MARIPOSA COUNTY
DEPARTMENT OF HUMAN SERVICES
BY: Cherylle Rutherford-Kelly
PHONE: 966-3609

RECOMMENDED ACTION AND JUSTIFICATION:
POLICY ITEM: YES ( )  NO (X )

SEE ATTACHED

BACKGROUND AND HISTORY OF BOARD ACTIONS:
SEE ATTACHED

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

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COSTS: (X) Not Applicable

A. Budgeted CURRENT FY $ __________
B. Total anticipated costs $ __________
C. Required add’l funding $ __________
D. Internal transfers $ __________
   SOURCE: ( ) 4/5’s vote required
A. Unanticipated revenues $ __________
B. Reserve for Contingencies $ __________
C. Source description: ___________________________________________________
   Balance in Reserve for Contingencies, if approved: $ __________

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CLERK’S USE ONLY:
Resolution No.: ________-______
Ordinance No.: ______________________
Vote: Ayes: ______ Noes: ______
    Absent: ______ Abstain: ______
   Approved ( ) Denied ( )
   Minute Order attached.
( ) No Action Necessary.
The foregoing instrument is a correct copy of the original on file in this office.
Date: _______________________

MARGIE WILLIAMS
Clerk of the Board,
County of Mariposa,
State of California

BY: _______________________
Deputy

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SPECIAL INSTRUCTIONS:
List the attachments and number pages accordingly:
Board Memo, Directors Cover
Letter, Mental Health Board
Annual Report, Kings View
Annual Report

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ADMINISTRATIVE OFFICER’S RECOMMENDATION:
This item on Agenda as:
   ___Recommended    ___Returned for further action
   ___Not recommended ___Submitted w/ comment
   ___Policy determination

Comment: ___________________________________________________
          ___________________________________________________

A.O. Initials: ___________________
January 25, 2002

TO: Members, Board of Supervisors
FROM: Cheryle Rutherford-Kelly
RE: Mental Health Advisory Board / Submission of the Annual Report

Recommendation

It is respectfully recommended that your Board review the annual report being submitted by your Mental Health Advisory Board.

Information

The Mental Health Advisory Board is submitting their Annual Report to you for your information and review. The current membership of that Board is as follows:

Mennig, Jan Ph.D. – Chair
Allen Jim
Balmain, Doug
Conlan Joan – Vice Chair
Harrison, Candace
Heiss, Angela
LaRoche, Hon. Carlos
McKnight, Robert
Perkins, Susan
Pope, Ann
Smith, Jack
Rose, Dr. Robert
Theiss, Paul
Warner, Holly

It has been my privilege to work with the Advisory Board. They are hard working and dedicated to the emotional health of the entire community. During my first year of work in this County, the Advisory Board assisted me to understand what programs were needed. It is to their credit, as well as the Sheriff's, that we now have 24-hour response to psychiatric emergencies (danger to self and others). The Board has a broad-based view and does not restrict itself to only Mental Health services. Rather they are cognizant of other programs and systems that interface with Mental Health. Such a view assists with strengthening other programs and increased coordination.

The Mental Health Board is in the process of hosting meetings to bring together all providers who serve children in this county. Invitees included representatives from the schools, mental health, child welfare/protection, ministerial association, community based organizations, probation and victim witness. The Advisory Board wished to ascertain that service providers are aware of the range of programs in existence, to identify gaps in service and to assist staff from all agencies work together in a positive manner. These are extraordinary efforts and I would like to acknowledge them with gratitude.
DATE: January 25, 2002

TO: Honorable Members of the Board of Supervisors

FROM: Mariposa County Mental Health Board

SUBJECT: Mental Health Board Report for fiscal year 2000-2001

Section 5604 of the Welfare and Institutions Code requires the local Mental Health Board to submit an annual report to the Governing Body on the status of County Mental Health programs. This report is submitted in accordance with this requirement and is organized under these sections: A. Board, B. Programs, C. Recommendations.

A. Board

The Mental Health Board meets monthly in open session to conduct business according to items and issues contained on its agenda. Among the monthly scheduled items are reports from the Mariposa County Mental Health Director who generally reports on issues involving local contract monitoring, as well as fiscal and resource allocations. A detailed report on programs, progress, and other matters is provided by the Kings View contract administrator responsible for day-to-day operation of all clinical program services.

During this process board members have the opportunity to question any issues regarding program services and delivery, make individual suggestions regarding perceived need for service modifications, and develop full board recommendations for priority setting and changes that would benefit county consumers of mental health services. In this way an ongoing dialogue proceeds throughout the year between the board and key administrators regarding service delivery and resource deployment with important feedback on issues and progress.

