

FRESNO COUNTY BEHAVIORAL HEALTH BOARD

ANNUAL REPORT

TO BOARD OF SUPERVISORS

REPORTING ACTIVITIES FROM JANUARY 2016 TO DECEMBER 2016

PREPARED BY
JOANNE COX, CHAIR

APPROVED BY
FRESNO COUNTY THE BEHAVIORAL HEALTH BOARD

DECEMBER 21, 2016

Table of Contents

Vision/Mission Statement	3
Brief history of the Behavioral Health Board	4
Overview of the 2016 Behavioral Health Board	4
Current Members	5
Behavioral Health Board	6
Department of Behavioral Health	9
Adult Services Committee	11
Children’s Services Committee	14
Justice Committee	15
Substance Use Disorder Committee	18
Site Visits for 2016	20
2016 Recommendations to the Board of Supervisors	25
Fresno County Behavioral Health Board Goals	26
Behavioral Health Board Standing Agenda	27



FRESNO COUNTY BEHAVIORAL HEALTH BOARD

VISION/MISSION STATEMENT

VISION STATEMENT

To ensure effective and timely services for Fresno County residents with mental health and/or substance use disorders.

MISSION STATEMENT

The Behavioral Health Board advocates for clients with mental health and/or substance use disorders to reach their highest potential through

- Effective and timely culturally competent services
- Elimination of stigma
- Support for family, caregivers and service providers
- Community awareness and education

BRIEF HISTORY OF THE BEHAVIORAL HEALTH BOARD

On March 24, 2015, the Fresno County Board of Supervisors approved the consolidation of the Mental Health Board and the Alcohol and Drug Advisory Board and created a new Behavioral Health Board (BHB). From May 20, 2015 through October 13, 2015, the new BHB elected new officers, adopted new By-Laws, established four committees, appointed chair persons and set meeting times.

OVERVIEW OF THE 2016 BEHAVIORAL HEALTH BOARD

The Behavioral Health Board is composed of 16 members, 15 appointed board members and a Board of Supervisors delegate, Supervisor Henry Perea. The full board meets on the third Wednesday of each month at 2:30 PM. The Executive Committee, consisting of the board officers and the committee chairs, meets prior to the full BHB meeting to discuss and assist in the preparation of the upcoming agenda. In addition, there are four committees that meet monthly to discuss matters regarding adults, children, justice, and substance use disorder issues.

The Fresno County Behavioral Health Board (FCBHB) is composed of members of the community at-large, clients and family members of clients of the behavioral health system. The FCBHB attempts to reflect the diversity and demographics of Fresno County as a whole, to the extent feasible as referenced in the California, Welfare and Institutions Code 5604.5(b). The board's mission and duties are also established by the state of California, Welfare and Institutions Code 5604.2. The FCBHB duties include reviewing and evaluating the community's behavioral health needs, services, facilities, and special problems; advising the Fresno County Board of Supervisors (BOS) and the Director, Fresno County Department of Behavioral Health (DBH) as to any aspect of the county's behavioral health program; and submitting an annual report to the Board of Supervisors on the needs and performance of the county's behavioral health system.

It is a challenge to recruit new members to serve on FCBHB. Ideally, 2 members shall be selected from each Fresno County Supervisorial District for a total of 10 members. The 5 remaining members shall be selected at-large by the Fresno County Board of Supervisors. It should be noted that 4 of the 5 at-large are reserved for clients of Behavioral Health services. Currently the board has 11 members and 1 member of the Fresno County Board of Supervisors. There are 4 vacant positions on the FCBHB. The FCBHB realizes and regrets that the board lacks cultural diversity, but it is dedicated to representing the entire community. The board is constantly looking for new members.

CURRENT MEMBERS

- Anna Allen
- Joanne Cox – Chair
- Brandy Dickey
- John Duchscher—Vice Chair
- Carolyn Evans
- Dr. Marta Obler
- Renee Stilson—Secretary
- David Thorne
- Curtis A. Thornton
- Don Vanderheyden
- Dr. David M. Weber
- Supervisor Henry Perea

BEHAVIORAL HEALTH BOARD

The Behavioral Health Board (BHB) had 12 meetings in the year 2016. From January through October the meetings were held at Blue Sky Wellness Center located at 1617 E. Saginaw Avenue, Fresno, California. Starting in November, the meeting place was moved to the Department of Behavioral Health Sierra Building, Auditorium: located at 1925 E. Dakota Avenue, Fresno, California.

The BHB embraced the opportunity to advocate for all clients working on wellness and recovery from mental illness and substance use disorder (SUD). With the guidance of the Director of the Behavioral Health Department (DBH), Dawan Utech, and with the help of the DBH staff, the BHB had opportunities to learn more about the services that are available in the Fresno County Community.

At the BHB monthly meetings, Director Utecht and DBH staff reported on numerous subjects and programs. The following list highlights the topics covered:

- **Investment in Mental Health Wellness Act SB82:** This act awarded funding to the DBH that was used for the **Adult Crisis Residential Program**
- **Continuum of Care Reform:** (CCR) New legislation which will reform group homes and foster care so there is more permanency for children. This reform is expected to be a lengthy process.
- **Workforce Integration Support and Education Program:** (WISE)—developed to provide peer support & family services along with technical assistance to the county regarding peer support services.
- **The Drug Court:** Since Proposition 47 passed, many drug charges are now a misdemeanor instead of a felony. About 60-70% participants accept treatment referrals but they do not show up for their arraignment. Probation is working on tracking defendants and encouraging them to appear at Drug Court.
- **Kingsburg Healing Center:** grand opening
- **MAP Point at the Poverello House:** One year anniversary
- **The Reaching Recovery tool:** will be used to track clients' level of care and recovery
- **No Place Like Home Initiative:** would earmark MHSA funding specifically for housing
- **DBH proposed FY16-17 Budget** 9% overall increase for a total of \$192 million
- **Drug Medi-Cal Organized Delivery System:** This redesign is still ongoing
- **Governor's May Revised:** additions and corrections in the budget for Cognitive Behavioral Treatment (CBT) which will receive \$2.2 million of general funds to expand CBT to all re-entry hubs, and Substance Use Disorder Treatment would receive \$3.7 million of general funds. There are additional budget corrections.
- **Blue Sky Wellness Center:** this program is a peer supported, wellness and recovery center for transitional youth, adult, and older adults 60+ population. Funded with Mental Health Service Act (MHSA) Prevention & Early Intervention (PEI). Several

concerns were addressed: new fencing, addition of motion sensor lighting and security cameras to improve over all safety. A local advertisement program was developed to encourage people to come and receive services. The census increased to an average of 85 to 90 (high 103) participants. There was also an increase for the deaf and hard of hearing from 2 to 12 participants. A consumer volunteer training program was started. NAMI holds monthly support meetings. The **Warehouse** for transitional youth recently opened.

