**FRESNO COUNTY MENTAL HEALTH BOARD**

**ANNUAL REPORT**

**TO BOARD OF SUPERVISORS**

**REPORTING ACTIVITIES FROM JUNE 2013 TO MAY 2014**

**PREPARED BY**

**CAROLYN EVANS, CHAIR**

**APPROVED BY**

**THE MENTAL HEALTH BOARD**

**MAY 21, 2014**

**The Continuum**

Mental illnesses are chronic, biological brain diseases. While our hope is that one day scientists will find cures for mental illnesses, today we must work along with individuals living with mental illnesses toward their goals of wellness and recovery, so that they may attain successful and satisfying lives in our community. In this process there is more than one pathway, but the directions should be clear and concise, yet flexible when necessary. In Fresno County’s system of mental health care there is a chronological continuum, where services are provided for infants, children, transitional age youth, adults, and older adults. There is a stages-of-wellness continuum from crisis to recovery. Mental health treatments and services are available at these various stages. The challenge is creating a smooth transition from one level of care to another, so that clients are not lost during this process, causing delays, or even relapses, in their progress towards their goals of wellness and recovery.

Your Mental Health Board (MHB) can report to you that within the confines of the available resources, the Department of Behavioral Health (DBH) provides good mental health services for our community. However, many Fresno County residents are unaware of the services available or how to access those services that they, their family members, or their friends might need**. A Public Information division within DBH is needed to facilitate an informational and educational program for our** **community, so that citizens learn about available services.** Even when individuals are knowledgeable, mental health services are difficult to access, are fragmented, and often operate in isolation from one another. A focus of this past year has been to make the navigation process easier to follow and to make the treatment services provided to clients uninterrupted, with comfortable transitions from one level of care to the next. All staff members at DBH are making conscious efforts to direct and support clients so that they may receive the services most appropriate for their needs. A new Family Advocate position has been created to assist families through the navigation and treatment process along with their loved ones.

Our county is fortunate to have a mental health director with vision, with management and organizational skills, and, most importantly, with concern and compassion for the clients who receive services from DBH. Director Utecht is leading DBH toward an improved, better-organized system of mental health care for those in our community. Her focus on the continuum of care is paramount in the process of improving mental health services in Fresno County.

**ADULT SERVICES**

Many adults are introduced to services as a result of a mental health crisis. Some individuals still are seen in hospital Emergency Departments (ED), but we are fortunate to have Exodus Crisis Stabilization Center to provide excellent mental health crisis services for our community. The Exodus staff works well with clients, families, and community partners, including hospitals, to provide high quality care. Problems occur when clients need more extensive treatment than can be provided within 24 hours.

Some clients require longer hospitalizations with further treatment before they may be discharged safely to outpatient services. Locally, Community Behavioral Health Center and Crestwood Psychiatric Health Facility are the only psychiatric inpatient hospitals. These two facilities often are full or unwilling to accept particular clients, making it necessary for Exodus and ED staff to search for hospital beds throughout the state. During this process, EDs are clogged with patients on psychiatric holds. **Fresno County needs additional beds in local, psychiatric inpatient hospitals.** The creation of a **Crisis Residential** **Unit** could be a partial solution to this need by providing crisis stabilization, medication monitoring, and evaluation to determine the clients’ needs in a residential, rather than hospital, setting. This unit could serve as either a step-up to a more acute psychiatric facility or a step-down to a less intensive setting. However, the goal of the Crisis Residential Unit would be to prepare the clients to return to the community by creating links to community supports and services.

Another missing piece in our continuum of care is a local, long-term care facility, referred to as Institute for Mental Disease (IMD). When individuals with mental illnesses need long-term care, it often is difficult to find appropriate placements. Until placement is secured, a bed in an acute inpatient hospital is unavailable for those waiting at Exodus or in the ED. **Fresno County needs a local IMD where clients may receive long-term treatment while working towards wellness and recovery**. We are hopeful that soon a private company will open an IMD in our county to fill this need.

