborhood Center has a culturally diverse staff that reflects the community they work for including African American, Hispanic and Southeast Asian individuals. Their staff are fluent in English, Spanish and Cambodian and are comfortable and effective in meeting with members of all the diverse ethnic communities. West Modesto King Kennedy Neighborhood Collaborative and Center has an established outreach and engagement program that serves two major purposes in support of the MHSA. First, through extensive one-on-one in-home outreach visits the community is far better informed about the availability of mental health services and how to go about accessing those services. Second, staff work with residents on a one-on-one basis, as needed, to provide referrals for specialty mental health services. They work tirelessly to ensure that referrals to service match individual needs and that the organization referred to is prepared to help when referred individuals show up. The interconnectivity of this service enhances both awareness of mental health services in the community and successful connection of individuals in need with appropriate serve providers.

El Concilio participated in the countywide Promotores Committee and facilitated groups throughout Stanislaus County in collaboration with different agencies including several schools, Stanislaus County Office of Education, Grayson Resource Center, Stanislaus PRIDE Center, BHRS and NAMI. Effectively creating a presence on the Westside of Stanislaus County has filled a long expressed need by the Grayson/Westley area. Collaboration with the Grayson Resource Center resulted in support groups,

educational presentations on mental health services, outreach at educational health fairs, events and presentations to migrant communities as well as other underserved populations.

2) Briefly describe one challenge you faced in implementing efforts/ strategies to overcome disparities, including where appropriate what you have done to overcome the challenge.

BHRS efforts over the years to adequately serve West Modesto have been inconsistent and inadequate at best. West Modesto, one of the poorest neighborhoods in Stanislaus County and the largest percentage of individuals are African American and South East Asian. West Modesto King Kennedy Neighborhood Collaborative and Center is, for many years, based in West Modesto. During the community mental health needs assessment conducted in 2006, over 70 percent of the respondents lived in households with incomes less than $20,000 per year. The incidence of mental health challenges is far higher among poor individuals than for non-poor individuals. Poor individuals with mental health needs are less likely to receive treatment than non-poor individuals needing treatment. With CSS funds, and by working "in the community" where the need is greatest, this outreach and engagement program has effectively begun to increase the extent and quality of access to the mental health services for those who wish to seek them. For those who do not desire to seek services, they have effectively fortified community capacity that can provide supports in the neighborhood.

3) Indicate the number of Native American organizations or tribal communities that have been funded to provide services under the MHSA and what results you are seeing to date if any.

No Native American organizations or tribal communities have been funded to provide service under MHSA as there are none in Stanislaus County. Outreach and Engagement contractors made specific efforts to include Native Americans.

4) List any policy or system improvements specific to reducing disparities, such as the inclusion of linguistic/cultural competence criteria to procurement documents and/or contracts.

In addition to ongoing implementation of policy or system improvements described in the 2006 implementation Progress Report, a number of policy or system improvements were begun in 2007.

- BHRS is consciously making a shift from cultural competence being only about race and ethnicity to encompassing all types of culture, including homelessness, sexual orientation, impoverishment, youth, and others. Toward this end, two things have occurred; MHSA Implementation Manager for Adult, Older Adult and Children's Systems of Care co-chairs the BHRS Cultural Competency Oversight Committee with the Compliance Manager. Outreach and Engagement contractors El Concilio and West Modesto King Kennedy Neighborhood Collaborative now

actively participate in Cultural Competency Oversight Committee meetings with other key BHRS and contractor staff.

- Contract monitoring meetings with each MHSA Outreach and Engagement programs, discussions are held regarding expanding community capacity and reaching out to non-traditional service providers and sites. In addition, quarterly meetings including both contractors help improve understanding, communication and teamwork between them and BHRS.
- According to the department's quarterly Demographic Report for MHSA program services, four of five Full Service Partnership programs served 50% or more ethnically and racially diverse consumers in fiscal year 2006/07.

- A series of four culturally specific trainings was developed and conducted. All staff of BHRS and organizational contractors were invited to attend training to expand their knowledge of diverse cultural groups and best practices in service provision to them. The training offered in 2007 included African American, Asian and Client Culture.

