

# Amador County Behavioral Health Services Mental Health Services Act Annual Update

## Fiscal Year 2013/14



WELLNESS | RECOVERY | RESILIENCY

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## COUNTY CERTIFICATIONS

<b>MHSA County Program Certification</b>		
County: Amador _____	Submission: Annual Update _____	
<b>County Mental Health Director</b>  Name: James Foley, LCSW  Telephone Number: 209-223-6625  E-mail: jfoley@amadorgov.org	<b>Project Lead</b>  Name: Christa Thompson  Telephone Number: 209-22-6814  E-mail: cthompson@amadorgov.org	
County Mental Health Mailing Address: Amador County Behavioral Health Services 18077 Conductor Blvd., Ste. 300 Sutter Creek, CA 95685		
<p>I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.</p> <p>This annual update has been developed with the participation of stakeholders, in accordance with Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft FY 2013/14 annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate.</p> <p>A.B. 100 (Committee on Budget – 2011) significantly amended the Mental Health Services Act to streamline the approval processes of programs developed. Among other changes, A.B. 100 deleted the requirement that the three year plan and updates be approved by the Department of Mental Health after review and comment by the Mental Health Services Oversight and Accountability Commission. In light of this change, the goal of this update is to provide stakeholders with meaningful information about the status of local programs and expenditures.</p> <p>I declare, to the best of my knowledge, the information provided herein is true and correct.</p>		
<u>James Foley, LCSW</u> Mental Health Director/Designee (PRINT)	<u>SIGNATURE ON FILE</u> Signature	<u>7/30/13</u> Date

## COUNTY CERTIFICATIONS

### MHSA County Fiscal Accountability Certification\*

County: Amador \_\_\_\_\_

Submission: Annual Update \_\_\_\_\_

**County Mental Health Director**

Name: James Foley, LCSW

Telephone Number: 209-223-6625

E-mail: [jfoley@amadorgov.org](mailto:jfoley@amadorgov.org)

**County Auditor-Controller**

Name:

Telephone Number:

E-mail:

County Mental Health Mailing Address:  
 Amador County Behavioral Health Services  
 18077 Conductor Blvd., Ste. 300  
 Sutter Creek, CA 95685

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

James Foley, LCSW  
 Mental Health Director/Designee (PRINT)

SIGNATURE ON FILE  
 Signature

7/30/13  
 Date

I hereby certify that for the fiscal year ended June 30, 2011, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is dated March 28, 2013 for the fiscal year ended June 30, 2012. I further certify that for the fiscal year ended June 30, 2011, the State MHSA distributions were recorded as revenues in the local MHS fund; that the County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and record in compliance with such appropriations; and that the County has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

Eugene J. Lowe  
 County Auditor-Controller (PRINT)

SIGNATURE ON FILE  
 Signature

7/30/13  
 Date

\*Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)  
 Three Year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)

## BACKGROUND

### Amador County Snapshot



Amador County is located in the beautiful Sierra Nevada Mountains of California. The county seat is located in Jackson. As of 2010, the population was 38,091. Amador County bills itself as "The Heart of the Mother Lode" and lies within the Gold Country. Rich soil, temperate weather, and rolling hills has led to a substantial wine-growing industry in the county. Amador County is located approximately 45 miles southeast of Sacramento, 100 east of the Bay Area, and 65 miles north of Modesto—making it an ideal location for vacationers, retirees, and long-distance or tele-commuters. According to the U.S. Census Bureau, the county has a total area of 605 square miles, consisting of 593 square miles of land and 12 square miles of water. Water bodies in the county include Lake Amador, Lake Camanche, Pardee Reservoir, Bear River Reservoir, Silver Lake, Sutter Creek, Cosumnes River, Mokelumne River, and Jackson Creek. Amador County ranges in elevation from approximately 250 feet in the western portion of the county to over 9,000 feet in the eastern portion of the county. The county is bordered on the north by the Cosumnes River and on the south by the Mokelumne River. Thus, the county is also popular with outdoor enthusiasts as well. Amador County is also the only county in the state named after a native Californian - Jose Maria Amador, a wealthy ranchero before the gold rush, whose great ranch covered much of what is now Amador Valley near Danville.

#### County Demographics:

- 90.4% Caucasian
- 2.8% African American
- 2.1% American Indian/Alaska Native
- 1.3% Asian American
- 0.2% Hawaiian
- 12.9% Hispanic/Latino
- 3.2% Reporting 2 or More Races/Ethnicities
- 21.5% Over 65 Years Old
- 10.0% Live Below the Poverty Level
- 5,691 Veterans
- 5,500 Incarcerated (approx.)

