Our Mission

Turning Point Community Programs provides integrated, cost-effective mental health services, employment and housing for adults, children and their families that promote recovery, independence and self-sufficiency.

Our Vision

Turning Point Community Programs is committed to innovative and high quality services that assist adults and children with psychiatric, emotional and/or developmental disabilities in achieving their goals.

Core Values

- Built on cultural strengths and responsive to individual and community needs regarding culture, language, age, disability, gender, sexual orientation and spirituality
- Inclusive, promotes resiliency and are recovery-oriented
- Innovative, research-based and constituent-driven, focusing on quality of life
- Prompt, courteous and client-directed support
- Welcoming of diversity and appreciative of the strengths that comes from the many cultures, backgrounds, family types, and sexual orientations
- Cost-effective and provided in normalized environments
- Strength-based, respectful and empowering to the person being served.
Dawn Hayes, M.D., TPCP Board President

Fiscal Year 2011-12

This past year Mental Health Services Act funding supported anti-stigma efforts in Sacramento and elsewhere across California. Mental Health Heroes was launched in Sacramento, and Turning Point’s FIT Youth Advocate Kamila Baker was chosen to receive this award, in part for her ability to relate to the Transition Aged Youth she works with. At a Second Saturday presentation in May, 2012, Kamila performed some of her poetry before an appreciative audience. Kamila also helped train peer mentors as part of Turning Point Connections, a pilot program in Placer County to reduce isolation for mental health consumers by using social media tools.

A great example of how to change perceptions and reduce stigma came unexpectedly in mid-September, 2012. On a crowded Modesto Area Express bus, when a fifteen-year-old girl was threatened by a just-released convicted sex offender, four Turning Point Empowerment Center clients wrestled this man to the floor, even though some had physical impairments. These men just couldn’t sit and let this violation occur while others may have looked away. The story was picked up by the national press and is now part of Turning Point lore. You can read more about the story here at www.tpcp.org.

As Turning Point continues to apply for and win new contracts, such as Turning Point Yolo Act, counties that select our agency are confident that our services will always be client-driven and recovery-oriented.

Turning Point Community Programs’ Board members and executive leadership are exploring the possible ways the Affordable Care Act may affect how the agency provides health insurance to its employees. Employers in California will have options that range from providing health insurance, paying fines, or offering employees a set dollar amount to purchase their own health insurance through the California Health Benefit Exchange, recently renamed Covered California. Turning Point’s leadership is researching and learning more about the various approaches that can offer our employees the very best health coverage within the constraints of our contracts. We will keep you posted as this develops.
John Buck, Chief Executive Officer

Turning Point Expansion: Even in this era of economic lows for our funding sources (state and local governments), we have expanded our mental health treatment services by demonstrating the cost-effective services our grantors need. We have been able to retain all of our contracts from 2011-2012 and have been awarded Turning Point Yolo ACT, as well as Turning Point Connections in Placer County and Free to Choose in Yolo County. Turning Point in Merced County was awarded approximately $250,000 of HUD funding for a Supportive Housing Program providing services on site at 10 apartments where participants reside. Turning Point provides skills training and resources to increase successes for independent living, as well as furnishings for individuals who need that help at the time they secure their lease. In Stanislaus County, Turning Point has three existing grants for Supportive Housing Programs that collectively provide 28 apartments for homeless individuals with a psychiatric disability. The grant is specifically to provide affordable and decent housing, as well as support staff services to maximize the success of the participating tenants. Another grant for approximately $114,500 for four more apartments will also be a Supportive Housing Program. Housing grants in Stanislaus County at this time total $1.2 million.

2012 Election Impacts: Turning Point will be watching the November, 2012 presidential and congressional elections closely because of the potential impact to the Affordable Care Act and the fate of the Excellence in Mental Health Act, H.R. 5989, introduced by Congresswoman Doris Matsui (D-CA) June 21, 2012.

Affordable Care Act: What does the Supreme Court ruling mean for access to mental health treatment and care in the years to come?

Here are some of John M. Grohol, Psy.D., editor of Psych Central’s predictions:

- **Mental health care will become more accessible to more people.**
  
  With the passage of the federal mental health parity law a few years ago, many (but not all) insurers were required to treat mental disorders with the same coverage limits as any other disease or health concern. While this has helped many people obtain needed treatment without having to jump through as many insurance company hoops, it hasn’t really mattered much to the poor—who didn’t have insurance coverage in the first place.