- In the September 2007 MHSA-CSS meeting, program coordinators explained the ways in which their programs had met outcomes in CSS work plans regarding cultural competence. A long list of things was shared including but not limited to: hiring bilingual/bicultural staff that reflect the target population, translating materials into Spanish, decorating public space with culturally welcoming artwork and posters and displaying client artwork, conducting groups in Spanish language, hiring consumers as staff and filling cultural/linguistic gaps with volunteers, attending cultural competence and sensitivity training and participating in the department's Cultural Competence Oversight Committee, collaborating with Outreach and Engagement contractors to increase awareness of and access to services.

A number of other process/system improvements have been made to encourage understanding, participation, ownership by all stakeholders, community and organizational:

- In March 2007 BHRS launched its new MHSA newsletter. This monthly publication included the latest developments in MHSA, including new components and funding; description of one featured local MHSA program; a client success story; a Performance Measurement column, and a "consumer corner" for items specifically written by or for consumers. Copies of the newsletter are widely distributed via email to the County Board of Supervisors, all County Department Heads, all BHRS staff and contractors, the Representative Stakeholder Steering Committee and any other interested parties who submit contact information. The newsletter has been posted on the department's MHSA website since May 2007 and paper copies are available in client areas of each BHRS program site.

- By August 2006, the MHSA Implementation Planning Workgroup shifted focus from early implementation to ongoing implementation through transformation. A

renaming of the monthly meeting signaled the change in focus: “MHSA – Communicate, Share and Support (CSS) meeting”. Participants include BHRS Senior Leaders, infrastructure staff such as Accounting, HR, Data Management Systems, Performance Measurement, and Facilities, consumers and family members, Mental Health Board members, and representatives of all CSS- funded programs. With this group of people together on a regular basis, the meeting has been used to stimulate and expand discussion of MHSA Essential Elements and how they fit into the culture of behavioral health in Stanislaus County. In 2007, there was a rich discussion of successes, challenges, opportunities to support each other and learn through role modeling and get feedback from consumers, family members, and members of diverse communities. In March 2007, there was an in-depth discussion of how to correctly use Person First Language and avoid labeling people as if they were only their diagnosis. Each person agreed to take the discussion out to their teams or work areas to share and support others to think and speak in Person First language.

- In December 2006 the BHRS Director announced formation of the “Community Integration and Change Team” whose mission was “to move BHRS to be an organization oriented toward recovery in our community “. The intended outcome was to develop a workable plan including action steps, timelines and an evaluation process by the end of fiscal year 2006/07 and for the workable plan to be compatible with and align all other BHRS planning documents and serve as the BHRS Strategic Plan for fiscal year 2007/08. The overall goal was to implement actions designed to integrate MHSA values throughout all BHRS programs and to involve and partner with the community on program development and service delivery.

C. Stakeholder Involvement

As counties have moved from planning to implementation many have found a need to alter in some ways their Community Program Planning and local review processes. Provide summary description of any changes you have made during the time period covered by this report in your Community Program Planning Process. Please indicate the reason you made these changes.

No structural changes have been made in the Community Program Planning Process used in Stanislaus. A number of variables have contributed to strengthening of the structure initially set forth in 2005.

Stanislaus County has included consumer/family member input in key processes, usually involving large organizational change, for over a decade. The level of participation that was achieved during planning and implementation of CSS is unprecedented in the history of BHRS. It has and will continue to serve as a platform for future planning processes of additional MHSA Components and for expansion of wider community partnerships in the future that will constitute a permanent shift in organizational culture.

BHRS works closely with the local Mental Health Board to keep board members informed and receive their input on a regular basis on key processes related to MHSA and other functions. In 2007, a family member and a consumer were elected to serve as Chairperson and Co-chair of the Mental Health Board. Issues are brought up and rich discussions occur in their meetings and sub-committee meetings that lead the way in defining locally what consumer and family-driven orientation to service delivery should look like.

