***PLACER COUNTY MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD***

***REPRESENTATION***

**List of the Board:**

Geoffrey McLennan (*Chairperson*)

Yvonne Bond (*Vice*-*Chairperson)*

David Bartley *(Treasurer)*

Jim Holmes (*Board of Supervisors Representative*)

Claire Buckley

Diane Shinstock

Dr. Jessica Del Pozo

Gregory Cirillo

Katrina Brown

Lisa Cataldo

Sharon Behrens

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**The Placer County Mental Health, Alcohol and Drug Advisory Board (MHADAB) is submitting this Fiscal Year 2018-2019 Annual Report to the Placer County Board of Supervisors as required by Welfare and Institutions Code (5604.2).**

1. **INTRODUCTION**

The goal of this annual report is to provide a summary of the Placer County Mental Health, Alcohol and Drug Advisory Board activities during the past fiscal year. The Fiscal Year (FY) 2018-2019 Boardgoals are listed below for quick reference. The *Board Overview* section (next) provides a description of the Board itself; its mission, composition, roles, and responsibilities. The body of the document includes FY 2018-2019 *Committee Annual Reports*, providing descriptions of *Goals, Findings,* and *Status* for each activity. Finally, a summary of accomplishments is listed for review and the new list of goals for the upcoming year.

**FISCAL YEAR 2018-2019 BOARD GOALS, Governance, and Oversight.**

***Executive Committee***

* Promote Board Member Training, Site Visits, and Community Outreach to Consumers and Peers
* Increase Board Recruitment Efforts and Visibility in the Community
* Align Board and Committees with the Brown Act
* Obtain a Better Understanding of how the Mental Health Services Act (MHSA) Funds are Planned, Distributed, and Programs Evaluated
* Develop and Maintain Good Relationships with Consumer Representatives.
* Develop Advocacy in Board Members

***Alcohol and Other Drugs Committee***

* Increase Visibility of the MHADAB By Conducting Outreach
* Review Substance Use Addiction Prevention and Treatments with Special Emphasis on Methadone
* Increase Committee Membership and Dedication

***Children’s Services Committee***

* Review and Monitor the Changes to Federal and State laws Regarding the Continuum of Care Reform (AB 403)
* Enhance Mental Health Crisis and Intake Services and Outreach to Veterans and their Families
* Ongoing Training of Children’s Services Committee and Recruitment of new Community Members
* Committee Members Collaborate with Other Community Organizations
* Bringing *The S Word* Film to Placer County

***Adult Services Committee***

* Continue to Monitor Implementation of Assisted Outpatient Treatment.
* Monitor implementation of Housing Programs for Severely Mentally Ill Persons
* Monitor Implementation for Inclusion of Family Members in Treatment Programs
* Increase Understanding/Determine Barriers to Obtaining Conservatorship to Consumers and Family Members
* Develop Ways to Increase the Visibility of County Mental Health Services
* Become Knowledgeable of the Required Components of MHSA

1. **BOARD OVERVIEW**

***Chairman’s Corner, Geoffrey McLennan***

The past year was memorable as we further engaged the community, families, and staff on how to improve the customer experience in mental healthcare. We said goodbye to many board members who left us for family and jobs including Theresa Thickens, Heather Wingo, Sheri Courville, Elizabeth Madsen, Randi Swisley, and Wes Howell. We welcomed new board members Gregg Cirillo, Claire Buckley, Katrina Brown, and Diane Shinstock. One of my foci is leadership development on the board, and we have two new chairpersons in Diane Shinstock on the Adult Services Committee and Claire Buckley on the Alcohol and Drug Committee. We are aware of possible changes coming from the State in the coming months and look forward to serving our communities with care, passion, and concern.

**MISSION STATEMENT**

The mission of the Placer County Mental Health, Alcohol and Drug Advisory Board (MHADAB) is to promote citizen, consumer, and peer participation in planning, providing and evaluating the System of Care; assist in establishing measurable client and system outcomes; review and make recommendations to the annual performance contracts; and advise the Directors of the System of Care, Health and Human Services, and the Board of Supervisors on issues relevant to the provision of behavioral health services to priority populations. We encourage diversity and inclusiveness in all that we do.

