Stanislaus County

Mental Health Services Act

Community Services and Supports Implementation Progress Report 1/24/2006 – 12/31/2006

June 2007

Overview of Early Implementation

On January 24, 2006, Stanislaus County was pleased to be the first county in California to receive approval of a Three Year Plan for Mental Health Services Act (MHSA) Community Services and Supports (CSS). Implementation of the proposed eleven new or expanded services began immediately. Implementation workgroups were formed for each of the eleven workplans: five (5) Full Service Partnership Programs, four (4) General System Development Programs and two (2) Outreach and Engagement Programs. Additionally, workgroups were formed in support areas such as human resources, data management, contracts, facilities, and performance measurement. Workgroups in all areas sought to include, and were successful in engaging, stakeholder participation and input.

Implementation challenges encompass several areas that include the lack of infrastructure for direct service systems, i.e., data collection and management; a budget crisis related to State Realignment funding; human resource concerns; and training challenges. Implementation of some programs was delayed for three to four months due to these challenges. By August 2006, all eleven workplans had completed pre-implementation workgroup activities, and new or expanded services were underway and engaged in developing partnerships in the community.

Service delivery began in January. All programs were delivering services in 2006. Targets for services or "unduplicated contacts" were established in Exhibit 6 of the approved MHSA-CSS plan. These unduplicated contacts will be reported on a quarterly basis. The first report of this data occurred in August 2006. Data was submitted on August 30, 2006 initially for two quarters, January to March 2006 and April to June 2006. Subsequent data was submitted on October 30, 2006 for contacts from July to September 2006 as well as on February 28, 2007 for services from October to December 2006. A summary of Exhibit 6 data reported from January 24, 2006 to December 31, 2006 is shown in graphs on pages 20 and 21 of this report.

Progress in implementing the Stanislaus County MHSA-CSS Plan has been ongoing during the period covered by this report. Although much remains to be done, significant progress has been achieved. With the support of consumers, family members and other community stakeholders, efforts to move toward transformation shall continue as implementation proceeds.

1. Program/Services Implementation

a) The County is to briefly report by each service category (i.e. Full Service Partnerships, General System Development and Outreach and Engagement) on how the implementation of the approved programs/services is proceeding.

- ✓ **Report on whether the implementation activities are generally proceeding as described in the county approved plan and subsequently adopted in the MHSA Performance Contract. If not, please identify the key differences.**
- ✓ **Describe the major implementation challenges that the County has encountered**

Full Service Partnership Services

FSP-01 Westside Stanislaus Homeless Outreach Program – This is an expansion of the existing Stanislaus Homeless Outreach Program (SHOP) to serve an additional 40 consumers. SHOP is an already successful, AB2034-funded service with an experienced team that produced excellent outcomes in partnership with the consumers they serve. MHSA-funded services began March 1, 2006, after new staff were hired and trained. Training in the evidence-based practice, Integrated Dual Diagnosis Treatment (IDDT), is ongoing and will be utilized in serving consumers effectively. Implementation proceeded as described in the approved workplan. Thirty-nine individuals were served between March 1, 2006 and December 31, 2006, as reported in Exhibit 6 submissions on August 30, 2006, October 30, 2006 and February 28, 2007.

FSP-02 Juvenile Justice Full Service Partnership – This is a new component of an already successful partnership with the Stanislaus County Probation Department to provide mental health services to 25 youth and their families. MHSA-funded services began June 1, 2006 after two Behavioral Health and Recovery Services (BHRS) staff were identified and transferred to the new program. Implementation proceeded as described in the approved workplan. Aggression Replacement Training (ART) is the evidence-based practice used by the team to assist youth. As of August 2006, eight (8) youth had successfully completed the curriculum. A total of 28 youth were served between June 1, 2006 and December 31, 2006 as reported in Exhibit 6 submissions on August 30, 2006, October 30, 2006 and February 28, 2007.

FSP-03 Senior Access and Resource Team – This is a new service with capacity to serve 50 older adults at a time. The service is based on successful implementation and outcomes of the SAMHSA-funded Older Adult Demonstration Project in Stanislaus County from 2000 to 2004. Start-up of this FSP service was delayed several months by a deficit in the BHRS Realignment budget. To avoid a reduction in force, existing BHRS staff were offered transfer opportunities to available jobs in new

MHSA-funded programs. Transfers became effective July 1, 2007 and implementation then proceeded as described in the approved workplan. Despite this delay, the existing Senior Access and Treatment Team (SATT) began to meet and do some pre-implementation planning, including consumer input, soon after the Plan approval. Training in the evidence-based practice, Integrated Dual Diagnosis Treatment (IDDT), has begun and will be utilized in serving seniors effectively. Sixteen older adults were served between May 24, 2006 and December 31, 2006 as reported in Exhibit 6 submissions on August 30, 2006, October 30, 2006 and February 28, 2007.

FSP-04 Health Mental Health Team – This is a new and innovative service designed to serve 50 individuals who have both serious mental illness and significant co-occurring health conditions, e.g., Diabetes Mellitus or Hypertension. Start-up of this service was delayed several months by a deficit in the Realignment budget. To avoid reduction in force, BHRS staff were offered transfer opportunities to available jobs in new MHSA-funded programs. Transfers became effective July 1, 2007 and implementation then proceeded as described in the approved workplan. Early efforts to develop working relationships with Federally Qualified Health Clinics, the Stanislaus County Health Service Agency Medically Indigent Care Clinics and primary care physicians are beginning to create partnerships that will serve consumers more effectively. Training in the evidence-based practice, Integrated Dual Diagnosis Treatment (IDDT), has begun and will be utilized in serving consumers effectively. Twenty individuals were served between July 1, 2006 and December 31, 2006 as reported in Exhibit 6 submissions on August 30, 2006, October 30, 2006 and February 28, 2007.