To provide a mechanism to promote and fairly compensate consumers and family members for their participation in BHRS activities, including participation on committees, stakeholder meetings, consultations, focus groups, special projects, program review activities and interview/hiring panels, in April 2007, BHRS adopted a new policy for all programs. The policy concerned Compensation and/or Reimbursement of Time and Travel for Consumers and Family Members and established a practice of compensating consumers, family members, parents or caregivers of minor children who receive behavioral health services when they participate in local activities as stakeholders in BHRS committees and stakeholder meetings, and when assisting BHRS by completing special project tasks related to program planning and policy development. The policy became effective in FY 2007-2008 and all other methods of compensation were phased out.

As previously reported, the Representative Stakeholder Steering Committee was formed, in 2005, to assist with prioritizing initial target populations for MHSA funded services. The 40+ member Committee included representatives of local law enforcement, courts, County Probation, Social Services, District Attorney, Public Defender and CEOs Office, city and County school districts and the Cal State University, public and private health care, housing and employment, labor organizations, senior services, faith-based organizations, regional collaboratives, ethnic communities, BHRS staff, contractors, consumers and family members. The Representative Stakeholder Steering Committee continues to provide input to BHRS as new funds become available or new components of MHSA are planned. Many of its original members continue to participate and the Committee has expanded to include more diverse ethnic communities. Some change in representation has occurred due to changing circumstances. For example, some stakeholders moved away or changed jobs preventing them from continuing participation.

California Department of Mental Health's Study of Early Implementation of MHSA spans the time from 2005 – 2007. In September 2006 and again in January 2008, BHRS staff, organization contractors, service recipients of MHSA programs, and members of the Representative Stakeholder Committee participated in on-site interviews related to the early and ongoing implementation of MHSA. Feedback from the study team was very favorable in the area of stakeholder comments, indicating they felt stakeholders were well informed and an integral part of the planning process.

D. Public Review and Hearing

Provide a brief description of how the County circulated this Implementation Progress Report for a 30-day public comment and review period including the public hearing. The statute requires that the update be circulated to stakeholders and anyone who has requested a copy. This section should include the following information:

1) The dates of the 30-day stakeholder review and comment period, including the date of the public hearing conducted by the local mental health board or commission. (The public hearing may be held at a regularly scheduled meeting of the local mental board or commission.)

June 25 – July 24, 2008 – Public review and comment period
July 24, 2008, at 5:00 p.m. – Public Hearing
Location of Public Hearing – Behavioral Health and Recovery Services, 800 Scenic Drive, Redwood Room, Modesto, CA

2) The methods that the county used to circulate this progress report and the notification of the public comment period and the public hearing to stakeholder representatives and any other interested parties.

For ease of public comment, a feedback form is included (Spanish and English) as the last two pages of all documents in 30-day review and comment. The 2007 Implementation Progress Report included this feedback form with contact information for submission.

The 2007 Implementation Progress Report was circulated using the following methods:

- ✓ A copy was posted on Stanislaus County's MHSA website: www.stanislausmhsa.com
- ✓ Copies were sent to 13 public library resource desks
- ✓ Electronic notification was sent to all BHRS service sites with a link to www.stanislausmhsa.com announcing the posting of this report and requesting that copies be made available to service recipients upon request
- ✓ Electronic or postal service notification was sent announcing the posting of this report to Mental Health Board and Advisory Board for Substance Abuse Programs members
- ✓ Electronic or postal service notification were sent to Representative Stakeholder Steering Committee members notifying them of the start of the 30-day review with information on how to obtain a copy of the report

The public was notified by:

- ✓ Public Notice posted in seven (7) newspapers throughout Stanislaus County, including a newspaper serving the Latino Community. The notice included reference to www.stanislausmhsa.com and a phone number for requesting a

copy of the report. Cities and the dates published in seven local newspapers are as follows:

Modesto Bee: 07/22/08
Patterson: 6/21-24/08
Newman: 7/24/08
Ceres: 7/23/08
Turlock: 7/23/08
Oakdale: 7/23/08
Riverbank: 7/23/08
Vida en el Valle: 7/23

3) A summary and analysis of any substantive recommendations or revisions.

No public comments were received.