**GUIDING PRINCIPLES**

The Placer County Mental Health, Alcohol and Drug Advisory Board shall be guided by the following principles:

* Promote services and programs (within the family and culture) utilizing a client-centered approach.
* Prioritize resources for those most in need of services.
* Promote services and programs that are community-based and coordinated with child and adult service systems (e.g., schools, social services, health, juvenile justice, law enforcement, etc.).
* Promote services provided in the least restrictive, clinically appropriate environment.
* Foster public/private partnerships and collaboration to improve service delivery and availability.
* Enhance the quality and cost-effectiveness of services by establishing measures of performance focusing on individuals receiving services, family members, and the entities delivering services.
* Provide leadership in education, prevention, early identification, and advocacy, with community and consumer participation and collaboration.
* Board members shall engage in other mental wellness efforts such as the Campaign for Community Wellness, local and community events, to assure adequate training and outreach of the MHSA processes.

**RESPONSIBILITIES**

The foremost role of the MHADAB is to review and evaluate the community’s mental health and substance use needs, services, facilities, and special problems. To accomplish this task, the Board conducts monthly meetings at two locations: Auburn and Roseville, to facilitate reviews, receive staff reports, and solicit community input including guest speakers from diverse viewpoints. The regular monthly meeting is usually held on the fourth Monday of each month. Also, the Board holds monthly committee meetings and a yearly retreat to review work and develop plans for the coming fiscal year. Specifically, the MHADAB responsibilities are defined in Welfare and Institutions Code Section 5604.2 as follows:

5604.2(a) Local mental health Board shall do all of the following:

(1) Review and evaluate the community’s mental health needs, services, facilities, and special problems.

(2) Review any county agreements entered into pursuant to Section 5650.

(3) Advise the governing body and the local mental health director as to any aspect of the local mental health program.

(4) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.

(5) Submit an annual report to the governing body on the needs and performance of the county’s mental health system.

(6) Review and make recommendations on applicants for the appointment of a local director of mental health services. The Board shall be included in the selection process prior to the vote of the governing body.

(7) Review and comment on the county’s performance outcome data and communicate its findings to the California Mental Health Planning Council.

(8) Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health Board.

5604.2(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the

Board shall assess the impact of the realignment of services from the state to the county on services delivered to clients and in the local community. (Amended by Statute 1993, Ch. 564. Sec. 3. Effective January 1, 1994.)

**BOARD COMPOSITION**

The MHADAB promotes citizen and consumer participation in planning, providing, and evaluating mental health and substance-use-disorder services in Placer County, and is comprised of consumers and peer and family members who are receiving or have received mental health, alcohol or drug services. Also, the Board includes individuals who have experience and knowledge in mental health, alcohol and drug systems of care, including expert county staff. The Board carries out its duties with the guidance from its *Executive Committee* and working committees. Both Board members and community volunteers serve on the following committees and subcommittees: *Alcohol and Other Drugs Committee*, *Children’s Services Committee, and Adult Services Committee*. Each of these committees reviews quality improvement and compliance components related to the services within their scope of work and holds monthly meetings for community input. The next section details the work of each of these committees in FY 2018-2019.

1. **EXECUTIVE COMMITTEE HIGHLIGHTS**
2. **Promote Board Member Training, Site Visits, and Community Outreach to Consumers and Peers**

Goal: Promote adequate and consistent training and community interaction with the MHADAB.

Findings: This goal was addressed at the Board’s Annual Retreat and monthly meetings. The board agreed that a minimum number of trainings, site visits, and outreach activities should occur as an integral part of its annual plan *and* each standing committee’s activities.

Status: In FY 2018-2019 all committees included activities to address trainings, site visits tours, and outreach activities, which can be found in their respective annual reports following this section.

1. **Increase Board Recruitment Efforts and Visibility in the Community**

Goal: To comply with the Bylaws and to assure mental health consumers are represented on the Board, the Executive Committee maintains an active waiting list and community outreach for board vacancies.

Findings: Welfare and Institutions Code provides the representation of consumers of mental health services and their families. Recent turnover on the board has provided an opportunity to increase consumer representatives. We had several board members resign due to family and other reasons such as relocation out of the county and employment changes.