#### County Challenges:

- A lack of vocational programs, community college, or university limits training and higher education
- Few jobs and little Department of Rehabilitation presence has resulted in diminished employment opportunities
- Limited employment and lower-income housing have also led to increased homelessness in Amador
  - In 2011, 214 people were counted as homeless, including 64 youth (10 unaccompanied by an adult)
  - At least 29% were affected by mental illness, 29% by a drug problem, and 11.3% were Veterans
- Remote areas face transportation challenges, leading to increased isolation for families and older adults
- Public transportation to obtain centrally-located services is often limited to 1-2 buses a day or does not currently exist for some routes (i.e. River Pines/Amador City to Plymouth/Jackson)

#### Workforce Needs Assessment

Amador County Behavioral Health Services currently has on paid staff the Full Time Equivalency (FTE) of: 4 Clinicians, 3 Personal Service Coordinators, 2.5 Substance Abuse Counselors, 1.5 Psychiatrists, 1 Nurse, 4 Administrators/Managers/Supervisors, and 6 Support Personnel. Unfortunately, as the economy suffers, often community mental health is most impacted. Additional clinicians and support staff are always needed to offset ever growing caseloads of up to 70 clients per therapist. However, with the decline of economic conditions, county hiring can be a challenge. Rural areas face their own unique barriers. Transportation continues to be the #1 issue raised in every needs assessment. To address this need transportation officers/drivers are needed. Amador County is working with county administrators to meet these needs.

## BACKGROUND

### Introduction

#### The Mental Health Services Act

In 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA), which became law on January 1, 2005. The Act imposes 1% taxation on personal income exceeding \$1 million. Over the past 8 years, these funds have transformed, expanded, and enhanced the current mental health system. MHSA has allowed Amador County Behavioral Health Services (ACBHS) to significantly improve services and increase access for previously underserved groups through the creation of community based services and supports, prevention and early intervention programs, workforce, education and training, as well as innovative, new approaches to providing programs to the public.



#### MHSA Legislative Changes

In March of 2011, AB 100 was signed into law by the Governor and created immediate legislative changes to MHSA. Among other changes, AB 100 eliminated the State Department of Mental Health (DMH) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) from their respective review and approval of County MHSA plans and expenditures. It also replaced DMH with the "State" for the distribution of MHSA funds, and suspended the non-supplant requirement for FY 11/12 due to the State's fiscal crisis. This allowed for MHSA funds to be used for non-MHSA programs, and for \$862 million dollars to be redirected to fund Early Periodic Screening, Diagnosis and Treatment (EPSDT), Medi-Cal Specialty Managed Care, and Education Related Mental Health for students.

On June 27, 2012, AB 1467, the trailer bill for the 2012/13 state budget was signed into law. This bill contained additional changes to state law, including amendments to MHSA. New language requires county Innovation (INN) plans to meet certain requirements, as adhered to in this Update. Additionally, the bill retains the provision that county INN plans be approved by the MHSOAC. The bill also clarifies that three-year plans and annual updates are to be adopted by the county board of supervisors and submitted to the MHSOAC within 30 days after board adoption. Second, the bill requires that plans and updates include the following additional elements: 1) certification by the county mental health director to ensure county compliance with pertinent regulations, laws and statutes of the Act, including stakeholder engagement and non-supplantation requirements, and 2) certification by the county mental health director and the county auditor-controller that the county has complied with any fiscal accountability requirements, and all expenditures are consistent with the Act.

#### Update Purpose

The intent of the MHSA Annual Update is to provide the public an update of each component within MHSA: Community Services and Supports (including Permanent Supportive Housing); Prevention and Early Intervention; Workforce, Education and Training; Innovation Projects; as well as Capital Facilities and Technology. In accordance with MHSA regulations, County Mental Health Departments are also required to submit a program and expenditure plan (program description and budget) and update it on an annual basis, based on the estimates provided by the state and in accordance with established stakeholder engagement and planning requirements (Welfare & Institutions Code, Section 5847). ***This update provides a progress report of ACBHS' MHSA activities for the previous fiscal year as well as an overview of current or proposed MHSA programs planned for the Fiscal Year to come. Projected Fiscal Year 2013/14 expenditures for each MHSA component can be found on Page 21.***

#### Direction for Public Comment

Behavioral Health Services is pleased to announce the release of this Annual Update to Amador County's Mental Health Services Act Plan for FY 2013/14. This Update is based on statutory requirements, a review of the community planning over the past several years, and extensive recent stakeholder input.