FSP-05 Integrated Forensic Team – This is a multi-disciplinary team intended to serve 40 transition age young adults, adults, and older adults with the goal of reducing incarceration, hospitalization and homelessness. This service was originally funded under Mentally Ill Offender-Crime Reduction Grant and subsequently "bridge funded" by Realignment and, most recently, a small amount of AB2034 dollars. Implementation proceeded as described in the approved plan. This was the first team to begin implementation with an established team that has worked in an Assertive Community Treatment (ACT) mode for a number of years. This team has been helpful as mentors to other FSP teams who are new to ACT model service delivery. Training in the evidence-based practice, Integrated Dual Diagnosis Treatment (IDDT), is ongoing and will be utilized in serving consumers effectively. Forty-six individuals were served between January 25, 2006 and December 31, 2006 as reported in Exhibit 6 submissions on August 30, 2006, October 30, 2006 and February 28, 2007.

General System Development Services

GSD-01 Transition Age Young Adult (TAYA) Drop-In Center "Josie's Place" – This is a new drop-in center intended to serve as an expansion of BHRS capacity to offer levels of care to transition age young adults. The AB2034 Young Adult Service Team

was co-located in the Drop-in center to ensure easy access to services and supports for underserved consumers with higher service needs. Implementation proceeded as described in the approved Plan.

- ✓ The Young Adult Advisory Council took an active role in guiding the early implementation and ongoing development of the Drop-in center. The Young Adult Advisory Council was central in the naming of the Drop-in center "Josie's Place" after a well-liked staff person who was tragically killed in an automobile accident. Young Adult Advisory Council members made the name change recommendation to the Stanislaus County Mental Health Board which, in turn, presented the recommendation to the Board of Supervisors. The Stanislaus County Board of Supervisors officially recognized the naming of Josie's Place in October 2006.
- ✓ Two TAYA consumers, who were part of the Advisory Council, have been hired as part-time peer support staff at the Drop-in Center.
- ✓ One of the TAYA Advisory Council consumers serves on the Representative Stakeholder Steering Committee.

Seventy-five youth were seen between May 8, 2006 and December 31, 2006 as reported in Exhibit 6 submissions on August 30, 2006, October 30, 2006 and February 28, 2007.

GSD-02 Community Response Team - Early implementation included renaming the service to describe more accurately the redesigned service. Community Emergency Response Team (CERT) is the new name agreed upon by stakeholders participating on the redesign workgroup.

The first phase of implementation was the start-up of onsite Peer Support and Warm Line Services. In June 2006, Turning Point Community Programs was awarded the contract to provide these services. This service, staffed by consumers and family members, became part of the existing BHRS Emergency Services (ES) and co-located at the existing service site. The partnership of consumers and family members working alongside existing staff has been instrumental in moving this service toward transformation. The presence of Warmline staff at this key front door to BHRS has become an important connector for consumers and families who seek peer support.

The second phase of the implementation was a redesign focused on the development of a framework for the new program to allow for more community outreach by professional staff. A diverse stakeholder work group including staff, consumers, family members, contract providers, and other community representatives worked together from April to September 2006. The workgroup developed significant recommendations for how CERT could begin to serve Stanislaus County in the community and in partnership with local law enforcement. BHRS Senior Leadership Team accepted the workgroup's recommendations in

September 2006, and implementation, including meetings with local law enforcement, began immediately.

During the workgroup process, BHRS and law enforcement officials traveled to two counties that have formal partnerships for community outreach crisis intervention. As a result of the workgroup and joint study of other counties, the Modesto Police Department proposed a partnership with BHRS that would pair trained clinicians with police officers in the field to respond to sub-acute mental health situations with the goals of providing early intervention and avoiding hospitalizations. The selection process for staff and training plans are on course for the teams to begin working together in 2007.

A total of 1,485 unique individuals were served between June and December 2006 as reported in Exhibit 6 submissions on August 30, 2006, October 30, 2006 and February 28, 2007.

GSD-04 Families Together – This enhancement and expansion of the Family Partnership Center is designed to improve and expand supports for youth and their families. Implementation proceeded as described in the approved CSS Plan. Early implementation was driven by an active group of family members who were central in the development of the expansion of services. The implementation group has now joined the existing Family Partnership Advisory Board to continue their involvement in the transformation of the Center's outreach and support of families throughout BHRS. A total of 101 unique individuals were seen in 2006 as reported in Exhibit 6 submissions on August 30, 2006, October 30, 2006 and February 28, 2007.

GSD-05 Consumer Employment and Empowerment Center - Early implementation included renaming the center to the more inclusive Consumer and Family Member Employment and Empowerment Center (CFMEEC). The CFMEEC uses a recovery and strength-based approach to assist individuals with personal development goals related to volunteerism, supported employment and competitive employment. Turning Point Community Programs successfully bid and was contracted to implement this consumer and family member staffed center. Consumer and Family member Focus Forums were conducted from September to December 2006 to gain input on Center activities. Implementation proceeded as described in the approved Plan. A total of 337 unique individuals were seen from July 1, 2006 to December 31, 2006 as reported in Exhibit 6 submissions on August 30, 2006, October 30, 2006 and February 28, 2007.