Status: The Board has vigorously recruited, interviewed, and processed new member appointments including consumer representatives. Supervisor Holmes provided a column in local newspapers soliciting board applications. There is a standing item on our agenda to recruit new board members and community participation. There remains one consumer vacancy that is in the process of interview and appointment.

1. **Align Board and Committees with the Brown Act**

Goal: To assure that all board and subject committee activities comply with the Brown Act. This goal was selected due to the recent turnover on the board and to assure compliance with the law.

Findings: All board meetings and most committee meetings were compliant with the law.

Status: All board and committee activities are compliant with the Brown Act. This is achieved by requiring board members to utilize county staff to prepare meeting notices, minutes, and to attend committee meetings. Additionally, a special board training was conducted in January that included Brown Act features.

1. **Obtain a Better Understanding of how the Mental Health Services Act (MHSA) Funds are Planned, Distributed, and Programs Evaluated**

Goal: Increase board and community participation in the MHSA processes.

Findings: We had to learn the MHSA law and how we can improve its use.

Status: Several members are attending CCW meetings.

1. **Develop and Maintain Good Relationships with Consumer Representatives.**

Goal: Invite consumers to attend board and executive committee meetings.

Findings: Mental Health America (MHA) enabled the Consumer Council to attend our meetings throughout the past year.

Status: Recent MHA turnover has paused this activity, but the new MHA representative will be invited.

1. **Develop Advocacy in Board Members**

Goal: Train board members to advocate for their constituencies.

Findings: Children’s and Adult Services Committees have robust advocacy positions. The Alcohol and Drug Committee (AOD) will develop the same in the coming year.

Status: The new Chairperson in the AOD committee will develop the advocacy role.

*Respectfully submitted by the: MHADAB Executive Committee members*

1. **ALCOHOL AND OTHER DRUGS COMMITTEE REPORT**

Due to unforeseen circumstances, the chair of the Alcohol and Other Drugs Committee (AOD) resigned in December 2018, and the position remained vacant for the remaining 6-months of FY 18-19. A new chair has recently been identified; consequently, many of the FY 18-19 objectives have been deferred and will be restated in new goals for FY 19-20.

1. **Increase Visibility of the MHADAB By Conducting Outreach**

Goal: Conduct community and program outreach to increase the visibility of the MHADAB.

Findings: Nick Golling, the Director of Shelter Operations at The Gathering Inn, presented at the September committee meeting. The committee agreed to tour the facility on 11/18 and host the evening meal. The Coalition for Auburn and Lincoln Youth (CALY) also facilitated education presentations at E.V. Cain Middle School.

Status: During the first half of this year the subcommittee was able to collaborate with The Gathering Inn and CALY on the Drug and Alcohol Facts Week January 22-27. Information on drug and alcohol use was prepared and shared through social media and websites. Further efforts to increase the visibility of the MHADAB were stalled after this subcommittee chair departed and the position remained vacant for 6 months.

1. **Review Substance Use Addiction Prevention and Treatments with special emphasis on Methadone**

Goal: Review county-provided data regarding Substance Use Services to gain insight into current practices surrounding Methadone.

Findings: The committee reviewed substance use data for Placer County for FY’s 12-13 through 17-18.

Status: Substance use data was reviewed during the first half of this year. Further efforts to determine next steps were stalled after this subcommittee chair departed and the position remained vacant for 6 months.

1. **Increase Committee Membership and Dedication**

Goal: Focus on increasing recruitment efforts and committee participation.

Findings: The AOD experienced a busy year due to recent policy and law changes affecting substance abuse programs and the committee experienced a turnover of committee membership. The committee’s most recent effort has been an outreach to all citizens, consumers, and practitioners in the county to join the committee and help to increase diversity and knowledge among members. At the beginning of FY 2018-2019, the AOD transitioned to a new committee chair. The chair proactively reached out to increase membership of the committee.

Status: Due to unforeseen circumstances, the subcommittee chair had to resign in December 2018. A new chair was identified during the last month of this reporting period and an effort is currently underway to recruit membership.

*Respectfully submitted by the: MHADAB Alcohol and Other Drugs Committee*

1. **CHILDREN’S SERVICES COMMITTEE REPORT**
2. **Review and Monitor the Changes to Federal and State laws Regarding the Continuum of Care Reform (AB 403)**

Goal: To monitor the changes and issues regarding new and pending reforms.