  With more people obtaining either private insurance or joining an expanded Medicaid program, the bet is that more people will have inexpensive access to mental health treatment.

- **People won’t be denied coverage based upon their pre-existing condition.**
  
  This is huge for many people with mental health concerns. Changing employers or insurance providers often meant having to pretend that a pre-existing psychiatric diagnosis didn’t exist. The new law says that you cannot discriminate against a person because of a pre-existing condition. This means that more people will get the care they need and have it covered by their insurance plan.
It also means an insurance plan cannot cancel your coverage for a pre-existing condition, something that was problematic for many in the past.

- **People will get better overall care.**

  The law is designed to help increase incentives to physicians and other health and mental health professionals to look after people across the entire continuum of care—holistically—not just Patient X presenting with Z symptoms. It is also focused on preventative care, which can help keep a person out of the hospital.

  Research suggests that this sort of integrated, coordinated care is ultimately beneficial to the patient. It can help catch health issues before they become more serious concerns. It can also ensure that if a person gets a life-threatening diagnosis, they’re also seen by a professional for their emotional health needs.

- **Medication coverage gap in Medicare remains filled.**

  If you’re a senior and enrolled in Medicare, the law has already helped save on your prescriptions. With the high cost of many psychiatric prescriptions, the law helped cut the amount a person pays for their name-brand drugs by half when they were in the “donut hole” (between $2,930 and $4,700 in total prescription costs).

  This helps to ensure that seniors who need their psychiatric medications can continue to afford to take them.

  The law, which will eventually expand coverage to 30 million Americans without insurance, will be implemented in pieces over the next five to 10 years. Some components of the law are already in place. These components include insurance companies being forbidden to put a lifetime limit on the amount of health care dollars they spend on any single individual, and insurance companies being forbidden to deny coverage to children with pre-existing conditions. Overall, the Affordable Care Act **will benefit mental health care**, providing greater access to covered treatment options, including psychotherapy and medications.

  **Behavioral Health Centers/FQBHCs:** If passed, H.R. 5989 would enhance Medicaid funding for organizations, clinics, and health centers that offer community-based treatment and support for millions of low-income and vulnerable people with mental health and addiction disorders. It would establish a network of Federally Qualified Behavioral Health Centers (FQBHCs) across the country and provide these new FQBHCs with cost-based reimbursement through Medicaid. This legislation would provide critical resources and support to Sacramento’s and other counties’ behavioral safety-net organizations that serve our most vulnerable citizens—those with serious mental illnesses. The integration of drug, alcohol and psychiatric services with primary healthcare services has long been a goal with efforts dating back a decade or more.

  Rusty Selix, Executive Director of the Mental Health Association in California said, “Defining and recognizing federally qualified behavioral health centers acknowledges that they are just as essential as federally qualified health centers. This will reduce the painful cycle of homelessness, incarceration and hospitalizations that are so common for people with mental illnesses who cannot get the community care that they need.”
Al Rowlett, Chief Operations Officer

For many years, Turning Point has recognized the importance of gathering data about our clients’ progress—how our services help decrease homelessness, hospitalizations, incarcerations and risk. Now, with the addition of a full-time researcher our agency is able to track outcomes more closely. We use these reports to inform the services we provide and to let us know what approaches are working and where we can improve.

New client satisfaction surveys also help give us more nuanced information: do clients like the services they receive; was staff willing to see the client as often as necessary; were calls returned in 24 hours; was a psychiatrist available when needed; did staff believe the client could grow, change and recover? Were clients comfortable asking questions about treatment and medication; did they feel free to complain; given information about their rights; encouraged to take responsibility; were their wishes respected about sharing treatment information? And results: do clients handle daily problems more effectively; better able to deal with crises; get along better with family; in school or work and social situations; improved housing? Are symptoms reduced; are there meaningful activities, friendships, a sense of belonging and knowing that in a crisis support would be there from family or friends?

These surveys were answered from May, 2011 to October, 2011 by TPCP clients in seven programs in five counties, averaging an 80% overall satisfaction with services. Turning Point will continue to fine-tune its services to achieve even higher satisfaction ratings.

For the first time, Turning Point clients had the opportunity to display their artwork in a Central Valley Folk Art Exhibition at Fusion Art Gallery located at 501 Arden Way in Sacramento. Plans for future exhibitions are in the works as well as featuring clients artwork and crafts for sale in the gift shop at Fusion Art Gallery.
HR Department Report

Fiscal Year 2011-12

**Benefits:** Turning Point offers an employer-funded defined pension plan, contributing 3 to 5% of employees’ gross annual income each year, with full vesting at three years. In 2011-12 the agency contributed 5%. Employees are also offered an employee-funded 403(b) plan to help them invest and plan for retirement.