Outreach and Engagement Services

O&E–01 Outreach and Engagement –These unique contracts were established after an extensive effort to announce the opportunity to potential bidders. Services began August 1, 2006, after a Request for Application (RFA) process was completed. Two community-based contractors were identified, El Concilio of Stanislaus County and West Modesto King Kennedy Neighborhood Collaborative. The initial phase of

work by the contractors involved an extensive needs assessment in unserved/under served ethnic communities to identify specific gaps in service.

The future goal is for contractors to employ service strategies for the identified individuals in the underserved communities. A third community-based contractor was not identified as originally proposed. Noting that exception, implementation has proceeded as described in the approved Plan.
A total of 421 contacts were made between August 1, 2006 and December 31, 2006 as reported in Exhibit 6 submissions on August 30, 2006, October 30, 2006 and February 28, 2007.

O&E-02 Garden Gate Crisis Outreach Program - This crisis residential outreach service is an important resource in outreach to individuals with a mental illness who are homeless. This workplan was a second year implementation plan set to begin July 1, 2006. Revision of an existing contract with Turning Point Community Programs allowed for timely start-up. Renovations on the house began immediately, and the service became available August 18, 2006. Early on, there were plumbing/sewer problems in the house. This delayed full use of the extended stay beds for a few weeks.

Fourteen unique individuals were served between August 1, 2006 and December 31, 2006 as reported in Exhibit 6 submissions on August 30, 2006, October 30, 2006 and February 28, 2007.

b) Highlight the key transformational activity/activities in any of the five essential elements.

- ✓ **Community collaboration**
- ✓ **Cultural competence**
- ✓ **Client/family driven**
- ✓ **Wellness/recovery/resiliency focus**
- ✓ **Integrated services for clients and families**

Community Collaboration - An important process to move the entire organization toward transformation began in December 2006. BHRS Director, Denise Hunt, RN, MFT, informed key groups, BHRS All Staff Meeting, Mental Health Board, Advisory Board for Substance Abuse Programs and the Consumer and Family Member Steering Committee, that she would convene the Community Integration and Change Team (CICT). The mission of CICT is "to move BHRS to be an organization oriented toward recovery in our community ". The intended outcome is to develop a workable plan by June 30, 2007 that includes action steps, timelines and an evaluation process. It is the intent that the plan will be compatible with all other BHRS planning documents and will serve as the BHRS strategic plan in Fiscal Year 2007-2008. The overall goal of the CICT plan will be 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.

The MHSA Coordinator attended an Asset-based Community Development Training in Modesto in October 2006. This information is useful in planning and development of all phases of MHSA as we include stakeholder involvement and meaningful community collaboration.

Cultural Competence - Outreach and Engagement funds are being utilized to significantly impact efforts to close service gaps to ethnic communities in Stanislaus County. Contracts with community-based organizations are an important step in a key effort to identify, across the age span, barriers to services for unserved and underserved individuals of ethnic, racial and cultural groups. In addition, this key effort addresses the community's capacity to support and include people with mental health diagnoses. Efforts toward organizational integration into the Community Integration and Change Team (CICT) will also reflect increased activity in this area.

Client and Family Member Driven Services - The act of increasing partnerships with consumers and family members in the planning and implementation process has been key in moving BHRS toward transformation as an organization. At all levels of the organization, consumers and family members contribute a perspective to organizational processes that raises awareness and adds important program development ideas.

Wellness, Recovery and Resiliency – "Celebrating Recovery" – This monthly event sponsored by Wellness Recovery Program staff and conducted at the main campus of BHRS is intended to celebrate accomplishments with consumers and family members. Wellness Recovery Center staff brought this concept forth at the Adult System of Care Quality Improvement Committee. All consumers, family members, and BHRS service programs are invited to attend. Staff, consumers, and family members may initiate the celebration of a consumer's steps toward recovery and wellness. All BHRS staff, contract program staff, and other community partners are invited to join in these celebrations. This event is attended by anyone from the consumer's community whom he/she feels has been instrumental to his/her success. These events give hope and inspiration to all who are there.

Integrated Services for Clients and 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 hours a day/7 days a week partners with the people they serve. General System Development teams are building, for all age groups, a culture of peer or family support, recovery and hope. Outreach and Engagement teams are bringing new opportunity to previously underserved and unserved people.

A key program that offers a very real element of integrated service is specialized treatment for people with co-occurring issues of mental illness and substance abuse. The service is offered through the BHRS-operated Stanislaus Recovery Center with residential and day treatment program availability. This program was named Co-

occurring Treatment Track (COTT) and offers a bridge to many individuals that completes the service experience and truly allows for hope and recovery.

c) <u>For the Full Service Partnership category only:</u> If the County has not implemented the SB163 Wraparound (Welfare and Institutions Code, Section 18250) and has agreed to work with their county department of social services and the California Department of Social Services toward the implementation of the SB163 Wraparound, please describe the progress that has been made, identify and 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, SB163), 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). On the basis of that well-established partnership, during the MHSA-CSS plan approval process, information was provided that resulted in the approval of Stanislaus County's Plan without conditions. Additionally, Stanislaus County agreed to evaluate existing flexible fund services, to examine possible gaps that may need to be addressed and to obtain consultation from CDSS.