1. **Continuum of Care Reform (AB 403) continues in its implementation**

Findings: Many group homes in the state are on their 4th extension for transitioning to Short Term Residential Therapeutic Programs (STRTP). However, this is the last legislative extension. The California Department of Social Services (CDSS) has a list of 45 providers who are currently rated with "low confidence" they will be able to complete the transition requirements effectively. Placer County has only used a few of these providers. However, there is a great concern across the state for the loss of these beds. The current issue is that these mid-range providers care for children who do not meet the criteria for STRTP placement requirements. However, these children are inappropriate for placement in the new lower intense category of Treatment Foster Care (TFC). Many of these facilities have closed leading to loss of placement capacity.

Status: Placer Children's Systems director continues to monitor the STRTP transition implementation within our county. The Committee reviews with the director monthly any changes of data and implementation of AB 403 statewide and within the county. The Committee finds the potential loss of placement beds/services very concerning. Programs are finding it difficult to hire and maintain employees with new higher-level requirements and salaries at the low end of the market for counselors and clinical persons. This will be reviewed in the next yearly report.

1. **Federal legislation Families First Prevention Act (HR 5456 and Public Law 115-123)**

Findings: This was signed into as part of the Bipartisan Budget Act on February 9, 2018. This historic reform reforms the federal child welfare financing streams to provide services to families who are at risk of entering the child welfare systems. It provides new optional prevention services and programs. This will make sweeping changes on the federal level similar to the Continuum of Care Reform (CCR).

California has yet to opt-in due to the adding of additional requirements on top of the CCR. An example is a requirement for congregate placements to have a nurse 24/7. Higher-level for staffing requirements and low funding levels for reimbursement for these services is problematic.

Status: We continue to monitor the implementation along with the Director.

1. **Presumptive Transfer - (AB 1299)**

Findings: It is in its second year of development. This provides for the inter-county payments for specialty mental health services to be made to other counties who serve our children and youth when they are placed out of the county of origin.

Placer County is one of only a few counties who have completed the process for inter-county payments. The legislation has many difficulties from both clinical and financial perspectives. Although clean up legislation is in the process, it does not appear to correct the core issues.

Status: The California Department of Health Care Services is now recommending the counties block the transfer of youth who are being placed in STRTP's. due to the financial strain on counties with multiple STRTP's within their boundaries. However, it has not been adopted legislatively.

1. **Enhance Mental Health Crisis and Intake Services and Outreach to Veterans and their Families**

Goal: Increase outreach to veterans and their families

Findings: In 2018, the Children’s Services Committee (CSC) became aware of the lag in time for many veterans and their families to receive services thru the VA and the difficulty knowing how to access other available community services. This is a serious problem nationwide. This has led to one of the possible reasons for the increased number of veterans dying by suicide.

Among veterans, the 2016 US Dept of Veterans Affairs reported rates of suicide have been increasing for both men and women across all age groups in the US. However, veterans are 22 % more likely to die by suicide than their adult civilian peers. Among all veterans, this equates to 35.6 suicides per 100,000. this is an average of 20 each day die by suicide.

CSC knowing of the problems met with The Adult System of Care (ASOC) staff. From this meeting came the change to the Crisis Intake protocol and the development of a collaboration with several community agencies. Knowing that there were unmet needs for access to services the collaboration set out to create a way of facilitating knowledge of community-based veterans services. From this came the development of the Veteran Resource cards.

Furthermore, ASOC provided training for the Crisis Intake staff re new protocol for handling veterans service needs.

Status: We monitor the new protocol by ASOC / Crisis intake for the inclusion of Veterans into the crisis intake system through updated input from ASOC director and assistant director. We discuss the training provided intake/crisis staff regarding the mental health services available outside the VA. We also monitor through test calls to the crisis line.

Training has been completed regarding the addition of services to Veterans and families while pending intake into services at the VA. Completion of more tests call to monitor response are still needed. These should be completed by the Annual report completion in July.

Regarding the Veteran Resource Cards, representatives of several programs participated: ASOC, Lincoln Lighthouse, Volunteers of America Veterans Services, Placer County MHADAB CSC, Lincoln Community Resource Collaborative, Fallen Soldiers, and veterans. It was determined that resource cards similar to the Crisis Green cards could be effective outreach. ASOC staff took the information from the collaborative and formatted the cards. They also acted as a liaison within the collaborative.