- **The Peer Support Specialist Certification:** is still under negotiations and SUD certification is no longer being considered under SB614
- **Medical Marijuana User Fee Act AB1300** will be on the November 2016 ballot if passed it would place a 15% sales tax on purchases
- **No Place Like Home** passed the State Budget Committee
- **At the FY16-17 budget hearing** with the Board of Supervisors (BOS), DBH requested 35 additional positions
- **Contracts:** for Residential SUD services, Primary Care Integration Request for Proposal (RFP), Multi-Agency Access programs, and various contract expansions went to the BOS for approval.
- **Corizon Jail Services:** provides medical and behavioral health services to inmates in the adult jail and Juvenile Justice Campus. Ongoing discussions regarding psychotropic injectable medications versus oral pills, procedures for receiving methadone, tele-psychiatry, electronic medical records notifying of medications, routine reviews of deaths in the main jail and isolation of inmates with severe mental illness who are now seen 3 times per week for mental health services.
- **Adult Crisis Residential Treatment Building:** the design is completed
- **Sierra Building:** Escrow closed on August 6, 2016. The 2nd floor space is for DBH administration offices, 1st floor is for clinical services
- **Continuum of Care:** a multi-year plan to reform group homes and foster families agencies with a comprehensive framework that supports children, youth and families across placement settings in achieving permanency
- **Comprehensive Addiction and Recovery Act of 2016:** (CARA) federal legislature expands the availability of naloxone (used for heroin/opioid overdose) and improves prescription drug monitoring programs. More funds will be given to identifying and treating incarcerated individuals. President Obama signed this bill on July 22, 2016 but, he stated that additional funds are needed to deal with this public health crisis.
- **Mental Health Systems IMPACT Program:** is a full service partnership program that began operation in 2014. The IMPACT program offers integrated treatment for clients with co-occurring mental health and substance use disorder diagnoses. The maximum capacity is 140 clients. Clients receive medication management, psychotherapy, drug and alcohol counseling, vocational rehabilitation and peer support.
- **MHSA Community Planning Process:** The community meetings were held from April through August. Over 700 Community surveys were received. There were 25 focus groups held. Eight stakeholder community meetings were held throughout Fresno

County. After the draft plan was posted for 30 days, the Behavioral Health Board hosted a Public Hearing on October 19, 2016. The BHB supported and voted to recommend that the MHSA Annual Update FY 15/16, FY 16/17 to go the Board of Supervisors as written. On Nov. 30, MHSA Annual Update was presented to the Board of Supervisors and sent to the Mental Health Services Oversight and Accountability Commission (MHSOAC).

- **Urgent Care Wellness Center:** (UCWC) The UCWC began operations in July 2008. The center serves clients that are 18 years and older. The UCWC provides assessments, treatment planning, individual and group counseling, and linkage to community resources. During the review period from January 2014 to June 2015 there was a 22.8% increase in clients served; 59% increase in services provided; 48% decrease in wait time to be seen.
- **Integrated Discharge Team:** (IDT) This team started in February of 2012. Clients are adults over the age of 18 years. The Integrated Discharge Team provides linkage and support that was designed to reduce the risk of re-hospitalization for individuals who frequently access crisis and/or inpatient hospitalization. Integrated Discharge Team was part of an Innovative project. It was very successful. Currently, the Integrated Discharge Team approach/methods are incorporated into the UCWC and other programs. The Integrated Discharge Team no longer exists as a standalone program.
- **Harder + Company:** was hired by DBH to assess Fresno County's housing needs and housing inventory. Assessments were conducted for housing needs at Board & Care, Supportive Housing, Room & Board, and Independent Subsidized Housing. Surveys were given to clients and families to gather information regarding housing needs, identify gaps and opportunities to help create a plan. Additional housing with a higher level of support and better quality of housing are needed. The next steps are to process and finalize the data collected and conduct focus groups. Harder + Company agreed to return to the BHB meeting in November to give their report and provide a "Housing Inventory Map."
- **Suicide Prevention & National Drug & Alcohol Addiction Recovery Month:** Board of Supervisors' Proclamations were read by clients and others from the community at the Behavioral Health Board meeting.
- **Adult Crisis Residential:** It was announced that a Request for Proposal (RFP) for construction was released in October.
- **De-Carceration/Stepping –Up Initiative, Sequential Intercept Mapping:** Training for intercepts 2 through 5 was held on October 25 and 26.
- **Reaching Recovery measurement:** The DBH is working on a "needs level tool" similar to the used by the Adult System. The goal is to have a tool that can be used for the entire adult population.
- **Comprehensive Addiction Program:** (CAP) The CAP program has been in service for 25 years. It is a licensed residential treatment program open 24 hours, seven days a week. CAP offers detoxification services. Some clients, after completing their detox and treatment program, may need more time and they are moved into the sober

living area. Clients are also referred to outpatient programs or to a different residential facility. CAP provides long-term residential housing for alcohol and SUD treatment services.

- **Perinatal Program:** This program is managed by the DBH. It started in 2010 as a collaborative. It was agreed that women with mental issues that were pregnant would receive treatment. The program was developed for adults and teens to receive services for postpartum depression, and services for their infants. Services are provided at the beginning of the pregnancy, during and one-year after child birth. Staff includes Mental Health Clinicians, Case Managers, Public Nurses, and Psychiatrist. The outcome goals are for the client to return to the level of functioning prior to her pregnancy.

DEPARTMENT OF BEHAVIORAL HEALTH

The Behavioral Health Board (BHB) recognizes the accomplishments that the Department of Behavioral Health (DBH) made during this past year. The BHB endorses the mission of the Fresno County DBH “to support the wellness of individuals, families and communities in Fresno County who are affected by, or are at risk of, mental illness and/or substance use disorders through cultivation of strengths toward promoting recovery in the least restrictive environment.”

The Fresno County DBH submitted their Mental Health Service Act (MHSA) Annual Update for FY 15/16, FY 16/17. This document contained over 190 pages of the details of programs and services that are funded through MHSA. After conducting stakeholder surveys and focus groups, and compiling written comments, the following needs were noted:

- Improving cultural competency
- Workforce development
- Transportation services
- Customer service
- Additional substance use disorder services
- Housing

The DBH is currently working on many of these recommended improvements. The BHB is encouraged that DBH continues to look at all of their funding sources and services offered to create a complete continuum of care for their clients through the integration of all services.