Since approval, a number of steps have been taken to further analyze the feasibility of adding features of SB163 wraparound standards to the long-standing practice of using flexible funds for additional services for all youth who receive BHRS CSOC services and who may need a "wraparound" approach. All youth and families served by the BHRS CSOC are eligible for services provided by flexible funding, not just those being served in the Child Welfare System.

- To strengthen and support the referral process into the Interagency Resource Committee (IRC), a complete list of participants is now included on every referral form. This ensures that everyone who can assist a youth is invited and that the service they offer is represented.
- A detailed analysis was done by a workgroup of CSOC staff that compared BHRS use of flexible funds to SB163 wraparound standards. There were very small differences noted. Many of the differences can and are being bridged by small enhancements in BHRS CSOC methods.
- Three key BHRS CSOC program coordinators attended an SB163 Conference in 2006. This was helpful in understanding the intent and standards set forth in SB163, as well as what steps might be necessary to implement SB163 wraparound standards. Subsequently, BHRS CSOC program coordinators have attended and will continue to attend SB163 Wraparound County Roundtable discussions as a way of keeping current with SB163 wraparound standards.

Continued use of the Children's System of Care model 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.
Stanislaus County Behavioral Health and Recovery Services and Stanislaus County Community Services Agency will continue, in partnership, to maintain a low out of home placement rate through the use of flexible funds.

For the General System Development category only: Describe how the implementation of the GSD programs has strengthened the County's overall public mental health services system. If implementation has not yet occurred or is an early stage of development, simply indicate that this is the situation and no other response is needed.

There are four new or expanded General System Development (GSD) services in Stanislaus County as a result of MHSA Community Services and Supports funding. The four services offer support to consumers and family members of all ages who may also be receiving services from Full Service Partnerships. GSD services are also available to anyone in the organization, including those served by contract providers, consistent with the populations described in the Mental Health Services Act. An aspect of each program's strengthening of the organization is highlighted below.

Transition Age Youth Drop-in Center (Josie's Place) has added an element to BHRS for expanding a continuum of care and service system for transitional age young adults in the community. The unique needs of these young adults can now be addressed at one location. An AB2034 intensive service team is co-located with peer support and resource and referral to community partners that can meet the educational and vocational needs of young adults with a mental health diagnosis.

Families Together has expanded on the system's capacity to provide peer support to families of youth with serious emotional disturbances and mental illness. This important client and family-driven center is a resource to all children's programs throughout Stanislaus County. A significant element of this program is that support services are available to parents and grandparents providing care to youth. A lifespan approach to resiliency is used and many older adults are receiving services at this site.

Consumer and Family Member Employment and Empowerment Center is a consumer and family member driven resource center in an easily accessible, central location. Consumers and family members currently staff the center serving as providers for opportunities for socialization, advocacy and recovery-based peer and family support. The Center has also been a host for community and consumer/family forums, linkage to employment opportunities as well as ongoing educational/training events. They are involved in outreach and engagement and continue to work collaboratively with other parts of BHRS and other public and private organizations in Stanislaus County.

Community Emergency Response Team/ Warm Line and Onsite Peer Support - This service is the "front door" for many who enter BHRS for services. Most internal customers, such as BHRS staff and contract program staff, have contact with this service on a regular basis. External customers, such as law enforcement and other criminal justice partners, have frequent contact. Community agency partners of all types use this team as a resource and first point of contact for referral to BHRS services. Consumer and family members working alongside emergency response staff are the key element of this service that strengthens the County's overall public mental health services system and moves toward a transformed mental health delivery system. Lessons learned at this service site will inform expansion of peer and family support throughout BHRS programs.

d) If applicable, provide an update on any progress made towards addressing any conditions that may have been specified in your DMH approval letter.

Not Applicable, CSS Plan approved without conditions.

2) Efforts to Address Disparities

a) Describe current efforts/strategies to address disparities in access and quality of care among the underserved populations targeted in CSS Plan. Highlight success and address any barriers/challenges encountered.

Successes are measured in steps toward the ultimate goal of ending service disparities. Challenges are measured in how many extra steps will be needed to reach the ultimate goal of ending service disparities. Each are noted below:

- Service targets were established in each CSS workplan for every type of MHSA funding and many organizational efforts have been made to reduce disparities in access and quality of care among underserved populations.

- Full Service Partnership services have been successful in moving toward targets of fifty percent of services to ethnically and racially diverse consumers.

- A Request for Application (RFA) process for Outreach and Engagement services stimulated a variety of responses from community-based organizations that are closely connected to unserved and underserved ethnically and racially diverse communities throughout Stanislaus County.

- As a result of the MHSA Implementation Manager for Adult System of Care (ASOC) and Children's System of Care (CSOC) attending the MHSA sponsored Native American Conference in Porterville in October 2006, a new awareness of Native American mental health need is being included in planning processes.

- The MHSA Coordinator attends the BHRS Cultural Competency Oversight Committee. The MHSA Implementation Manager for ASOC/CSOC co-chairs, with the Coordinator of Performance Measurement, the BHRS Cultural Competence Oversight Committee.

b) Describe outreach efforts and progress made to date to involve the underserved populations that are specifically targeted in CSS plan. Be specific in identifying the strategies and approaches employed.