Two grants for printing costs were obtained from Volunteers of America and Lincoln MudRun4 Life. Over 20,000 have been printed to date and disseminated.

These cards are in high demand by service providers, first responders, veterans’ groups and service providers. It has proved to be a needed resource to enhance knowledge of services. These cards are distributed with Crisis Green cards at mental health awareness events.

1. **Ongoing Training of Children’s Services Committee and Recruitment of new Community Members**

Findings: Recruitment is a priority; increase outreach to community partners and parents to encourage them to participate and have a voice at CSC. In the past, there have been sporadic and low attendance from non-board members.

Status: CSC has increased attendance. NorCal America has two staff mentor/parents attending, Safe Harbor Director, Uplift Directory, Core Connectivity and 2 community parents and two new Board members. Goal on-going.

Committee member attends Recovery Happens, several Health and Resource fairs in Placer and other community events to hand out information on MHADAB and committee’s membership.

1. **Committee training - new members wanted to have training and information re the children's systems within the county.**

Findings: Children's Systems Director has provided training on new federal and state legislation includes CCR, Families First prevention Act, (see above), Implementation of Child and Adolescent Needs and Strength screening and Assessment (CANS), Commercially sexually exploited children (CSEC), monthly updates from Mental Health and Child Welfare updates., all data and review outcomes.

CANS implementation update - the child adolescent needs and strengths screening and assessment tool is being implemented for all mental health clients 6 to 20. This will create challenges for the 18 to 20 population in ASOC. CSOC has been using the CANS for many years as part of Wrap Services. child Welfare has slowed the implementation due to competing priorities with the Level of Care tool.

Status: CSEC - A joint task force has been formed and interagency Memorandum of understanding (MOU) has been signed with the DA, treatment providers and family resource centers, local law enforcement agencies, HHS and CSOC, child defense attorneys, presiding juvenile court judge and probation. Extensive training with many of these groups has occurred, including a statewide conference on the CSEC issue. The screening tool (CE-IT) has continued to have increased usage at locations throughout Placer Juvenile detention Facility, Koinonia Connections and in Child Welfare emergency response. These are yielding more and more victims and those at risk for trafficking. Placement options for these youths remain difficult to find. these youth are now with the new law (AB794) prohibited from being in juvenile detention centers.

1. **Training from outside providers - CSC has informed the full board of all training being done at the committee and encourage attendance.**

Findings: Uplift Family Services - This is an outpatient counseling service providing individual, group, family therapy. they also have social skill development, psychiatric medication management, psychoeducation, psychological training, case management, treatment for children and families affected by child sexual abuse.

Unity Care - providing services to Transition Age Youth (TAY) ages 14 to 26 years. It is a community-based, non-profit, multi-service agency for foster youth. The goal is to provide safe stable and affordable housing for youth as age out of foster care and provide them with support systems they need to achieve self-sufficiency.

Crisis resolution Program (CRC) - part of the Koinonia Family Services - It is a short term 6-bed residential treatment placement for teenagers 12-17 (30-day Maximum with average stay 2 weeks). The emphasis is resolving, de-escalating the crisis and reunification is the ultimate goal. The use of family counseling models to increase communication skills is the center.

In the last two years, the number of residences has decreased due to intensive work with families before they require admittance.

Latino Leadership Council - It is a regional Latino-focused nonprofit using Promoters to provide outreach and services. promoters are highly skilled and trained community members and leaders. Their role is to conduct home visits to assess needs and connect with other diverse community programs. Collaboration with community agencies in ongoing, including Placer County Children's System of Care. This allows for enhancement of services and the working thru of issues related to families receiving appropriate services including assessments.

Status: Completed projects include: The committee developed a glossary of acronyms commonly used within the mental health, child welfare systems. It makes it easier for new members to better understand the information shared at meetings. These have been made available to the full board.

Small lending library of books on various trauma-informed issues was created.

1. **Committee Members Collaborate with Other Community Organizations**

Goal: To collaborate through support and active participation with other agencies to develop new trauma-informed programs to solve community problems.