There are five fundamental principles outlined in the MHSA regulations:

- Community Collaboration
- Cultural Competency
- Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services
- Access to Underserved Communities
- Creating an Integrated Service System

The guidelines of the 2004 State of California Proposition 63, the Mental Health Service Act (MHSA) allows funding for six system-building components. Fresno County Department of Behavioral Health (DBH) has done an excellent job of providing programs and services in all six areas. When a gap in service was found, the DBH worked diligently to solve the issue. Sometimes there was not enough staff available to fix the situation. Director Dawan Utecht and her management staff created innovative solutions. For example to provide additional services in the rural areas of Fresno County, a request for proposal (RFP) was released to hire a competent contact vendor to accomplish to desired goals.

Six System-Building Components:

- | | |
|---|------------------|
| • Community Program Planning and Administration | 10% |
| • Community Services & Supports (CSS) | 80% |
| • Prevention & Early Intervention (PEI) | 20% |
| • Innovation (INN) | 5% |
| • Workforce Education Training (WET) | one time funding |
| • Capital Funding (CF) | one time funding |
| • Technology Needs (TN) | one time funding |

The Behavioral Health Board looks forward to continued collaboration with the Director Dawan Utecht and her staff as we strive together to meet the needs of the community for families and individuals requiring mental health and substance use disorder services. The DBH has developed a full spectrum of services to create a complete continuum of care for clients.

There is still work to be done. As the MHSA stakeholders surveys indicated, housing is a major area that needs improvement. Our county needs housing for the homeless, supportive housing for the mentally ill, detoxification and sober living housing just to name a few concerns. The BHB is encouraged that the housing inventory has been completed by Harter + Company. We are anticipating a detailed plan of action in the near future.

The BHB is encouraged to see efforts to improve cultural competency. We hope there will additional efforts made to provide additional substance use disorder services. We support programs for job training and job development. There appears to be a need for a housing

coordinator and perhaps a public information officer or department that would assist individuals trying to navigate the system of care within the Fresno County.

ADULT SERVICES COMMITTEE

The Adult Services Committee is focused on issues of mental health and substance use disorders that affect adults in Fresno County. This committee meets the first Monday of the month at 10:00 AM at the Blue Sky Wellness Center in Fresno. Most meetings had a presentation by a guest speaker. Staff from the Department of Behavioral Health provided updates regarding programs and service providers.

January 4, 2016: the committee members reviewed their goals. The following are the goals the committee decided to focus on in the future.

- Housing—the committee believes there should be a formal list of minimum standards acceptable for Room & Board operators. The committee would like to see Department of Behavioral Health develop the position of a Housing Coordinator.
- More coordination with psychiatric hospitals
- Outreach to the public regarding the Adult Services Committee and Behavioral Health Board to let the public know that they are welcome at all meetings.
- Barriers/Gaps in the system
 - 1) Lack of information to the public
 - 2) Lack of communication with IMD's
 - 3) Lack of services in the rural areas

February 1, 2016: Duke Ramshaw, from the Department of Behavioral Health, gave an update on the 25 Cities project. The goal of this project is to end homelessness in 1 ½ years. All the information goes into a data base that matches homeless with housing. The match does not mean the individual gets housing. It simply provides the best housing match. Carrie Smithson, from Mental Health Services IMPACT program also spoke at this meeting. Carrie advised that they currently have 100 clients in the program. There is room for 140 clients. The IMPACT program provides services for clients with co-occurring disorders. There are 36 clients in housing. About 10 clients are in permanent housing. The rest of the clients are living in room & board or board & care facilities. At this time, there are 10% of the clients working either full time or part time. There are future plans to hire a Rehabilitation Specialist and a Clinician for intensive case management. Stacy VanBruggen, from the Department of Behavioral Health, explained that WISE Project will train and integrate Peer Support Specialists into positions that provide services to clients. There will be monthly meetings, education and training for Peer Certification.

March 7, 2016: Joseph Rangel, from the Department of Behavioral Health, spoke to the committee about the transition from Crestwood Psychiatric Health Facility (PHF) to Exodus PHF. The change took place at midnight on January 1, 2016. There were a few matters regarding security and janitorial that had to be addressed. Over all the transition went fairly smoothly. A report was given from the Behavioral Health Board's discussion with several room and board operators. There was a request for more support from the Case Managers and the Full Service Partnership contractors on a regular basis. There seems to be a need for more training for house managers. It was noted that clients need programs and activities in the community to keep them busy and productive. Stacy Vanbruggen told the committee about a new Multi-Agency Access Point (MAP) project where clients are connected with service providers that are more familiar with available housing. Clients are assessed for level of care both their treatment and housing needs are taken into consideration.

April 4, 2016: Stacy VanBruggen, from the DBH, reported that the Crestwood Kingsburg Healing Center is almost at full capacity. Once the facility was opened, the county brought back adult clients that were being housed out of Fresno County. Dr. Cruz was contracted to transition clients into the new facility. Now, the facility uses telemedicine. Dr. Gill has recently been hired to work at the facility. Blue Sky announced that a security fence was installed with cameras to monitor inside and outside the building. No Trespassing signs were put in place by Fresno Police Department. Barbed wire was installed to prevent individuals from climbing on the roof. Stan Lum, patient advocate, stated that since the Kingsburg Healing Center opened, that he has been busy attending hearing for each of the clients moved into the facility.

May 2, 2016: three staff members of the Crestwood Kingsburg Healing Center shared information about their facility. Suzanne Moineau, Program Director, Coreen Johnson, RN, and Brian Conway spoke to the committee and answered questions. The facility opened in February 2016. The mental health rehabilitation center has 44 consumer beds exclusively for clients from Fresno County. It was noted how more convenient it is for family members to visit. Case Managers and Conservators may visit their clients without traveling to different counties. Dr. Cha (medical doctor) is at the facility on Fridays. Dr. Gil (psychiatrist) sees approximately 11 clients per week. Dr. Gill is at the facility on Sundays. There is a registered nurse on the duty 24 hours a day, 7 days a week. Arrangements were made to have dentist and eye care provided by Adventist Health and Central Valley Health Team at nearby offices. Stacy VanBruggen announced that clients' art work would be on display at the May 11, 2016 Art Hop located at the Fresno Arts Council.

June 6, 2016: Harder + Company was hired by the Department of Behavioral Health to provide an assessment of the housing needs in Fresno County. Michelle Magee, Jacquire Anderson and Minda Murphy gave the committee and overview of how Harder + Company would complete the housing assessment survey. Identifying housing needs and then identifying the money needed. Michelle explained that there would be a bond issue to provide to provide funding

across the state for building additional housing. There will be approximately two billion dollars statewide.