Outreach and engagement efforts into ethnically and racially diverse communities through community-based organizations are a significant effort to address service disparities and develop the community's capacity to support and include people with mental health diagnoses.

- Contract monitoring meetings with Outreach and Engagement contractors include the beginning of conversations related to expanding the capacity of these community-based organizations to provide non-traditional services in the community (e.g., Spanish-language counseling services at church sites).

- Preliminary analysis of Outreach and Engagement needs assessment survey information gives strong feedback from ethnically and racially diverse communities that the number one ranked barrier to seeking services is embarrassment and fear of stigma. Lack of knowledge of what services are available for all types of problems is the second ranked barrier.

- 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.

- During all phases of planning and implementation of CSS, BHRS has included community-based organizations and representatives of ethnically and racially diverse communities as key stakeholders.

- Outreach and Engagement contractors, El Concilio and West Modesto King Kennedy Neighborhood Collaborative, attend the BHRS Cultural Competence Oversight Committee on a regular basis.

c) Describe the steps used towards providing equal opportunities for employment of individuals from underrepresented racial/ethnic and/or cultural communities.

Stanislaus County was privileged to host several CMHDA Regional Partnership meetings designed to begin collaborative efforts with other counties toward

workforce development, with a special focus on development of employment pipeline strategies for ethnically and culturally diverse individuals. These meetings began in 2006 and continue into 2007 as the MHSA Workforce Development and Training Phase occurs.

BHRS efforts directed toward recruitment of workforce from racial/ethnic/cultural communities pre-date MHSA implementation. Since approval of the CSS plan, efforts have been increased and extended to a more vigorous recruitment of consumers and family members from racial/ethnic/cultural communities.

- Effective (a number of years ago), all BHRS contractors are required to have a cultural competency plan in place.
- Recruitment flyers are forwarded to local community based organizations and BHRS programs that have consumer, family member volunteers, for example:

✓ National Alliance for Mental Illness (NAMI)
✓ Stanislaus Chapter of Mental Health Consumers Network
✓ Kinship/Parent Partnership Project
✓ Turning Point Community Programs including the Employment Specialist who offers job development and coaching to consumers.
✓ Faith-based organizations in the community
✓ Parents United
✓ Telecare Corporation programs in Stanislaus County
✓ Ethnically based organizations

- The BHRS Manager for Consumer and Family Affairs reviews recruitment flyers. Additional input is obtained from existing consumer staff in programs for which recruitment is being conducted.

- Expanded inclusion of consumer, family members, and culturally, ethnically diverse people in interview panels.

- All BHRS recruitment flyers now include in "Desirable Qualifications" the following language: “experience as a consumer or a family member of a consumer of behavioral health services; experience in client/patient advocacy; experience as a parent or caregiver of a special needs child or family member of a consumer of behavioral health services.”

- The BHRS Human Resources Manager presented at a workshop sponsored by Stanislaus Chapter of Mental Health Consumers in March 2006. The workshop was designed to offer information about Stanislaus County recruitment processes.

- The BHRS Human Resources Manager presented to the CIMH Conference regarding Recruitment Outreach Efforts to Consumers and Families in February 2006.

- In an effort to bring recovery culture to every aspect of the organization, the BHRS Human Resources Manager in partnership with Service Employees

International Union (SEIU) employee representatives from BHRS developed an Employee Support Committee for Service Employees International Union (SEIU) members. This is an employee-driven committee that will meet with, and refer, or support SEIU-represented employees regarding their own recovery issues. This is voluntary for the employee being supported.

- BHRS added three Behavioral Health Advocate positions. One will work in Patients' Rights, one will work as a Family Advocate, one will assist with development of Peer Support/Recovery Network throughout BHRS and Stanislaus County. The intent of these new positions is to provide more recovery-based and advocacy-based support to consumers and families. The recruitment qualifications for these new positions included a unique trainee component intended to be more inclusive of candidates who may be considered if they meet minimum qualifications within one year of hire as a trainee.

d) Indicate the number of Native American organizations or tribal communities that have been funded to provide services under MHSA.

None have been funded to provide services under MHSA, as there are no Native American organizations or tribal communities in Stanislaus County to fund or provide services. Contact has been made with Native American service providers in other counties to obtain expert input on how to best serve this population. Outreach and Engagement contractors began extensive and detailed needs assessment of all underserved ethnic/cultural populations, including Native Americans in Stanislaus County.

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

Predating MHSA implementation, all BHRS contractors are required to have a Cultural Competency Plan for their organization. All contract providers are included in BHRS training opportunities focused on cultural competence, consumer and family member issues, aging competencies, working effectively with interpreters and interpreter training.

Since approval of the CSS plan, significant effort has been directed toward expanding and including cultural competency criteria and stakeholder involvement in RFA development and review processes. Prior to release of the RFA for Outreach and Engagement contracts, surveys were sent to BHRS staff and community-based organizations including Family Resource Centers in Modesto, Riverbank, Patterson, Ceres, and Turlock. The surveys requested assistance in identifying sources of potential bidders for Outreach and Engagement contracts. Subsequently, letters of interest were then sent to parties identified as potential bidders inviting their interest in the process. Public Notices were posted in local newspapers for all who might have an interest in the process, including those

serving the Latino community. A pre-proposal conference was offered to potential bidders through Public Notice. Ethnically diverse consumers and family members participated in the RFA review process. Pre-meetings were conducted to train panel members to fully participate in the task.