Behavioral Health Services is seeking comment on the Annual Update during a 30-day public review period between May 17<sup>th</sup> and June 19<sup>th</sup> 2013. A copy of the Annual Update may be found at [www.amador.networkofcare.org](http://www.amador.networkofcare.org) and will be available at the Behavioral Health Services front desk. You may also request a copy by contacting Christa Thompson at 209-223-6814. A Public Hearing regarding this Annual Update will be held during the Mental Health Board on June 19<sup>th</sup>, 2013, at 3:30 pm at Behavioral Health Services, 10877 Conductor Blvd., Sutter Creek, Conference Room C.

All comments regarding the Annual Update for FY 2013/14 may be directed to Christa Thompson, Mental Health Services Act Program Manager, via email at [cthompson@amadorgov.org](mailto:cthompson@amadorgov.org) or by calling 209-223-6814 during the 30-day public review period. Thank you for your ongoing interest in the Mental Health Services Act.

## COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

**Public Comment Period: May 17, 2013 – June 19, 2013** \_\_\_\_\_  
**Date of Public Hearing: June 19, 2013** \_\_\_\_\_

The following is a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update per Title 9 of the California Code of Regulations, sections 3300 and 3315.

<b>Community Program Planning</b>	
1.	<p>The Community Program Planning (CPP) Process for development of all components included in the annual update/report is described below; included are the methods used to obtain stakeholder input.</p>
	<p>Amador County utilized data obtained from the Mental Health Services Act / Cultural Competency Steering Committee (made up of consumers, family members, community partners, and county staff) to ensure that this Annual Update was an appropriate use of funds. Amador also used previous stakeholder input including:</p> <ul style="list-style-type: none"> <li>- Previous CPP input from the Community Services and Supports (CSS) 3 Year Plan</li> <li>- Previous CPP input from the Prevention and Early Intervention Component to the CSS Plan</li> <li>- Previous CPP input from the Innovation Component to the CSS Plan</li> <li>- Monthly workgroup meetings with consumers and family members</li> <li>- One-on-one interviews with key stakeholders</li> </ul>
2.	<p>The following stakeholder entities were involved in the Community Program Planning (CPP) Process. (i.e., agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)</p>
Stakeholders involved in recent and previous community program planning includes:	<ul style="list-style-type: none"> <li>- The Mental Health Board and other Amador County Community Members/Stakeholders</li> <li>- Consumers and their Families, including Transitional Age Youth, Adults, &amp; Older Adults, of the Mental Health Services Act / Cultural Competency Steering Committee</li> <li>- Targeted Underserved Groups including Spanish-Speaking Latinos &amp; Native Americans</li> <li>- Current staff of Amador County Behavioral Health Services (ACBHS)</li> <li>- ACBHS Partner Agencies/Organizations, including Substance Abuse Providers, Social Services, Health Services, the Sheriff's Department, First 5 Amador, and the Amador Tuolumne Community Action Agency, and Mother Lode Job Training</li> <li>- Community-based organizations including the Peer-Run Sierra Wind Wellness Center, Faith-based groups, and local suicide awareness groups</li> </ul>
<b>Local Review Process</b>	
3.	<p>The methods below were used to circulate, for the purpose of public comment, the annual update or update.</p>
After this Annual Update was posted for 30-day public review and comment, Amador County utilized the following methods to ensure the posting was thoroughly publicized and available for review:	<ul style="list-style-type: none"> <li>- Posted an electronic copy on <a href="http://www.amador.networkofcare.org">www.amador.networkofcare.org</a></li> <li>- Provided hard-copies at the Behavioral Health Services front desk for public access</li> <li>- Provided hard-copies to the Mental Health Services Act / Cultural Competency Steering Committee</li> <li>- Submitted press release regarding the availability of the update and date of Public Hearing</li> <li>- Publicized availability of the Annual Update at various community Commissions, Boards, and meetings</li> <li>- Provided hard-copies and public comment at Mental Health Board regarding availability of the Update</li> <li>- Provided information to the Mental Health Board and community members at the Public Hearing</li> </ul>
4.	<p>The following are any substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update.</p>
<p>Comments received thus far have been positive; none have required changes to the following Annual Update. See attachments for additional details.</p>	



## ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

Welfare and Institutions Code Section 5848 states that Counties shall report on the achievement of performance outcomes related to Mental Health Services Act (MHSA) components including Community Services and Supports (CSS), which includes Permanent Supportive Housing, Prevention and Early Intervention (PEI), Innovation (INN), and one-time funds including Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CF/TN). Any changes to these components due to performance or funding should also be reflected in this report. Per Welfare and Institutions Code Section 5847, Counties shall also report on those served (see attached), and submit a budget that represents unspent funds from the current fiscal year and projected expenditures for the next fiscal year (***please see the budget on Page 20 for projected expenditures associated with each component of MHSA for Fiscal Year 2013/14.***)

### Community Services and Supports (CSS)



Community Services and Supports (CSS) was the first component implemented as part of the Mental Health Services Act (MHSA) plan. CSS services are provided through systems of care that are typically focused on particular age groups (i.e. a Children's System of Care). In Amador, ACBHS operates as one integrated system of care; however there is an Adult Team and a Children's Team. CSS has three different categories that support the system(s) of care: System Development, Outreach and Engagement, and Full Service Partnerships. A one-time allocation to purchase and operate Permanent Supportive Housing is also funded under CSS.