The money would be paid to the counties over many years. Housing needs would be identified by age, quality of care and quality of housing. There is not enough housing in rural areas. Finding housing placements for sex offenders and arsonists can be extremely difficult. Other barriers to finding housing include clients' history, having no financial history, and lack of income. It was mentioned that there is a shortage of good Room & Boards and Board & Care facilities. Providing emergency housing is another huge challenge.

July 4, 2016: no meeting due to 4th of July Holiday

August 1, 2016: Gilbert Rivas, Triage Program Manager for Kings View, was the guest speaker. Gilbert told the committee that the Rural Triage was started about 1 year ago. There are two locations, Selma and Reedley. The sites are open from 6 AM until midnight, 7 days a week. There is a total of 7 clinical staff that follow the clients for 90 days to be sure their housing and medication needs are met. The Triage Team works with local law enforcement, Exodus, and Turning Point. At times staff will respond to Coalinga and Firebaugh areas. In these areas United Health provides medical care. There is no coverage in the foothills areas of Auberry, Prather, Kings Canyon or Sequoia National Parks. Kings View Path Program shared that they are doing street outreach and case management. Kings View has a small mental health component that can provide up to 10 clients with housing subsidies. They can assist clients with obtaining Social Security benefits.

September 12, 2016: Tonya Rivas and Zia Vang from Exodus were invited to speak to the Adult Service Committee about the new 24 hours a day Access Line. Mental Health professionals answer the calls. Exodus reported that they were completing an average of 12 plus calls per day. All calls are recorded. The caller is asked if it is an emergency so the call may be directed to 911 if necessary. There are interpreters available. There are two nurses who speak Spanish and Hmong. Exodus staff have resource binders that help assist the callers and to link the callers to appropriate services. The access line toll free number is 1-800-654-3937.

October 3, 2016: The Bridge is a transitional residential co-ed housing facility with 15 beds. Most of the referrals come from the Department of Behavioral Health (DBH) conservatees, IMD's or other area hospitals. The Bridge works with clients to develop recovery skills, money management, and life skills. The Bridge teaches independent living skills to assist clients to transition to lower levels of care, to live with family or to live independently. Clients are encouraged to attend other programs such as offered by DBH at the Metro location. There is supportive employment and opportunities to work with community organizations like SPCA and Heritage Center. Inthone Milly from Fillmore Christian Garden advised that his facility had a 27 bed capacity with 20 conservator clients and 7 non-conservator clients. He receives clients from DBH and hospitals. Fillmore Garden provides transportation to appointments, day programs

and outings for clients. There are daily activities for clients at the facility. Inthone has noticed an increase of clients that have substance use disorders.

November 7, 2016: The Adult Services Committee continued their discussion regarding supportive housing in Fresno County.

CHILDREN'S SERVICES

The Children's Services Committee is focused on issues of mental health and substance use disorders that affect children in Fresno County including youth in foster care. The committee's membership includes community representatives, staff from the Department of Social Services and Behavioral Health, Behavioral Health Board members, and local community agencies. This committee ensures there is availability and access to psychiatry and inpatient treatment, school based services, and access to other mental health and substance use services for children in foster care.

The committee is supported by both the Foster Care Standards and Oversight Commission and the Behavioral Health Board. The committee has co-chairs, one from Foster Care Standards and Oversight Commission and the other co-chair from the Behavioral Health Board. At each meeting, there are guest speakers, ongoing committee reports, reports by the Division Manager of the Department of Behavioral Health, as well as announcements and public comments.

For the year 2016, the Children's Services Committee met eleven times. The meetings are open to the public. There is a core group of individuals that attend most meetings from the following organizations: California Psychological Institute, Kings View Behavioral Health Systems, Patient Rights, Turning Point of Central California, Clovis Unified School District, Mental Health Systems, NAMI, Aspiranet, Up Lift Family Services, members of the Fresno County Behavioral Health Board, Central Stars Behavioral Health, Fresno Family Connections, Transitions Children's Services, Fresno County Foster Care Standards & Oversight Committee, Department of Behavioral Health, Department of Social Services, and interested members of the community.

The Children's Services Committee heard presentations from a variety of organizations. Each agency provided information about their programs and answered questions from the committee. The presenters included the following: Holistic Cultural & Education Wellness Center, Parent's Right, Individuals, Off-Site meeting at the new First Five Lighthouse for Children, National Alliance on Mental Illness (NAMI), Ending the Silence, Economic Opportunities Commission, and the Central Valley Against Human Trafficking.

Last year, committee members were concern about the long waiting lists for child welfare clients to be evaluated for court-ordered mental health services. At one point, there were 400

children on the wait list. The Department of Behavioral Health (DBH) and the Department of Social Services (DSS) recognized the problem. With the support of the Children's Services Committee, DBH and DSS went before the Board of Supervisors (BOS) to request more vendors to provide mental health services for children. Two new agencies responded to the initial Request for Proposal (RFP). Now, in addition to Central Star Behavioral Health and Mental Health Systems there are two additional agencies were offered contracts for services. The back log of mental health evaluations is current.

Assembly Bill 403 calls for the reform of care (24- hour) for foster youth. The committee is very interested in the changes that will follow in the child welfare system. The details of how the Continuum of Care Reform (CCR) will be implemented are still in process. However, the reform is expected to start in January 2017.

The committee voted to approve the Mental Health Information Exchange Brochure. The project took several years to develop. This project was a collaboration of the efforts of community service providers, Foster Family agencies, foster parents, DBH, DSS, and others. This document will give caregivers and social workers an understanding of what mental health services are available. The brochure will help foster parents to understand the treatment provided for their child. The committee had a vision and commitment to develop a tool that can be used by many. Thank you to all who had a part in this process.

A Committee member reported that the girls in the Youth Empowerment Program (YEP) in Tollhouse watched the movie McFarland and they wanted to have their own Quinceanera. Staff from YEP announced that they needed donations. The community and the committee members gave donations. It was agreed that in addition to supporting traditional mental health services that we consider helping self-esteem projects for the youth in our county.

JUSTICE COMMITTEE

The Justice Committee meets bimonthly on the second Monday at 1:30 PM at the Blue Sky Wellness Center located at 1617 E. Saginaw Avenue, Fresno, California. At each meeting there is usually a guest speaker on a justice related topic. The meetings are open to the public under the Ralph M. Brown Act.