All BHRS contracts contain the following MHSA essential elements language as of FY06/07: "WHEREAS, CONTRACTOR's services shall integrate community collaboration, cultural competence, and be client/family driven, with a focus on wellness, recovery, and resilience.

3. Stakeholder Involvement

Provide a summary description of the involvement of clients, family members, and stakeholders including those who are racially/ethnically, linguistically and culturally diverse and from other underserved or underserved communities, in the ongoing planning and implementation of the Initial CSS Three-Year Program and Expenditure Plan.

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 2006 is unprecedented in the history of BHRS. It serves as a platform to expand into wider partnerships in the future that will constitute a permanent shift in organizational culture.

From the day of approval, a clear expectation was set forth by BHRS Leadership that all implementation workgroups would include stakeholder input. All were successful in engaging input and partnership with consumer/family member stakeholders. No formal procedure was implemented to collect demographic information on participants during these workgroups. Informally, from sign-in sheets and stipends paid, data was collected and is listed below. Development of workable methods of collecting demographic data on volunteers is an area of development. The Manager for Consumer and Family Affairs has initiated a process to standardize sign-in sheets and transfer information to a database.

One hundred five (105) workgroup/committee meetings were conducted during 2006 for all aspects of MHSA-CSS implementation**.** A total of 53 unique consumers or family members participated in these workgroups, 17 family members and 36 consumers. Of the 53 individuals, the number of individuals representing different age and ethnic groups is as follows: 1 youth, 16 transition age young adults, 30 adults, 6 older adults. Among the 53 individuals, the ethnic groups represented are as follows: 4 African American, 7 Hispanic and 42 Caucasian or unknown.

The Representative Stakeholder Steering Committee was formed in 2005 to assist with prioritizing initial populations to be served. The Committee has continued with original members and has expanded to include more diverse ethnic communities. Some change in representation is due to a variety of circumstances, i.e., election of a

new Stanislaus County Sheriff and District Attorney, some stakeholders moved away or changed jobs thus preventing them from continuing to participate.

The Representative Stakeholder Steering Committee was convened several times in 2006 during key planning processes. In February 2006, the group was convened for the purpose of gaining input on significant program reductions that were necessary due to a deficit in the organization's Realignment budget. In September 2006, many representatives of the group participated in site visit interviews related to the California Department of Mental Health's Study of Early Implementation of MHSA. Feedback from the review team was very favorable in the area of stakeholder comments indicating that they felt stakeholders were well informed and part of the planning process. In late 2006, plans were initiated to reconvene the group to gain input for use of CSS Growth Money in March 2007.

The BHRS Manager for Consumer and Family Affairs was identified and hired in February 2006. Many projects related to consumer and family participation were then able to begin in earnest. Among the most successful was a Consumer and Family Member Steering Committee convened in partnership with the BHRS Director. This Steering Committee is comprised of consumers, family members, consumer staff, and key BHRS Leadership staff. Various members of the Steering Committee have participated in key transformational processes this year.

The BHRS Director convened a workgroup that included Consumer/Family Member Steering Committee, BHRS staff, Mental Health Board members, consumers and family members at large, with the purpose of creating alignment on the concepts and practices surrounding peer and family support, such as peer and family support, peer and family recovery support, peer and family advocacy. Work continues in this Committee.

The Transition Age Youth Advisory Council has been active this year at Josie's Place. New members are constantly being recruited due to turnover when youth become employed or gain admission to Modesto Junior College. The Youth Advisory Council at Families Together is "in development" for similar reasons.

Management Consultant, Steve Eckstrom, facilitated a workgroup in December 2006 comprised of BHRS managers, MHSA Coordinator, consumers, and family members of all ages and cultural/ethnic backgrounds. The resulting prioritized recommendations of this group were presented to BHRS Senior Leadership who will develop policy and procedure related to consumers and family members on boards and committees.

BHRS training opportunities are available, free of charge, to consumers and family members. Consumers and family members continue to be involved in the development and delivery of two ongoing trainings that are part of BHRS core competency for all staff. The trainings are Milestones in Recovery and Partnering with the Customer.

Stakeholders attended statewide consumer forums and stakeholder meetings to participate in an exchange of information and ideas and to give input to the California Department of Mental Health on future phases of MHSA being developed. This level of participation has infused of energy and information into the local planning process.

4. 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.

a) Include 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. (The public hearing may be held at a regularly scheduled meeting of the local mental health board.)

April 24 – May 24, 2007- Public review and comment period.
May 24th at 5:00 p.m. - Public hearing
Location of Public Hearing – Behavioral Health and Recovery Services, 800 Scenic Drive, Redwood Room, Modesto, CA

b) Describe methods used to circulate the progress report and the notification of the public comment period and the public hearing to stakeholder representatives and any other interested parties.

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

- ✓ A copy was posted on the MHSA website: www.stanislausmhsa.com
- ✓ Copies were sent to public library resource desks
- ✓ Electronic notification was sent to all BHRS service sites with a link to www.stanislausmhsa.com and announcing the posting of this report
- ✓ Copies were given to Mental Health Board and Advisory Board for Substance Abuse Programs (ABSAP) members at their joint meeting on April 26, 2007
- ✓ A letter was 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 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.

c) Include a summary and analysis of any substantive recommendations or revisions.