**Staff retention:** The agency had a good fiscal year with regard to employee relations and turnover. Total turnover in key positions FY 2011-12 was 19% overall—the lowest in ten years. This was matched by the steady climb in retention of employees who have been on staff one year or longer. Most of the voluntary terminations were from staff who had been employed less than one year. Significantly, the retention rate for key direct service staffing positions of those employed here one year or longer remains at 95% from the beginning of the fiscal year.

The staff-to-client demographic ratio for this past fiscal year is represented below:
Fiscal Department Report

Fiscal Year 2011-12

Contract increases are still almost nonexistent for continuing services, which puts increasing pressure on employees regarding wages, and on the agency’s operating expenses. Again, however, Turning Point was able to conclude the 2011-2012 year with a small surplus.

TURNING POINT COMMUNITY PROGRAMS

STATEMENT OF ACTIVITIES
For the year ended June 30, 2012
With comparative totals for the year ended June 30, 2011

<table>
<thead>
<tr>
<th>Revenue and support</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program service fees and contracts</td>
<td>$ 23,083,858</td>
<td>$ -</td>
<td>$ 23,083,858</td>
<td>$ 22,715,509</td>
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<tr>
<td>Rental income</td>
<td>367,754</td>
<td>367,754</td>
<td>267,942</td>
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<td>Contributions</td>
<td>80,622</td>
<td>80,622</td>
<td>67,478</td>
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<tr>
<td>Other income</td>
<td>66,455</td>
<td>66,455</td>
<td>214,698</td>
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<td>Store sales - net of cost of sales of $38,637 and $43,017 respectively</td>
<td>6,154</td>
<td>6,154</td>
<td>4,443</td>
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<td>Gain (loss) on disposal of property and equipment</td>
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<td>905</td>
<td>2,462</td>
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<td>Interest income</td>
<td>226</td>
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<td>410</td>
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<td>In-kind donation (Note 2)</td>
<td></td>
<td></td>
<td>1,249,000</td>
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<tr>
<td>Net asset release from capital restriction</td>
<td>77,566</td>
<td>(77,566)</td>
<td>-</td>
<td>-</td>
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</table>

| Total revenue and support                       | 23,683,540   | (77,566)               | 23,605,974 | 24,622,942 |

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>2012</th>
<th>2011</th>
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<tr>
<td>Program services</td>
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<td>20,629,626</td>
<td>20,527,376</td>
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<td>Management and general</td>
<td>2,848,669</td>
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<td>2,848,669</td>
<td>2,921,976</td>
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</tbody>
</table>

| Total expenses                                 | 23,478,295   |                        | 23,478,295 | 23,440,352 |

| Change in net assets before other changes       | 205,245      |                        | 127,679    | 1,173,590  |

| Other changes                                  | (46,037)     |                        | (46,037)   | (60,288)    |

| Change in net assets after other changes        | 159,208      |                        | 81,642     | 1,113,302   |

| Net assets, beginning of year                   | 3,766,548    | 1,230,852               | 4,997,400  | 3,884,098   |

| Net assets, end of year                         | $ 3,925,756  | $ 1,153,286             | $ 5,079,042 | $ 4,997,400 |

Bruce Jefferson, CFO
Turning Point Community Programs gratefully acknowledges support for projects and programs on behalf of our clients.

Sacramento County Department of Health and Human Services  
Stanislaus County Behavioral Health and Recovery Services  
Yolo County Department of Alcohol Drug and Mental Health Services  
Merced County Department of Mental Health  
Nevada County Behavioral Health Department  
Placer County Department of Health and Human Services

Lawrence Spitters  
Kathy Williams-Fossdahl  
Barbara Vella  
Peter and Marilyn Moyle  
D. Callison  
Thomas Anderson  
Julian Abdey  
Roger Davis  
Amand Kasimatis  
Richard and Ann Marie Zeman  
Danny Shadoan & Ann Lincoln  
Dave Ward  
John Buck  
Al Rowlett  
Unitarian Universalist Society  
United Way California Capital Region  
Capital Group  
AT&T  
Lyon Real Estate  
Delta Dental  
TPCP Board Member - Tom Hoeffel  
TPCP Board Member - Ron Ruff