Findings: Committee members actively participate in several agencies or programs.

1. **Resilient Placer**

Findings: This agency aims to raise awareness about the prevalence of adverse childhood experience (ACEs) in our community; increase trauma-sensitive practices and policies; foster inter-agency collaboration to better serve residents and improve practices at the direct service level. It convenes a leadership team (a CSC sits on this). This team develops the annual Trauma and Resiliency Summit which educates providers regarding ACEs.

Status: In 2017, participated in the hosting of the first trauma Summit in Placer with 360 attendees from different community sectors. 2019 Resilient Placer is working to develop a Trauma and Resiliency Webinar series.

1. **Campaign for Community Wellness (CCW)**

Findings: This partnership among residence and community-based agencies operates as the legislatively mandated body to oversee the implementation of the Mental Health Services Act (MHSA) dollars.

Status: Several members of the CSC attend these monthly meetings to give input.

1. **March 2019 Placer Town Hall**

Findings: A town hall was held Author/speaker Robin Karr-Morse gave a presentation on the science and significance of early childhood experiences. After this presentation, a CSC member began a conversation with PCOE, regarding the need for the development of TIC 3 to 6 program within the Placer Schools. This committee has determined that a continued discussion with PCOE regarding this unmet need from 2019-2020 is a priority.

1. **Coalition for Auburn Lincoln Youth (CALY)**

Findings: During a National conference, CALY became aware of a new program called "Handle with Care". This new initiative enhances communication and collaboration between first responders and schools. A "Handle with Care Notification" alerts the school that a child may have been exposed to a traumatic incident (i.e. domestic violence, child abuse, death in the family, witness to a crime, loss of home due to fire, etc.) No specific details about the incident are given, just one simple request: to focus on the child and handle with care. Confidentiality is maintained at all levels. This program was then brought to Resilient Placer. It was adopted as a project. Mike Lombardo from PCOE is now spearheading the training of schools and first responders to get this started within Placer. Hopefully, it will be up and running in 2019. This has been a successful collaboration between PCOE, CALY, and Resilient Placer.

1. **Bringing *The S Word* Film to Placer County**

Goal: To bring to Placer County this very important documentary film that opens the conversation regarding one of the most significant mental health issues in our country today. It opens the conversation to reduce shame and silence.

Findings: Suicide, according to the CDC and NIMH, was the 10th leading cause of death overall in the US claiming the lives of over 47,000 people. It was the second leading cause of death among individuals between the ages of 10 and 34. And the fourth cause among individuals between the ages of 35 and 54. There were also twice as many suicides in the US as there were homicides. There is a concern within our community that we need to form partnerships with the community organization to focus on comprehensive efforts to prevent suicide. It is essential that we bring the tragedy of suicide out of the shadows and openly discuss interventions and take the stigma out of mental health issues. According to the CDC communities need to:

* Identify and support people at risk.
* Teach coping and problem-solving skills to help people manage challenges
* Promote safe and supportive environments.
* Connect people at risk to effective and coordinated mental and physical care.

Findings: To do this we need to begin with open discussions within our community. For the last year and a half, the CSC has collaborated with Mental Health staff to bring the documentary and expert panel to Placer.

Status: A collaboration with numerous agencies and programs has been on-going which has led to the future showing of this documentary in the fall at Sierra College.

*Respectfully submitted by the Chair of the Children's Services Committee*

1. **ADULT SERVICES COMMITTEE REPORT**

In Fiscal Year 2018-2019, the Adult Services Committee (ASC) welcomed both new board members and public interest members. The ASC is dedicated to advocating for quality programs and services for adults in Placer County.

Throughout the 2018-2019 Fiscal Year, the ASC participated in quality assurance (QA) by conducting calls to both the adult and the children’s 24-hour intake lines.

The committee gathered information and gained insight regarding county and state-level services through research and outreach activities. The committee advocated for consistent and progressive services. AOT, monitoring housing, the inclusion of family members, and MHSA has been the focus for the current fiscal year. ASC communicated with a Placer County staff, service providers, and consumers provided input about areas of need and opportunities for growth within the county.