A feedback form was included in the report to facilitate public comment.

- ✓ No feedback forms or feedback through other methods of communication were received from stakeholders.

A public hearing was convened at 5 p.m. on May 24, 2007 to receive public comment.

- ✓ Three comments were received from a representative of the local NAMI Chapter
  1) Pointed out typographical error on page 6.
  2) A suggestion that a specific local jurisdiction Police Chief be invited to participate in the next CIT training for police officers
  3) Appreciation expressed that family members are included in CIT and referenced in the progress report

- ✓ Actions taken based on public comments:
  1) Typographical errors have been corrected.
  2) The Forensic System of Care Chief who was at the hearing noted CIT training suggestion for follow-up.
  3) Continue to include family members in future CIT training and other processes.

5. Technical Assistance and Other Support

As a means for guiding the state level effort to provide technical assistance to the Counties, the following information is requested:

a. Identify the technical assistance needs in your County for supporting its continued implementation of the Initial CSS Three-Year Program and Expenditure Plan.

- ✓ Technical assistance is ongoing to establish inter-operability of CSS data management information and exchange.

- ✓ Establishment of an electronic medical record will be valuable in future phases of MHSA implementation.

- ✓ Community Development Training - In order to truly transform existing service systems, community partners must be brought to the table and, more importantly, we must go to their tables. This is not a process that comes naturally to the “business as usual” of a public mental health agency. Stanislaus County has an organizational process underway that is intended to

move toward increased partnership with communities. Consultant training and technical assistance are welcome.

- ✓ After many years of hiring consumers in the workplace, it is apparent that there is much to learn about how to successfully employ, support and retain consumers and family members in the public mental health system. This includes roles in all levels and aspects of the organization (e.g., accountants, psychiatrists, managers, peer support specialists and all other classifications). Consultant training and technical assistance are welcome.

b. Identify if there are any issues that need further policy developments or program clarifications.

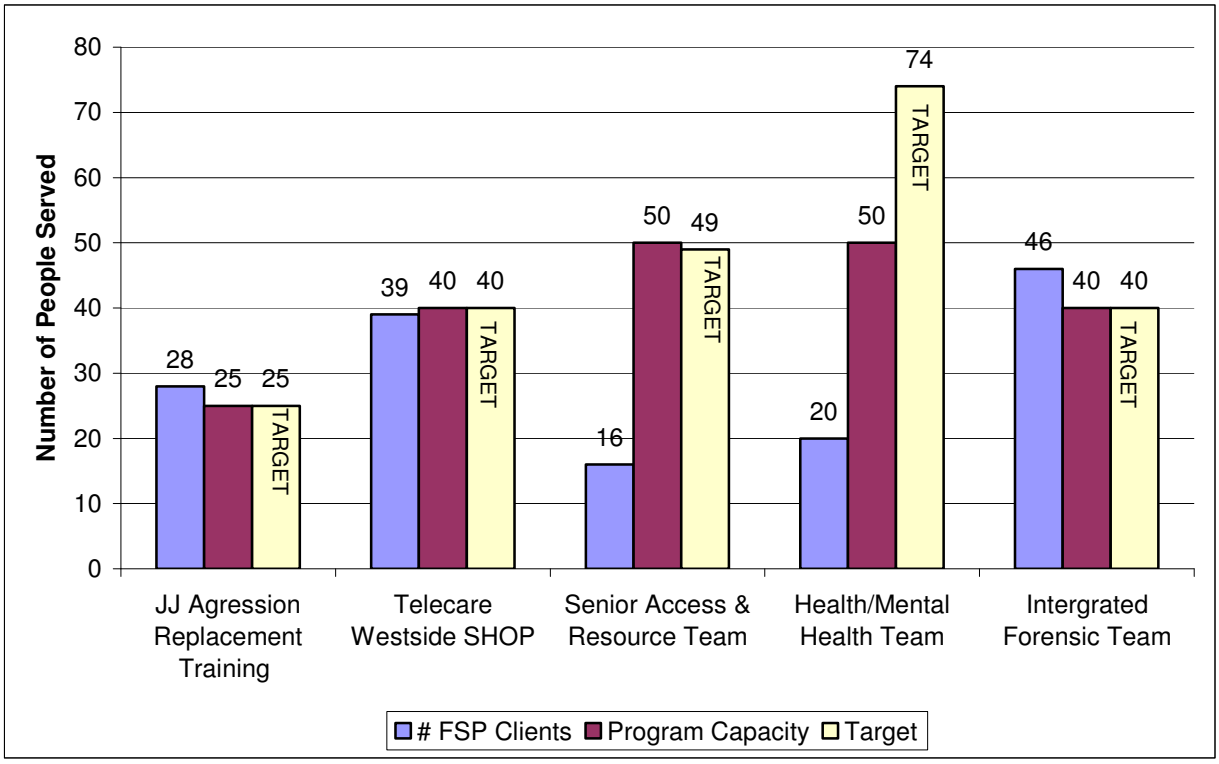
Nothing additional needed at this time. The MHSA Coordinator and MHSA Implementation Manager for ASOC/CSOC participate in the statewide County Mental Health Directors Association (CMHDA) MHSA conference call and the California Institute for Mental Health (CIMH) MHSA Coordinator's conference calls and face-to-face regional meetings to keep current in new developments in policy developments or program clarifications. The Behavioral Health Director is involved in CMHDA Governing Board and maintains the flow of information to BHRS Leadership on new developments in policy and clarifications of policy.