Usually clients who need treatment in IMDs are on conservatorships. Individuals who are deemed “gravely disabled” as a result of mental illnesses may be placed on conservatorships by the court, so that care and treatment may be supervised until they no longer meet the required criteria. These are among the most ill and most challenging clients. As conservator, the Director of DBH, through the Conservatorship Team, becomes responsible for the conservatee’s care and placement. The goal always is to bring the individual back into the community in the least restrictive environment possible.  **The lack of services for conservatees in our community is another gap in our system of care.**  Recently, DBH has initiated a pilot program for conservatees and for those at risk for conservatorship based on the Assertive Community Treatment (ACT) model. Our board hopes that this program will be successful and expanded to help meet the needs of those individuals moving back into our community following extended stays in IMDs. However, meaningful activities should be provided in day programs where conservatees may learn the life skills that they need to live independently.

Fortunately, most clients do not require inpatient treatment or conservatorship. Currently, those individuals may access the outpatient services of DBH through the Urgent Care Wellness Center (UCWC), where they are assessed and referred to the services that are appropriate for their needs. Generally, these clients are referred to Adult Outpatient Services on the Kings Canyon campus, or Metro location, where they see their psychiatrists for medication and their case managers for assistance in handling the particular challenges that they face. Group therapy is a valuable resource at UCWC, Metro, and other DBH programs; clients enjoy the social interaction with peers, but more importantly they learn from the successes of others.

There are services available for specific groups, determined not only by age or culture, but also by severity of need. While there are programs for Older Adults and for Transitional Age Youth (TAY), and for Asian and Latino populations, there are Full Service Partnerships (FSP) for those who need more intensive services in order to live successfully in the community. DBH contracts with providers to deliver services based on the ACT model. These providers work with clients in the community, providing “whatever it takes” to aid in their wellness and recovery. **Though FSPs provide good services, higher fidelity standards are possible, and should be encouraged.**

A difficulty in providing quality care is the lack of community based programs in Fresno County. **Not only do clients need therapy groups and recreational programs, but also they need productive activities, giving them the opportunity to fully** **participate in the community.** While some occupational preparation is provided by DBH, it rarely leads to employment. Our county needs job developers to work with employersin the community, to reduce the stigma of mental illness, so that employers feel more comfortable hiring individuals living with mental illnesses, with the assurance that there will be support for the new employees. For those unable to work in the private sector there are other possibilities, such as sheltered workshops, cottage industries, and volunteer opportunities to gain job skills, while contributing to the community. **DBH needs job developers and job coaches to provide meaningful activities, while preparing clients to become independent contributors to the workforce.**

Geographically, ours is a large county. It continues to be a challenge to meet the mental health needs of those living in rural areas. DBH contracts with Turning Point of Central California to provide mental health services at six rural sites. Levels of care range from medication only, to case management, and even to FSPs when necessary. Though the provider supplies transportation for clients in more remote communities, distance continue to be a difficulty reported by clients. In addition, to mental health clinics, mental health services are integrated into a few primary care clinics in rural areas. **Our county must continue efforts to deliver enhanced mental health services for** **residents living in rural areas.**

In the city, as well as in rural areas, the integration of mental health services into primary health care is needed within our system of care.By identifying and treating symptoms early, mental illnesses may not escalate to the point of needing the specialty services provided by DBH. Recognizing this need, DBH has placed a psychiatrist and a clinician at the Community Regional Medical Center (CRMC) Ambulatory Care Clinic. At this location clients may receive the mental health services that they need while addressing other medical concerns. DBH also contracts with primary health providers in rural areas. Not only is the whole health of individuals being addressed, but also clients avoid the stigma often associated with receiving services at a mental health clinic. The Affordable Care Act (ACA) may help with these efforts. **The expansion of the integration of mental health care into primary care settings should be encouraged and supported.**

Serving the mental health needs of the residents of Fresno County is a daunting task. While Adult Services at DBH is doing well, there are challenges, which must be met. DBH provides medical services to approximately 5000 adults. **Currently, DBH employs only one full-time adult** **psychiatrist.** It has been over two years since DBH was able to successfully recruit a full-time adult psychiatrist. To serve our mental health clients, DBH employs 14 part-time psychiatrists and five nurse practitioners and contracts with private telepsychiatry groups and private psychiatrists in the community. With the expected increase in the demand for services, DBH likely will need to expand these contracts in the near future. Our county cannot compete with other agencies when full-time caseloads are over 1000 clients, 2-3 times the normal level, and when competing employment opportunities pay 10-75% more that the salaries offered by DBH. **Fresno County must address the issue of the recruitment and retention of psychiatrists.**