The following are the ASC 2018-2019 Fiscal Year goals and the specific activities related to those goals:

1. **Continue to Monitor Implementation of Assisted Outpatient Treatment**

Goal: The ASC will continue to work toward improved knowledge of how the Assisted Outpatient Treatment (AOT) is implemented in Placer County.

The members will:

* Review AOT as it pertains to Placer County
* Learn when AOT is necessary
* Determine the benefits of AOT in Placer County
* Continue to become knowledgeable in the protocol for Placer County
* Identify the desired outcome of AOT
* Study the frequency of consumers placed on AOT within Placer County

The committee desires to conduct a study of AOT implementation in Placer County. The information regarding the percentage of effectiveness and opportunities will be gathered and shared with the members. The committee will research data regarding the implementation of AOT for Placer County. The ASC desires to continue working on this project throughout the 2018-2019 term. There is an opportunity to increase the utilization of AOT to enhance public safety and improve the quality of care provided to SMI within Placer County.

Findings: Assisted Outpatient Treatment (AOT) has been used in Placer County since its implementation in 2015. Data has been reviewed as well as an overview of the program (commonly referred to as Laura’s Law). Several proven studies have found that there are declines in the probability of arrest, fewer psychiatric hospitalizations, higher social functioning, less stigma and no increase in perceived coercion with the implementation of AOT. ASC believes Placer County will continue to increase utilization of AOT and advocate for the best treatment plan while understanding that everyone may respond differently to various forms of treatment.

Status: Consumers in Placer County are assessed by their service providers to provide the best quality of care for long term success.

In 2018-2019 ASC continued to advocate for increased knowledge of the benefits of AOT for individuals who won’t voluntarily seek help when other methods of treatment have not been successful.

1. **Monitor implementation of housing programs for Severely Mentally Ill Persons**

Goal: Casa Dewitt, a new program, will start with 7 clients and increase up to 14. One target population will be bridge housing which is for individuals with vouchers like Section 8, Veterans Affairs Supportive Housing, Shelter Plus Care, or permanent supportive housing individuals awaiting placement to develop life skills to attain their housing using their HUD vouchers. Individuals with vouchers will be able to stay for up to 90 days while securing permanent housing. Transitional housing individuals will be able to stay a maximum of 2 years as they work to develop the skills and resources to transition to permanent housing.

Findings: Placer County ASOC has made continued progress in securing new properties that will provide permanent housing for ASOC mentally ill clients. There is a tremendous need for additional housing for the homeless population. ASC is confident that Placer County will continue to make strides in providing necessary shelter for the severely mentally ill.

Status: Affordable housing is a top concern among the severely mentally ill. There are opportunities regarding the stigma of developing housing for the homeless. ASC will continue to monitor housing and commends Placer County for striving to meet the critical need for housing amongst the severely mentally ill homeless population. Advocating for those who are unable to acquire housing is crucial for a better quality of life.

1. **Monitor Implementation for Inclusion of Family Members in Treatment Programs**

Goal: The components of a good family/community involvement plan are addressed via a “five-pronged” approach:

* Community inclusion - means that all people, regardless of their health care needs, have the right to be respected as members of their communities, participate in recreational activities in neighborhood settings, work at jobs in the community that pay a competitive wage and use their skills and abilities to the fullest, and pursue educational opportunities with their peers.
* Inclusion in the community - allows a person to serve a role and feel that they have a sense of purpose and belong to something bigger than themselves. Part of what can make caregiving difficult is a lack of community inclusion for people with mental illness.
* Participation in a loved one’s recovery program - This would include providing input to the system, doctors, nurses, social workers, etc. regarding information that will benefit or assist in the loved one’s recovery process. AB1424 is one vehicle we would like to better understand in terms of how it can be leveraged and integrated into the process.
* Education - Families will be better suited to assist their loved ones with a mental illness when they are informed, understand the best way to communicate with family members, and can learn how to navigate the system - including criminal, social services, hospitals, and facilities providing services to those with a mental illness. There are constraints regarding the release of information (ROI) due to current HIPPA laws which require the client to provide permission for a family member or loved one to speak with the medical team.
* Support and Guidance - Families would greatly benefit from extending the hours of the Mobile Crisis Team to provide support during a crisis.