One of the responsibilities of Justice Committee is to receive periodic reports from Corizon Health regarding the medical and mental health care given to the inmates in the Fresno County Jail and the juveniles incarcerated at the Juvenile Justice Campus. The Justice Committee advises the Behavioral Health Board (BHB) with its observations and findings. Corizon Health is contracted to provide comprehensive medical, mental health, pharmaceutical, dental, and support services to all Fresno County inmates, including the juveniles at the Juvenile Justice Campus.

At the January 11, 2016 Justice Committee, Kevin Doods, Corizon Health Services Administrator, stated that Corizon was behind on processing the inmate health care requests.

He advised the committee that after doubling the numbers of RN's on the day shift that Corizon staff cleared the number of healthcare requests from 3,500 to 350 requests. The Juvenile Justice Campus is fully staffed. Any juvenile requesting healthcare is usually seen within 24 hours. Corizon staff creates a discharge plans as soon as an inmate is booked into the jail. No matter when the inmate is released there is a plan in place. The DBH is developing a mental health transition team that will coordinate with jail staff to ensure there is support and follow up for inmates being released from jail. Corizon has converted to an electronic system which makes it easier to locate information. Corizon has linkage data into the DBH's Avatar system. In 2015, inmates were filing approximately 250 grievances per month. Kevin Doods reported that as of January, 2016 the grievances were down to about 65 per month.

On March 14, 2016, both Kevin Doods and Edward Crossman from Corizon spoke about the Jail Court decree. The severely mentally ill inmates must be offered interventions three times per week. Because of these new policies, the jail now has treatment modules to allow for group therapy without allowing the inmates to having physical contact with each other. In house psychiatric referrals and evaluations are being completed in a shorter time frame. Mr. Crossman noted that more inmates are using tele-a-sight psychiatry. So far the adult inmates seem okay with this method. Mr. Doods noted that the juvenile justice campus is doing well. There are about 250 juveniles and there are a total of 300 beds. Dr. Bradshaw is the new psychiatrist. The grievances have gone down significantly. The first week in March there were only 13 grievances in the jail and none on the juvenile side. For the February there 14 sustained grievances for the jail and none for the juveniles.

At the May 9, 2016, Justice Committee meeting, Avery Myer, Public Defender, Adult Division, was our guest speaker. Mr. Myer represents defendants with mental health issues in the Behavioral Health Courts. Mr. Myer spoke about situations where clients fall under PC1370 are found mentally incompetent to stand trial and judgment is suspended until the defendant is restored to mental competence. There was a group discussion about Assisted Outpatient Treatment (Laura's Law). Mr. Myer explained that Laura's Law was adopted statewide but each county must decide when and how to implement the program.

The committee was pleased to have Judge Hillary Chittick give a presentation on the Veterans' Court at the July 11, 2016 meeting. Judge Chittick told us that the Veterans' Court is a collaborative court that takes veterans with certain types of issues and provides a more intense collaborative interaction with them over time if they are found guilty of charges. Judge Chittick and other interested parties visited Veterans' Courts in other counties to see how they worked. It is difficult to identify a veteran. Often the veteran feels a sense of loss when there service is over. They may suffer PTSD and they no longer have their comrades for support. The cases that

are seen in Judge Chittick's Veterans' Court are drug addition, violence (bars and domestic), multiple driving drunk, and drug possession. Often the Criminal Court will refer a defendant to the Veterans' Court so the veteran can receive the appropriate treatment and help through the Veterans Administration (VA) services. There are other requirements for the Veterans' Court to accept the case such as an acceptable offense. Clients that complete the court services may have their case reduced or dismissed (but it will count as a prior). Clients must go through their attorney for referral to the VA for services and Veterans' Court.

The committee also heard from Michelle LeFors, Offender Programs Manager at the Fresno County Sheriff's Department. Ms. LeFors explained the Offender Program at the jail. There is both mandated and non-mandated programming provided for the inmates. There are five full time employees for about 2700 inmates. In addition, there 180 volunteers that provide religious meetings, AA and NA meetings, celebrate recovery faith based programming. The classes are given to inmates with the same classification. Inmates with minimum security cannot be mixed with inmates with medium security. In 2015, 41 inmates took the GED test and 24 inmates passed. There are classes to learn English that are provided through the Fresno County Office of Education. The inmate programs are funded by the Inmate Welfare Funds. The Inmate Welfare Fund is an account that comes from commissions received from inmate commissary and inmate phone service. Ms. LeFors mentioned that she performs inmate's marriages.

The Justice Committee had several discussions regarding the Stepping Up Initiative. Director Dawan Utecht advised the committee that many people with mental health issues are being seen in the jail system, which has resulted in the jail system becoming a location for mental health care. The Stepping Up Initiative ask for a coordination of efforts between the sheriff, district attorney, treatment providers, state policymakers, people with mental illness and their advocates, and other stakeholders to work county elected officials to pass a resolution to help advance the counties' efforts to reduce the population of adults with mental and co-occurring substance use disorders in jail. So far, 220 counties nationwide have signed on. Fresno County is considering the initiative.

At the September 12, 2016, Justice Committee meeting, Dawan Utecht gave the committee an update on the Sequential Intercept Mapping program. The program is a comprehensive plan for the behavioral health and the criminal justice collaboration. The goal of the program is to meet the clients' needs outside the jail/prison. On October 25 and 26, the Department of Behavioral Health met with Policy Research Associates, Inc. to learn more about the five intercept priority issues. Several areas that require improvement are housing, medical detox and intervention for individual in a substance use crisis, limited space at hospitals in the Emergency Department, and the need for more trained resources in the field to interact with individuals in crisis.

November 14, 2016, the Justice Committee invited Caroline Ahlstrom from Corizon Health to speak about the Juvenile Justice Campus. Dawan Utecht gave a report about the Sequential Intercept Mapping Activities.

SUBSTANCE USE DISORDER COMMITTEE

The Substance Use Disorder (SUD) Committee started the year 2016 by meeting on the first Wednesday of the month at 10:00 AM at the Fresno County Elections Training Room located at 4525 E. Hamilton Avenue, Fresno, California 93702. In February, the meetings moved to the UC Merced Building located at 550 E. Shaw Avenue, Fresno, California.

After several discussions, the treatment providers decided to meet on their own. Starting in September 2016, a split session was established. The providers decided to meet from 10:00-11:00 AM. One of the contract providers would agree to take the minutes. Not having Department of Behavioral Health staff would allow the providers to share their concerns. The group would compile a list of concerns and questions to present at the larger SUD Committee that meets from 11:00 AM to Noon.