Full Service Partnership

January 24, 2006 thru December 31, 2006

Exhibit 6 Contact Data

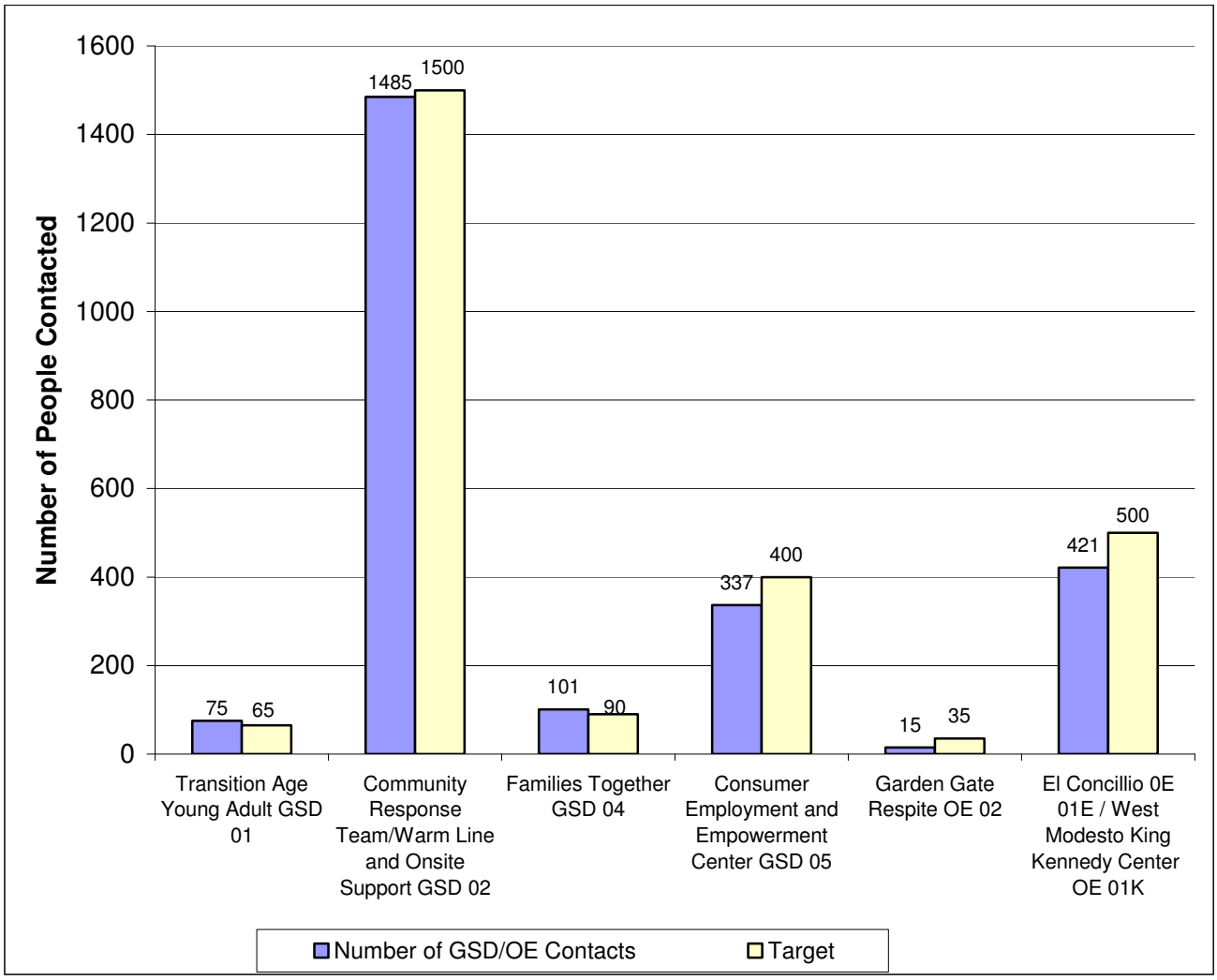
Reported to California Department of Mental Health



General System Development & Outreach/Engagement

January 24, 2006 thru December 31, 2006

Exhibit 6 Contact Data
Reported to California Department of Mental Health



Stanislaus County Behavioral Health & Recovery Services

800 Scenic Drive, Modesto, CA 95350
209 525-6225 fax 209-525-6291
www.stanislausmhsa.com

Mental Health Services Act (MHSA) / Prop. 63

MHSA CSS Implementation Progress Report

30-Day Public Comment Form

April 24, 2007 – May 24, 2007

PERSONAL INFORMATION

Name: _____

Agency/Organization: _____

Phone Number: _____ Email address:_____

Mailing address: _____

MY ROLE IN THE MENTAL HEALTH SYSTEM

__ Client/Consumer	__ Service Provider
__ Family Member	__ Law Enforcement/Criminal Justice
__ Education	__ Probation
__ Social Services	__ Other (specify) _____

WHAT DO YOU SEE AS THE STRENGTHS OF THE REPORT?

IF YOU HAVE CONCERNS ABOUT THE REPORT, PLEASE EXPLAIN.