**HOUSING**

**Throughout the county, housing continues to be the number one concern of clients and their families.** With adequate support, many individuals with mental illnesses can be successful living in the community. For those able to live independently, it is crucial that they have support so that they are able to maintain their mental health, as well as their housing. A safety net to prevent small difficulties from escalating into crises could be a “Warm Line” to provide support and helpful suggestions for solving small practical problems experienced by clients who are living independently. This type of support is extremely important because our county still has very few available apartments for individuals with mental illnesses in safe, secure locations, with supportive services on site. The Renaissance housing projects were built several years ago, and while they do serve a need, there continue to be problems associated with the projects, specifically the Santa Clara site. The MHB is concerned since we continue to hear about safety issues from residents. This has been an on-going problem since the opening of the apartments at that location. Neither the Housing Authority (HA) nor DBH has been successful in addressing the concerns of Santa Clara residents. The MHB will continue to advocate for improved security at existing sites. Our board also will advocate for new supportive housing for our community in safe and secure locations. There are periodic meetings and planning sessions, but no additional supportive housing for mental health clients is being constructed at this time. Not only are there few apartments with supportive services, there are few quality Room and Board or Board and Care homes for those clients needing additional support. As few as there are in the Fresno area, there are even fewer housing options in the rural areas of our county. Rural residents who need supportive housing must move to Fresno, away from their families and support systems. **The lack of housing for mental health clients is a gaping hole in our community.**

Some families are able to provide housing for their loved ones who have mental illnesses**.** However, each day is a challenge for these families, as well as for their loved ones. Occasionally, families and clients need a break. **Respite care for individuals with mental illnesses is a critical need** **that is lacking in our community.** If we are to support families and help maintain housing in their homes for our clients, our county must provide periodic respite care to relieve the burden on families. There are increasing numbers of respite programs throughout the country, as providers of services become aware of this missing piece in the system of care. Fresno County must offer support to our families who provide homes to loved ones with mental illnesses.

**CO-OCCURRING SERVICES**

Fresno County has been slow to recognize the need for services for individuals with co-occurring disorders**.** While Substance Use Disorder (SUD) is the most common co-occurring diagnosis, it is not the only one, so we must be diligent in addressing all illnesses and disorders experienced by clients along with their mental illnesses. Collaboration is continuing between DBH and Central Valley Regional Center (CVRC) to more successfully serve clients of both entities. Integrated care clinics are successfully treating clients with co-occurring medical issues. These additional services must be recognized, encouraged, expanded, and supported. DBH contracts with many local service providers for substance use treatment services. Providers have been trained, and on the whole, do well with this difficult population of individuals who live with both mental illnesses and SUD. The greatest gap in services appears among the clients deemed Seriously Mentally Ill (SMI). Few local providers are able to serve adequately SMI clients in either an outpatient or inpatient setting. DBH is in the process of preparing a Request For Proposals (RFP) for an inpatient substance use disorder treatment program for SMI clients. When this treatment facility comes to fruition it will serve a critical need in our community**. Our county needs more and better services for individuals, including children and adolescents, living with co-occurring disorders.**

**CHILDREN’S SERVICES**

The greatest overall need in our local mental health system has been a local psychiatric inpatient facility for children and adolescents. It has been necessary to send children to hospitals throughout the state to receive the care that they need. Long distances from families and local support systems have made the continuum of care for children with mental illnesses difficult, if not impossible. **Now our county has contracted with Stars Behavioral Health Group to establish a local inpatient hospital for our children, which, when operational, will fill this huge hole in our system of care.**

Our Children’s Crisis Assessment Intervention Resolution (CCAIR) center continues to meet the needs of children in crisis. Most children are stabilized and released to their families. If that is not possible, the crisis center may refer the child to an inpatient psychiatric facility. Eventually, **DBH plans to relocate the children’s crisis unit to the Kings Canyon campus, adjacent to the planned children’s psychiatric inpatient unit.**