Findings: ASC reviewed a draft version of a form presented by Marie Osborne for Placer County Mental Health “Information Provided by a Family Member or other Support Person – Part A”. This form serves to provide a means for family members to communicate about their relative’s mental health history under AB1424, the legislation which requires that all individuals making decisions about involuntary treatment consider information supplied by a family member. After having been completed, this form will be placed in the consumer’s mental health chart.

1. **Increase Understanding/Determine Barriers to Obtaining Conservatorship to Consumers and Family Members**

Goal: If a client is unable to provide for his/her own basic personal needs of food, clothing or shelter, a conservatorship can be considered.

There are two different types of conservatorship. The Public Guardian office is an unfunded mandate out of the Probate Code.

* Probate – can be petitioned directly to the court. This is a private probate petition, or a referral can come in from family members and/or Adult Protective Services.
* LPS – A referral comes from a person in charge of an agency or facility providing comprehensive evaluations. A declaration of “gravely disabled” is made and the matter is referred for investigation and petition in court.

Findings: The prime opportunity in providing mentally ill patients the treatment and care they need is often the patients themselves.

Status: Conservatorship should be considered for an individual who is unable to provide for their own food, clothing or shelter. However, the state law does not provide any clarifying criteria on how counties assess for such. Placer should develop and share with the ASC on its criteria for assessing an individual’s capacity to provide for their basic needs.

1. **Develop Ways to Increase the Visibility of County Mental Health Services**

Goal: ASC will continue to monitor and develop ways to increase the visibility of county mental health services through optimizing the county website by creating a focus on mental wellness.

1. **Become Knowledgeable of the Required Components of MHSA**

Goal: Become Knowledgeable of what the Required components of MHSA are, including an understanding of Annual Revenues, and to attend Campaign for Community Wellness (CCW) Meetings

Findings: On May 8, 2019 Jennifer Cook presented a report to ASC regarding Proposition 63, Mental Health Services Act (MHSA) regarding how it is funded, what it funds, core principles, key elements of the law and regulations, Community Services and Supports (CSS), Full Service Partnership (FSP), prevention and early intervention and innovation.

Status: ASC will continue to become well-informed regarding MHSA spending trends, the community planning process with CCW and current programs.

Conclusion: Committee members continue to strive for knowledge and support regarding AOT, continue to monitor housing programs, continue to increase our understanding of conservatorship, monitor family and community involvement, become well-informed about MHSA and attend CCW meetings. Some of the ASC goals from previous years will continue to be a focus for committee members to facilitate resiliency and ensure the continuation of care within Placer County.

*Respectfully submitted by the: MHADAB Adult Services Committee (ASC) members*

1. **BOARD TRAINING AND PRESENTATIONS**

**Training and Guest Speakers**

* *July 2019*:
* Mitchell Rothbardt, DUI Instructor, Lived Experience Speaker
* *August 2019:*
* Jennifer Cook, Campaign for Community Wellness, Role/Process in Developing MHSA 3 Year Plan and Annual Updates
* *September 2019:*
* Keith Diederich, CEO, Strategic Direction of The Gathering Inn

* *October 2019:*
* Christina Ivazes, Children’s System of Care, Strategic Prevention Framework 2019-2024 Focus Group
* *November 2019:*
* Dr. Daniel Binus, Beautiful Minds
* *December 2019:*
* Dr. Oldham, Medical Director
* *January 2019:*
* Susan Morris Wilson, Board Training “Responsibility Reality and Advocacy”, *How Does a Mental Health Board Exercise its Authority?*
* *February 2019:*
* Committee Mid-Year Reports
* *March 2019:*
* Jeffrey Brown, Department Director, Health and Human Services
* *April 2019:*
* David Bartley, Lived Experience Speaker
* *May 2019:*
* Amy R. Ellis, Director, Adult System of Care, MHSA FY2018-2019 Annual Update
* *June 2019:* ANNUAL RETREAT
* The board met and prepared a list of 5 annual goals for the upcoming fiscal year as follows:

1. Increase Adult Outpatient Treatment Funding and Utilization.
2. Establish more peer and Family Support in the Commu8niyt by Partnering with Placer County.
3. Develop Board Policies to Better Align with State Statutes, Regulations, and Policies
4. Focus on Suicide Ages 40 and Older
5. Develop and Retain a Qualified Workforce.

**ACKNOWLEDGMENTS**

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