The SUD Committee's membership includes substance use treatment and prevention providers, staff from the Department of Behavioral Health, members of the Behavioral Health Board, local community agencies, family advocates, and family members. The SUD Committee encourages the public, contract providers and any interested person to attend the committee meetings.

The SUD Committee is tasked with discussing client and provider issues as related to the Fresno County Department of Behavioral Health and the community. Some of the major topics discussed include Drug Medi-Cal (DMC) implementation plan, Medi-Cal rules and regulations, treatment modalities, referral agencies, evidence based practices, client norms, and needs. The average attendance at the meeting is 60.

The following topics and presentations were discussed at the SUD Committee meetings:

- Presentation by Jason Crow from Aegis Treatment Center for substance use disorders
- Introduction of Pastor Todd Harris from Total Life Change Ministries a new faith based program
- Issues regarding client and staff safety
- The Department of Behavioral Health (DBH) announced RFP for Multi-Agency Access Point/MAP
- RFP for a crisis residential facility to provide a 60-90 day stay
- Purchasing will start using e-mail instead of US Mail for submission of bid packets
- March 2, 2016 Provider Fair at Blue Sky Wellness Center set up @ 9:30 event from 10:00-11:00

- Presentation —Drug Court Dashboard- by Bitwise Industries and Brooke Frost/to locate available treatment slots and residential programs
- Update on Legislation AB1554 prohibits licensing and manufacturing and distribution of Powdered Alcohol
- AB1748 requires school districts to have nalaxon hydrochloride, opioid antagonist on site
- 35 new positions approved for DBH; 2 staff analysts & 2 SUD Specialists to help with Drug Medi-Cal waiver

There were several announcements about the BOS's proclamations and community events made at the SUD Committee meeting. Judge Chittick gave a special Drug Court Presentation.

1. **The National Recovery Month Proclamation** was made at the Fresno County Board of Supervisors on September 13, 2016
2. **SoberStock 2016** took place at the Manchester parking lot on Blackstone and Shields on September 23-25, 2016. SoberStock is a celebration of recovery. T-shirts were sold for a fund raiser. The Department of Behavioral Health (DBH) had an information booth. The DBH booth provided handouts with information on SUD and mental health services. The Behavioral Health Board did not have a booth because there were not enough volunteers to cover the time slots.
3. DBH held a 2-hour stakeholder meeting to inform the community of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver Implementation planning process on September 7, 2016 instead of the Providers Meeting and the SUD Committee meeting. Providers were asked to bring clients to this meeting to give their input.
4. **Drug Court Presentation** at the September 7, 2016 SUD Committee. The Honorable Hilary Chittick, Superior Court Judge, gave a brief overview of the Drug Court. Judge Chittick stated that one of the challenges is getting people to show up for court in a timely manner. Individuals being charged with misdemeanors are cited out. To help fix this problem the citation dates were changed from 90 days to 30 days. A warrant is issued when clients fail to appear and they are arrested. The drug court makes referrals for clients to treatment programs. Judge Chittick pointed out how important it is for providers to report information back to the Probation Department when clients stop attending a program. The Dashboard is a new tool for making referrals. Each provider must keep their program information up to date so placements are made in a timely manner.

The SUD Committee continues to discuss the State of California's Medi-Cal redesign program and how the changes will affect the treatment of clients. The Fresno County Department of

Behavioral Health uses the SUD Committee meeting to disseminate information to the providers and committee members.

The providers seem satisfied with having a separate meeting without any representatives from the Department of Behavioral Health. A representative for the providers gives a report to the SUD Committee. Any questions or concerns may be presented to DBH staff for answers and discussion. Providers may request a topic to be included on the SUD Committee's agenda. The providers may request that the chair brings questions and/or concerns to the BHB meeting. The SUD Committee chair gives a monthly report to the BHB. All SUD Committee members are invited to attend the monthly BHB meetings.

SITE VISITS FOR 2016

February 8, 2016: several Behavioral Health Board (BHB) members took a tour of **Central Valley Teen Challenge** located at 42675 Road 44, Reedley, CA 93654. The current capacity is 60 residential beds. This is a Drug and Alcohol Rehab facility with both inpatient and outpatient services. Teen Challenge does not accept Medicaid but other private insurances are accepted. The residential drug recovery program is for men and women over the age of 18. The 1 year program is designed to address the physical, emotional and spiritual needs of students. There are Christian discipleship classes, individual advising sessions, computer and vocational training, GED certificate and high school diploma courses to help students reintegrate back into society.

March 10, 2016: members of the BHB visited the **Crestwood Fresno Bridge program** located at 153 "U" Street, Fresno, CA 93701. The Bridge is a 15 bed Co-Ed adult residential facility. The program offers adults between the ages of 18–59 years a home like setting. There is 24 hour supervision for clients. The program includes clients with dual diagnosis and severe mental illness. Clients are encouraged to be part of the recovery process. The program is based on "self-empowerment, peer strength and solid foundation of community support." The clients are taught to make good decisions and how to live meaningful lives.

April 18, 2016: the BHB went on a site visit to **Central Star/Youth Psychiatric Health Facility (PHF)**. The program is located at 4411E. Kings Canyon Road, Fresno, CA 93702. The focus of this 16 bed facility is on acute care, stabilization, community transition and after care for youth between the ages of 12—17 years. The PHF coordinates with the families, the Department of Behavioral Health, insurers, and community based organizations for after care and maintaining safety for the youth. The clients move through five phases: admission, engagement, learning, stabilization, and linkage to resources for after care. The PHF provides services on voluntary or involuntary basis. Clients with Medi-Cal and those Fresno County clients who are impoverished are accepted for treatment. The BHB members felt that security was good. The members were impressed that a psychiatrist was on staff full time and that each client was seen regularly. There was discussion about clients returning. Perhaps their original stay was too short. The

members of the BHB suggested that the signage at this Kings Canyon location could be improved.

May 18, 2016: members of the BHB toured the **Blue Sky Wellness Center** located at 1617 E. Saginaw Avenue, Fresno, CA 93704. Blue Sky's staff includes present or past consumers of mental health services. Self help and peer support are the foundation of the Blue Sky community. Additional staff helps to provide a safe environment where consumers come together to socialize and participate in peer support groups. Blue Sky offers a place of wellness and recovery. Blue Sky promotes that consumers are more than their diagnosis and that recovery is always possible.