While children with mental illnesses are served at schools, in their homes, and in other community settings, the majority of children who are seen on an outpatient basis receive services at the Heritage Center. The numbers of requests for service continue to increase, with a larger number of younger children needing treatment. Children are assessed, and then meet with case managers, therapists, and psychiatrists, as necessary for their appropriate care. **The wait times for assessments and the beginning of treatment continues to be of concern.** Currently, wait time for assessments is approximately 3 weeks; it is then another 5 weeks before a child sees a psychiatrist**.** Approximately 1700 children receive medical services, which means a caseload of 300-400clients per full-time equivalent child psychiatrist. DBH employs 4 full-time child psychiatrists, and fills in the gaps with part-time and contracted psychiatrists and telepsychiatrists. **Recruitment and retention of child psychiatrists is an extension of similar difficulties in the adult system of care.**

**Rural mental health clinics now are providing service for children, as well as for adults.** DBH served few children at the rural clinics, so having services from a contracted provider is a benefit to those living in rural areas. The provider also provides transportation from more remote locations to the mental health clinics. The numbers of children served are increasing as the providers develop more resources to meet their needs. Telepsychiatry is provided at the rural clinics; however, if children or their caregivers prefer, they will be seen face-to-face by psychiatrists at the Heritage Center.

**School-Based mental health programs supplement other services**. School staff refers children to these programs. From approximately 20 rural schools, children meet with clinicians and case managers, either at school or in their homes. Within the metro area, children are served at 26 school sites within 3 school districts. One barrier to better serving children is school staff’s inability to identify students in need of mental health treatment. **It is imperative that all school staff members be trained to recognize children with symptoms and risks of mental** **illness.** Another barrier is the stigma associated with mental illness and mental health treatment. Students and their parents need education about mental health so that they will recognize their own needs, as well as accepting the treatment needs of others.

Caseloads in all children’s mental health service areas have expanded with the inclusion of those clients who previously were enrolled in Families First health insurance. The results of the lawsuit referred to as *Katie A.* has added children from the welfare system, specifically Foster Care and Child Protective Services, into the county mental health system of care. It is still unknown how many more children will be included under the ACA**. In these changing times, DBH must be prepared to meet the mental health needs of all eligible children in our county.**

**JUSTICE SYSTEM**

Continuing education is required for those in law enforcement. Our officers must be knowledgeable, so that they can evaluate individuals with whom they come into contact. Officers must recognize and respond appropriately to those with mental illnesses because often they are the first responders in mental health crises, and may or may not have been notified of the nature of the call for assistance. DBH provides two Crisis Field Clinicians to assist law enforcement responders in the community. These clinicians are available to help officers with the evaluation and management of individuals with mental illnesses. Often clinicians are able to de-escalate volatile situations, while supporting, advising, and educating officers about mental health issues. These individuals identified as Mental Health (MH) 1 and MH 2 also assist officers with determining the appropriateness of and giving instruction on “how-to” write a 5150 hold. Two mental health clinicians can provide only limited support to our law enforcement officers. **The Crisis Field Clinician program needs to be expanded to include more clinicians to cover more hours and more territory within our large county.**

Both children and adults sometimes become involved with the criminal justice system as a result of their mental illnesses. DBH and contracted providers have served the mental health needs of those juveniles incarcerated at the Juvenile Justice Campus. Jail Psychiatric Services (JPS), a division of the Department of Public Health (DPH), has provided mental health service for adults in the Fresno County jail. While the treatment of juveniles has been adequate, that of adults in the jail has been a major concern. Within the last year, there have been staffing and procedure changes that have greatly improved the mental health care provided in our jail. **With the contracting of all medical and behavioral health care to an outside provider, our community must be watchful to assure that our inmates with mental illnesses receive the care that they deserve.** Even though a contractor will provide psychiatric services, the mental health care of inmates remains the responsibility of DPH.