The board’s monitoring activities are also enhanced by individual board members’ personal involvement in many other areas of the community including services to seniors; alcohol, drug and other substance abuse services; local schools; the justice system; and the private business sector. Board members’ community involvement in various capacities gives them excellent insight into the impact of services and/or unmet mental health services. In addition to this active personal involvement in ongoing community processes, the board schedules presentations at its meetings from individuals involved in promoting direct mental health program services and from other programs that interface with the mental health system.
During late summer, the Board was called to a special meeting to review applications for a new Director of Human Services. Recommendations by the Board were made from among the candidates and forwarded to the Board of Supervisors. In October 2000, Cheryle Rutherford-Kelly met the Mental Health Board at her first meeting as Director of Human Services.

Over the course of the year, several presentations were made to Board Members on various issues of concern. Judge LaRoche reported on the Drug Court, established in 2000, providing updates on its first year including the February graduation of six participants and the successes and support felt by those in the program and their families. Bev Nowlin, the Alcohol and Drug Manager for Kings View, presented information throughout the year on the Alcohol and Drug Department and its operations, as well as new programs and personnel. Director Kelly and board member, Judge LaRoche, kept us informed of Proposition 36 monies and related services in our county. As part of an assessment of Mental Health philosophy and services, Bill Leonard, of the All Tribes Advisory Board, was asked to speak on the programs of All Tribes, its needed reorganization and met and unmet needs.

The Board also approved, during the year, application for funding of services. In September, the PATH Application for SFY 2000-01 was accepted by the Board and certified by the Board Chairman. In March, the SAMHSA application was reviewed for approval, then approved, certified and sent to the State. Also a three-year grant application that would provide integrated MH/Law Enforcement Mobile Crisis Response (5150 Services) was submitted by the Kings View Contract Program staff. This had been a long, identified need of the county by the staff, the Sheriff's Department and the Mental Health Board and has brought improved services to clients.

In order to increase involvement in the budget process and to better assess the performance contract, the Director encouraged the Board to consider a current evaluation of mental health services provided, additional services necessary and anticipated costs. In March, led by a review of the 2000-2001 Mental Health Services Report by Jeff Gorski, Kings View Contract Staff Administrator, the Board began a more thorough examination of philosophy and services. The initial brainstorming exercise yielded the following: suggested changes in operation of the board; additional services needed; areas of MH services requiring further examination; the need to understand programs and how they interrelate. A subcommittee was formed to examine past minutes and Board reports to identify additional unmet concerns. Their report was presented at the April Board meeting.

A proposed change in the By-Laws was discussed to allow for monthly meetings, rather than meeting nine months/year. The proposed change, requiring notification in writing of at least 30 days in advance, was placed on the June agenda for ratification. Preparations were also begun to provide training on the duties and responsibilities of Mental Health Boards. California Institute of Mental Health trainer, Ed Diksa, was contacted and agreed to attend the June Board meeting to observe and explain the training process.

In June, the Board unanimously approved a change in the By-Laws, Article I, General Provisions, Section 10, Regular Meetings, to read as follows: Meetings of the Mental Health Board may be held monthly. Following up on the earlier MH Philosophy and
Services examination, a list compiled from the various brainstorming sessions and subcommittee research, listing identified needs, was distributed for future discussion. Ed Diksa, CIMH trainer, attended this meeting and shared his observations. This process was to be continued in the fall with a full day of Board Training.

During the course of the year two board members resigned because of conflicts in their work schedules: Laura Phillips in October and Sue Schumacher in June. Attention was given to the need for board recruitment. In addition to announcements in the newspaper, the Board saw a need for members to become proactive and seek out qualified applicants. An emphasis was also placed on seeking MH consumers for the Board to provide input from the recipients of MH services as well as meeting state requirements.

B. Program

With the exception of Children’s’ System of Care, Mariposa County Mental Health Services have been provided the past 29 years through a contact with Kings View Corporation under the general direction of the Mariposa County Board of Supervisors’ appointed Mental Health Director. The County Mental Health Director provides general direction and monitors the contractor regarding service delivery issues, resource utilization, and represents the County’s interest in maintaining effective service delivery standards. A description of these Mental Health Services and the past year’s statistics can be found in the attached Annual Program Report from Kings View.

C. Recommendations:

The Mental Health Board recommends continuation of the present Mental Health contract for services under the direction and general supervision of the County Mental Health Director with continued monitoring and evaluation by the Mental Health Board in accordance with all provisions contained in the California Mental Health Code.

In addition, the Mental Health Board recommends that it meet the following goals for 2001-02:

1. Prioritize the list of met and unmet needs from the Mental Health Philosophy and Services examination conducted in spring, 2001.