BHB members were concerned with reports of problems with clients having weapons and camping out after hours. At the time of our visits, these concerns seemed to have been corrected. There were posted signs stating no loitering after hours. The Fresno Police Department would then be contacted if there were any violation. There is a new fence. The parking lot is blocked off and locked after hours. Staff was given additional training in regards to handling individual problems with clients. It was made clear that Blue Sky was a drop in center and efforts were to be made to meet each client at their level.

June 8, 2016: a group of the BHB members took a tour of the **Fresno County Main Jail** located at 1225 M Street, Fresno, CA 93721. Sergeant Thomas Mendoza conducted our tour. We learned that the total capacity of the combined jails, Main, South Annex, and North Jail is about 2,425 inmates. The inmate population is supervised by over 350 Correctional Officers, Correctional Sergeants, and Correctional Lieutenants. Corizon Health provides health care services to individuals who are in custody. Corizon staff consists of physicians, psychiatrists, dentists, registered nurses, licensed vocational nurses, medical record staff, clerks, and administrators. Nurses medically screen every inmate before they are accepted into the jail system. Screening is done for emergency, acute, and chronic medical and mental health needs. Privately provided medications are generally not administered in jail. Medication ordered by a Corizon physician will be provided through Corizon medication administration. Corizon provides 24-hour mental health assessment and stabilization services within the jail. The in-custody services that are available include: crisis assessment, brief counseling, psychiatric medications as appropriate, pre-release planning as needed for the mentally disordered person, and referral for evaluation for psychiatric hospitalization. Short-term crisis intervention is available and may be requested by any jail staff member or by the inmate.

July 14, 2016: BHB members went on a site visit of **Mental Health Systems (MHS), Fresno IMPACT Program** located at 2550 W. Clinton Avenue, Fresno, CA 93705. The IMPACT program provides mental health and substance use treatment services for individuals who access the emergency response system at a higher than average rate. IMPACT has services that are more intensive than traditional outpatient mental health services. Clients have serious mental illness

and substance use disorder. All of the programs and services are client focused and promote the MHS values: Integrity, Excellence, Hope, Action, Innovation, and Dignity. All clients are eligible for medication management, medication monitoring, therapy, drug and alcohol counseling, case management, vocational rehabilitation, peer counseling and support, and housing services. IMPACT clients are referred by Fresno County Department of Behavioral Health.

August 10, 2016: several BHB members visited the **Urgent Care Wellness Center (UCWC)** located at 4441 E. Kings Canyon Road, Fresno, CA 93702. UCWC strives to provide mental health treatment services that are client centered, strength based, culturally competent, and they offer both mental health and substance use disorder treatment. All services are based on the wellness and recovery model. There is a belief that everyone can improve their health and wellness. Clients are encouraged to strive to reach their full potential. Each client is given a mental health assessment. The client is included in the process of making their own treatment plan. Group therapy classes as well as some individual therapy sessions are available. If necessary, there are crisis evaluations, linkage to services and consultation with other providers such as: primary care physicians, psychiatric services, government agencies, private providers, and support systems like family, friends, and faith communities. The BHB members like the concept that for clients there is no “wrong door” to begin linkage to services. The UCWC uses Peer Support Specialists to greet clients as they enter the office building. The clients’ art work that is displayed on the walls make the UCWC inviting and attractive.

September 8, 2016: members of the BHB took a tour of **Comprehensive Addiction Programs (CAP)** located at 2445 White Bridge Avenue, Fresno, CA 93706. CAP is a residential care program that follows a 12-step rehabilitation model. The clients have a “family atmosphere.” There are a variety of services offered including assessments, drug and alcohol detox, substance use treatment, sober living. It should be noted that there is no medical detoxification. Several beds are designated for Fresno County Department of Behavioral Health referrals. CAP serves over 200 clients per year. The program provides clients with skills to help them recover from addiction and to return to the community. Once a client has reached their recovery goals they work with staff to make their individualized exit plan. After completing their treatment some clients may need more time and are moved into the sober living area. The staff is committed to help each client learn to sustain freedom from alcohol and drugs. The main goal is to develop relationships and tools that lead to life long sobriety.

October 11, 2016: BHB members visited the **Perinatal Wellness Center** (formerly Perinatal Program) located at 142 E. California Avenue, Fresno, CA 93706. This program is funded through Fresno County Mental Health Service Act prevention and early intervention (PEI). The program was designed to assist women and teenagers who are experiencing symptoms of perinatal mood disorders. Clients may be referred by their medical or mental health provider. Self referrals are accepted. The Perinatal Wellness Center offers the following services: wellness

and recovery support; psycho-education, therapeutic and wellness groups and classes; infant mental health specialists that work to promote attachment between mother, father and baby; individual, family, and group therapy; psychiatric services. There are additional classes for men who have symptoms of paternal postnatal depression. The staff includes mental health clinicians, infant mental health specialists, case managers, psychiatrist, public health nurse, and LVN. The core concepts include recovery/resiliency orientation, cultural competency orientation, community collaboration, client/family driven programs, and integrated service experiences. The staff provides services that can reduce symptoms and shorten recovery time.

November 10, 2016: the BHB had a mixer with staff from several of the different **Cultural-Based Access/ Navigation Services (CBANS)**. The Department of Behavioral Health hosted this event at the Sierra Building located at 1925 E. Dakota Avenue, Fresno, California 93726. It was convenient to have these programs gather at one location so the BHB members could learn about each group without traveling all over Fresno County.

CBANS Community health workers and peer support specialists share the culture, language, and faiths of the clients whom they serve. The trained specialists provide individual and group classes to help dispel cultural myths regarding mental illness, locate resources for immediate needs, plan for the future, and instill hope for the future, and self-reliance. CBANS culture-based community health workers and peer support specialists can be coaches, standing by, encouraging, educating, responding, and referring when needed.

- **Centro La Familia Advocacy Service Inc.** is a multi-service center with culturally competent, bilingual staff, services rural communities with a number of social services for families. There are victims' services, health and wellness, family strengthening programs and policy & leaderships programs.
- **Fresno American Indian Health Project (FAIHP)** strives to provide services for the American Indian Community in a respectful manner with a high regard for cultural, spiritual, personal values and tribal affiliation. Provides mental health awareness, prevention, and early intervention services in urban or rural areas of Fresno County. Intake process does not require income or tribal verification.
- **West Fresno Family Resource** this organization mission is "empowering and supporting the West Fresno community to achieve optimal health and wellbeing, through outreach, education, engagement, counseling and advocacy."
- **Fresno Interdenominational Refugee Ministries: (FIRM)** serves the needs of over 6500 refugees in the Fresno area, primarily refugees of Southeast Asian, Slavic, and African origin. Programs are offered to meet the physical and mental health needs of the refugee community. FIRM works hard to provide programs to see that children from the refugee community in Fresno have academic success. Because of the

language barriers, FIRM works to provide information in the refugees own language. The staff from FIRM advised that they expect 500 Syrian families in the near future to settle in Fresno.