Family Behavioral Health Court (FBHC) for juveniles and Behavioral Health Court (BHC) for adults have been extremely successful in preventing recidivism among defendants with mental illnesses who have access to their services. BHC only is able to provide services to those convicted of felonies. The expansion of services to include those convicted of misdemeanors would provide an opportunity to prevent more serious offenses. With the return of military personnel, many of whom are diagnosed with Post Traumatic Stress Disorder (PTSD), there is need for a Veteran’s Treatment Court to serve their particular needs. **The MHB supports the expansion of behavioral health courts, including a Veteran’s Treatment Court, to meet the needs of those with mental illnesses who become involved in the criminal justice system.**

**MENTAL HEALTH SERVICES ACT (MHSA)**

Within the continuum of care, **MHSA funds many essential programs provided by DBH and its contracted providers.** Through the Community Planning Process (CPP), stakeholders identify gaps in the mental health system. Many of the recommendations in this report come directly from community concerns expressed during CPP meetings. DBH uses the information from these meetings to develop an annual updated plan to incorporate input from the community. This year community members, including MHB members, are being included in the plan development stage. The plan might include the expansion of or redesign of existing programs, the elimination of unsuccessful programs, or the addition of new programs and services. Once the annual update is completed it comes to MHB and to BOS for final approval.

**CULTURAL DIVERSITY**

Cultural diversity makes Fresno County the vibrant community that it is. We are fortunate to have representatives from so many cultures living amongst us. As wonderful as our diversity is, it presents challenges in serving the mental health needs of the community. In addition to language barriers, cultures each have their own definition, explanation, and acceptance of mental illnesses. DBH staff makes efforts to be sensitive to all cultural differences. There are treatment teams dedicated to the Asian-Pacific Islander and Latino populations. The Holistic Cultural and Education Wellness Center (HCEWC) was established to meet the needs of various cultural groups. While the HCEWC provides some fine services, clients have additional ideas for programs, which should be explored. There are members of cultural groups in rural areas who are lacking services to meet their particular needs. **Expansion of culturally appropriate services throughout Fresno County should be a goal, but additionally, cultural competency and sensitivity must be incorporated into all service areas.**

**MENTAL HEALTH BOARD**

Your MHB appreciates the support that the Board of Supervisors has provided to us this past year. Our membership ebbs and flows, with current members, to the best of our abilities, advocating for better mental health services for our community. This year our board created an on-line brochure for our web site to introduce current members in the hope of attracting interest in service. **It is a challenge for you to recruit and appoint dedicated members to our board, but** **we appreciate your efforts to do so when the opportunities are available.** Our MHB realizes and regrets that we lack cultural diversity, but we are dedicated to representing all community members.

**The MHB diligently reviews and evaluates mental health services provided by DBH** **and its contractors.** We receive regular updates from DBH at our monthly meetings. We receive annual Outcome Reports from all programs. We are pleased that DBH is taking a more active role in the evaluation process and bringing forth more robust recommendations for improvement. We are hopeful that soon all Outcome Reports will contain Cost Benefit analyses. Our MHB selects as many programs as possible for oral presentation at either our monthly board meetings or at the appropriate MHB committee meetings. We continue with regular site visits both to in-house programs and to those of contracted providers. We have made a conscious effort to visit rural sites this year. It is often more educational to see a program in action on-site than to hear presentations at board or committee meetings. During these visits board members have the opportunity to talk with staff members, as well as with clients, who often provide the most insightful information. MHB members also make an effort to attend and participate in many community meetings related to mental health issues.

In an effort to support those in need of mental health services, as well as DBH staff, the MHB has made efforts to become more accessible and to reach out to the community. We not only welcome members of the public to attend all of our MHB meetings, but also we provide comment boxes at various DBH locations and on the MHB’s web site; anyone who leaves a message with contact information receives a call from a board member. **We hold community forums where we listen to** **comments and concerns expressed by community members.** At these forums the MHB helps to educate the public about services that are available and how to access those services. This year we held meetings in Fresno, and also in the rural communities of Parlier, Kerman, Sanger, and Auberry, with others planned. The MHB makes efforts to respond to and advocate for individuals and the services that they request by communication with DBH staff and other community providers.

**In an attempt to educate and to reduce stigma, the MHB formed a Speakers’ Bureau,** **with a grant from CalMHSA.** Individuals living with mental illnesses have told, and continue to tell, their stories of wellness and recovery. These compelling stories create bridges with listeners, who come away with a different idea of mental illness. Not only are these courageous speakers educating the public and helping to eradicate the stigma of mental illness, but also, speakers report that participation in the Speakers’ Bureau has been therapeutic for their own mental health.