2. Address the most critical issues arising from the prioritization.


4. Increase the number of board members to the full, authorized limit, giving priority to Mental Health consumers and other areas of the community not represented.
Mariposa Counseling Center provides a wide variety of mental health and substance services to our community. Services range from out pt. mental health treatment, crisis intervention, case management services, medication evaluation, to substance abuse counseling, educational and prevention groups, Drug Court services, Prop 36, DUI and diversion classes, and parenting classes. Our outreach centers in Coulterville and Yosemite serve both mental health and substance abuse clients. "All Tribes", our Native American Program, addresses the unique needs of our local Indian population while “Family Solutions”, the County’s Children’s System of Care Program, works closely with families that have children placed outside of the home or are at risk of being placed. The CalWorks collaborative with Human Services serves those individuals finding barriers to successful employment due to a mental health or substance abuse problem. The Child Abuse Prevention CAPIT Grant provides funding for staff to educate all school age children on how to recognize, report and avoid child abuse.

Mariposa County contracts with Kings View Mental Health Services and has done so since the beginning of county mental health in the early 1970's.

Out Patient Statistics

Out Pt. treatment statistics includes individual, crisis, group, family therapy, medication evaluations, case mgt. services, and intakes/assessments. For our purposes we have included the Mental Health Program, the Child Abuse Program, All Tribes, Family Solutions, and Cal Works services in these statistics.

During 2000-2001 the Counseling Staff provided 6,309 out pt. treatment contacts down from last year by about 5%; received 382 new referrals for treatment, up 10% from last year; and provided 276 initial assessments. In addition staff delivered over 1,623 hours of information, education and consultation to a variety of community agencies, ranging from Probation, CPS, APS, the Schools, the Sheriff’s Office, Public Conservator’s Office, Victim Witness, Human Services and the local District Attorney.

Case Management Services include assisting clients with discharge from in pt. facilities, placing and coordinating services for B/C clients, working with the conservatorship office in helping clients meet their mental health needs, and
brokering needed client services within the community. The goal of this program is to assist our chronically mentally ill clients in maintaining successful living in the least restrictive environment. This past year we provided 1,225 hours of case mgmt. services to this target population.

In Pt. Care, IMD, and Board and Care

In Pt. psychiatric hospitalizations refers to those clients that we place in a locked, medical facility for their safety or the safety of others. An IMD or Institute for Mental Disease is a locked skilled nursing facility that provides stabilization for the chronically mentally ill client who is unable to maintain in a lower level of care, such as independent living or a Board and Care. A Board and Care home is usually a small group home for mentally ill clients which is supervised by a B/C operator who manages the facility and transports clients to various ancillary services, such as day treatment, vocational training and medication visits. The goal of all these out of home services is to provide clients with the least restrictive environment on their way to self-sufficiency.

The following is our current hospital admission statistics for 2000-2001 with reference to In Pt. Admission trends over the last few years. See In Pt. Spreadsheet, which shows a detailed analysis of this year's hospitalizations with specific demographic and statistical information.

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<th>Year</th>
<th>Admissions</th>
<th>Pt. Days</th>
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<td>2001</td>
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<td>134*184</td>
</tr>
<tr>
<td>2000</td>
<td>52</td>
<td>169*221</td>
</tr>
<tr>
<td>1999</td>
<td>50</td>
<td>180*239</td>
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<tr>
<td>1998</td>
<td>51</td>
<td>159*286</td>
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* Refers to only the pt. days our program pays for

In 2000-2001 the total number of in pt. days that we paid for was lower than last year, with hospital admissions being the lowest in years. However there was a significant increase in IMD admissions this year with 2 different individuals placed in these facilities for extended periods of time.
<table>
<thead>
<tr>
<th>Funding Source</th>
<th>6 Re-admissions</th>
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<tbody>
<tr>
<td>Other</td>
<td>26 8 25 0 1 1</td>
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<tr>
<td>Medicare</td>
<td>32 0 1 1 3 4</td>
</tr>
<tr>
<td>Insurance</td>
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<tr>
<td>Reimbursement</td>
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<tr>
<td>Medical Carroll</td>
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<td>Total Days-Budget</td>
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<table>
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<tr>
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<td>Gender/Age</td>
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<table>
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<th>Diagnoses Type</th>
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<tr>
<td>21 Schizoaffective</td>
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<table>
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<tr>
<th>Origin of Admission</th>
<th>Mariposa Counseling Center in Pll Statistics 00-01</th>
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<tbody>
<tr>
<td>Year</td>
<td>2000-01</td>
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