In addition to the four CBANS providers listed above, the following organizations participated in the BHB mixer. It was informative to speak to the providers and learn more about the organization they represented and the services they provided.

- **Exodus Psychiatric Health Facility (PHF)** also had a booth at the BHB mixer. The PHF is a 24 hour facility with 16 beds. The PHF provides services to acutely mentally ill, ambulatory, voluntary and involuntary adult patients requiring inpatient hospitalization for treatment of their mental illness. All services are provided under the direct supervision of a psychiatrist.
- **Valentine Mediation Services.** This organization provides mediation to resolve conflicts between people with relationship issues. Services provide for divorce/legal separation, marital reconciliation, custody/visitation, child support, conciliation, conflict coaching, training, judgment document preparation and court delivery service.
- **Each Mind Matters/National Suicide Prevention Lifeline 1-800-237-8255.** The representative from Each Mind Matters provided a brochure about good mental health. Noting that 50% of the population will experience a mental health challenge in our life time. The brochure listed several ways to fight stigma in our community. There were some tips on what to do and where to go if a person is struggling with their mental health.

**Behavioral Health Board 2016 Recommendations
To Board of Supervisors**

1. Move forward with a permanent supportive housing project in 2016.

Housing is a high priority with the 2016 Behavioral Health Board (BHB). The Department of Behavioral Health (DBH) hired the Harder + Company to assess the housing needs in Fresno County. The assessment included a thorough housing inventory and a client/family survey. A housing inventory map will be part of the final report. Although a permanent supportive housing project was not started this year, there was progress made in collecting data including the client/family prospective so a comprehensive housing plan can be developed. The Behavioral Health Board strongly recommends that a permanent supportive housing project commences in 2017.

2. Make additions to our field crisis response services to provide 24/7 services (at least on call) throughout the county.

The BHB is pleased that 7 field clinicians were added to rural areas of Fresno County to assist law enforcement during crisis situations. The BHB recognizes the progress made and the board hopes more field clinicians are added in the metro areas. Ultimately, having a full field crisis response team ready to provide services 24-hours every day would be the goal.

3. Establish a residential co-occurring (Serious Mental Illness/Substance Use Disorder) treatment program in 2016.

The BHB members learned that the State of California does not allow billing for mental health and drug Medi-Cal services to be billed on the same day. These requirements create funding issues. This situation is expected to be resolved with the new Organized Delivery System redesign. The BHB will continue to advocate for a residential co-occurring treatment program.

4. Increase Peer Support Specialist pay \$2.00 per hour, for all classifications and all steps.

The Behavioral Health Board (BHB) formed an ad hoc committee to investigate, research, and discuss with Fresno County Administrative Officer (CAO) Jean Rousseau, union representatives and employees. The ad hoc committee reported back to the BHB. The BHB learned that salaries for the Peer Support Specialists are negotiated by the union. The salaries that were below minimum wage were adjusted; however, not all steps were given a raise. The BHB advised the Board of Supervisors (BOS) that the BHB supports a raise for all of the Peer Support Specialists.

Fresno County Behavioral Health Board Goals 2016

- 1.** Evaluate, review, and receive input on services within the county Behavioral Health System
 - a. Receive reports at BHB meeting on all county behavioral health programs
 - b. Participate in development of MHSA Annual Plan and Update
 - c. Receive semi-annual reports on MHSA sustainability/reversion
 - d. Visit programs and services in both rural and urban communities
- 2.** Contact BOS annually: via small groups and personal contacts
 - a. Submit an annual report to the BOS
 - b. Attend BOS meetings on a regular basis
 - c. Recruit and recommend new members for BHB to the BOS for appointment, emphasizing diverse representation, including clients and family members
- 3.** Conduct an annual BHB retreat
- 4.** Provide an orientation and mentoring process for new board members
- 5.** Develop and implement a plan for interactive exchanges with clients, family members, and other interested community members
 - a. Hold at least three community forums
 - i. Forum prior to BHB meeting
 - ii. Forum at a metropolitan community location—TBA
 - iii. Forum at a rural community location—TBA
 - b. Act as a conduit of resources for clients, family members, caretakers, and community members
- 6.** Encourage BHB representation on other community committees which deal with behavioral health issues
- 7.** Support community events related to mental health and substance use disorders
- 8.** Encourage collaboration with community providers through BHB committees
- 9.** Adopt a standing agenda for the coming calendar year
- 10.** Continue Collaboration with other Central Valley MH/BH Boards

**FRESNO COUNTY BEHAVIORAL HEALTH BOARD
STANDING AGENDA 2016**

JANUARY

Review of Selected Programs (at least 2 weeks in advance of monthly meeting)
Site Visits*
SUD ADA County-wide Assessment Report
SUD CLAS Report

FEBRUARY

Program Review for Selected Programs
Annual BHB Training/Workshop/Retreat*
Site Visits*
Visits with BOS Members
SUD Annual Counselor Competency Survey Results

MARCH

Review of Selected Programs
MHSA Annual Update/3-Year Plan – BHB Recommendations and Approval
MHSA Annual Plan Update Hearing*
Site Visits*

APRIL

Review of Selected Programs
Site Visits*
Community Forum (prior to BHB meeting)

MAY

Review of Selected Programs
Update on Coming Fiscal Year Budget
Site Visits*

JUNE

Review of Selected Programs
Annual BHB Evaluation*
Site Visits*

JULY

Review of Selected Programs

AUGUST

Review of Selected Programs

Receive Information and update on Jail Psychiatric Services

SEPTEMBER

Review of Selected Programs

Semi–Annual Contact with BOS Members*

Site Visits*

OCTOBER

Cultural Diversity Celebration

Review of Selected Programs

Nominations of Officers for Coming Calendar Year

Annual MHSA Sustainability/Reversion Report

Site Visits*

SUD Prevention Services Annual Evaluation Report

NOVEMBER

Review of Selected Programs

Mid–Year Budget Update

Adopt Annual Report to BOS

Nomination of Officers for Coming Calendar Year (Nominations Closed)

DECEMBER

Review of Selected Programs

Approve Goals for the Coming Year

Approve Standing Agenda for Coming Year

Presentation of Annual Report to BOS (at BOS meeting)*

Election and Installation of Officers for Coming Calendar Year

Site Visits*

* Indicates events that will not be at our regular monthly meetings.