**This spring our MHB hosted a meeting with MHBs and Behavioral Health Boards (BHB) from surrounding counties, where we compared notes, shared information, and learned from each other.** Representatives from five surrounding county MHBs and BHBs joined us for an all-day Saturday event to become acquainted, to explore common concerns and possible solutions, and to support the efforts of each other as we advocate for better mental health services for our communities. We left the conference with a commitment to hold similar meetings, hosted by other boards, throughout the year. Our next meeting will be hosted by Kings County’s Mental Health Board in June.

**MHB extended community outreach through its committees by encouraging members of the public to attend and to participate in less formal, more inclusive** **settings.** Clients, family members, DBH staff, service providers, guest speakers, and MHB members regularly attend these MHB committee meetings:

**The Adult Services Committee** worked with a collaborative spirit to identify gaps in services and to explore solutions. Brainstorming sessions have created opportunities for innovative ideas to emerge. Committee members have become better educated by presentations from DBH staff, contracted providers, and other community agencies. The committee heard Outcome reports from programs related to adult services. Speakers from outside agencies are thought provoking and bring information about services that could be helpful for DBH clients.

**The Children’s Services Committee**, in collaboration with the Foster Care Standards and Oversight Mental Health Committee, worked on issues specifically related to young people, including Transitional Age Youth (TAY). Committee participants learned from DBH staff, contracted providers, and community agencies about services available for children and adolescents. Some programs presented their annual Outcome reports at these meetings. When the MHB expressed concerns about a youth related program, this committee did an in-depth evaluation to help develop a more effective plan for the delivery of services to under-served youth and youth in rural areas. This committee formed the Health Information Exchange Workgroup to develop a common language and an information-sharing tool to be used by agencies serving common clients.

**The Justice Systems Committee** has met with law enforcement, providers of services, and Jail Psychiatric Services (JPS). Crisis Field Clinicians, who assist first responders, have met with this committee. Providers of special programs for the AB109 population have presented Outcome reports and have provided other data. JPS staff, under the jurisdiction of DPH, met with the Justice Systems Committee bimonthly to assure the MHB that inmates were receiving timely and appropriate mental health treatment. The committee has been pleased by the changes that have taken place within JPS, and is concerned about the county’s contracting out of psychiatric care, along with medical care. This committee, along with the entire MHB, will watch carefully the transition to a new provider, and the work done by that provider. The contractor, Corizon Health, Inc., has agreed to meet with this committee on a bimonthly basis.

**The Executive Committee** meets monthly to plan the agenda for MHB meetings and to deal with other board issues, including membership. As are all our meetings, this committee meeting is open to the public.

With the changes that are happening at the national, state, and local levels, including within our own Department of Behavioral Health**, it is time for the Board of Supervisors to explore the creation of a new** **Behavioral Health Board (BHB)** by merging the current Mental Health Board with the Alcohol and Drug Advisory Board. Since Substance Use and Mental Health Services are being consolidated at the state level, since Substance Use and Mental Health Services are both divisions of the Fresno County DBH, since mental health and substance use treatment funding streams are merging, and since many of the clients served are the same individuals, it is logical to have only one board. Some feel that their service area might lose its voice in the consolidation, but by working together we can become more effective advisors to your Board of Supervisors and stronger advocates for all clients of Department of Behavioral Health.

**CONCLUSION**

As we move forward along this continuum, your MHB is hopeful that improved services will bring new opportunities for residents of Fresno County who live with mental illnesses to assist them on their personal journeys toward wellness and recovery.

**MENTAL HEALTH BOARD RECOMMENDATIONS**

* Support for recruitment and retention of psychiatrists
* Continued support for the Children’s Psychiatric Inpatient Facility
* Continued improvement in the continuum of mental health care for both children and adults in metro and rural areas
* Expansion of integrated clinics for both physical and mental health care
* Creation of a Crisis Residential Unit
* Improvement of co-occurring services for clients with serious mental illnesses and substance use disorders
* Supportive housing, inclusive of all clients, in safe, secure locations
* Community-based services for conservatees
* Continued oversight of Jail Psychiatric Services
* Expansion of Behavioral Health Courts, including a Veteran’s Treatment Court
* Job development and job coaches for individuals with mental illnesses
* Respite care services for both children and adults living with mental illnesses
* Creation of Public Information division within DBH to educate and inform the community about services available and how to access those services
* Creation of a Behavioral Health Board