The implementation of MHSA CSS is progressing as planned with significant successes. In FY 2012/13, Amador County Behavioral Health Services (ACBHS) increased outreach and core services to Adults and Children with serious mental illnesses or emotional/behavioral disorders, particularly through the Full Service Partnership Program.

#### System Development and Outreach/Engagement

The CSS General System Development and Outreach/Engagement target population children, youth, transitional age youth, adult, and older adult consumers who are:

- Diagnosed with a serious mental illness or serious emotional/behavioral disorder
- Participating or willing to participate in public mental health services
- Members of underserved populations including isolated Rural residents, Spanish-Speaking Latinos, and Miwoks
- Ideally full-scope Medi-Cal recipients (for maximum county reimbursement)
- Not a parolee or incarcerated

Strategies to support and serve these populations include the provision of:

- Outreach and engagement to connect those in need of public mental health services
- Crisis services including intervention/stabilization, family support/education, and other needs
- Clinical services including medication management, individual and group therapy, and skill building
- Case Management including assistance with transportation, medical access, and community integration
- Wellness and recovery groups, and peer support

#### Full Service Partnerships (FSP)

The Full Service Partner population includes children, youth, transitional age youth, adults and older adults who are:

- Diagnosed with a serious mental illness or serious emotional/behavioral disorder
- Experiencing a recent hospitalization or emergency intervention
- Currently homeless or at risk of homelessness
- Currently participating in public mental health services
- Willing to partner in the program
- Not a parolee or incarcerated

FSP strategies to support and serve these populations include the provision of the strategies above as well as:

- Personal Service Coordination including assistance with housing, transportation, medical access, education/employment opportunities, and social/community integration
- Additional services including Wellness Recovery Action Plan (WRAP) training/development, crisis intervention/stabilization, family support/education, and personal needs assessment
- Funds to cover non-mental health services and supports including food, clothes, housing subsidies, utility assistance, cell phones, medical expenses, substance abuse treatment costs, and other expenses

## ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

### Permanent Supportive Housing

The MHSA Permanent Supportive Housing funds allocated to ACBHS include up to \$334,500 for housing acquisition and development as well as \$167,300 for 20 years of operating costs. Per state guidelines, ACBHS assigned their housing allocation to “CalHFA,” who will administer the housing project, including distributing capital and operating funds to a qualified housing developer. While ACBHS is not currently considering a project at this time, the department will continue to keep its stakeholders apprised of this fund and of any change to the status of this component.



CalHFA requires a qualified developer to be a non-profit corporation with a successful housing development track record and a history of serving persons with serious mental illness. On-call supportive services are required and will be funded by non-housing MHSA funds. ACBHS is also responsible for certifying the eligibility of tenants to occupy MHSA units.

ACBHS must be responsive to consumer input when considering projects. Similar projects have found that most consumers need housing to be near public transportation, grocery stores, and other services. Other priorities include safety, one-bedroom apartments, on-site facilities, and on-site voluntary coordination of services.

### CURRENTLY FUNDED PROGRAMS

In FY 2012/13, ACBHS contracted with several community partners to provide CSS programs including Mental Health America for Outreach and Engagement via the Sierra Wind Wellness Center, Amador Tuolumne Community Action Agency (ATCAA) for Outreach and Engagement to Cultural and Unincorporated Underserved Communities via their Community Centers, and First 5 Amador for Behavioral Consultation for children aged 0-5. Both ATCAA and First 5 serve a population that is more aligned with the Prevention and Early Intervention (PEI) component. As such, these programs have been moved to PEI as of this fiscal year and can be found on page 10.

In years past, ACBHS contracted with NAMI Amador to provide Outreach and Engagement to Families and Consumers through CSS, as they serve a population struggling with serious mental illness. During FY 2012/13, this program was funded through PEI, but will be moved back to CSS in FY 2013/14 to better align with funding. Another program being shifted from PEI to CSS is the Primary Care Liaison. This position will be merged with the Consumer/Family Advocate, currently contracted through Mental Health America, to best meet the current primary care needs of our clients.

The Full Service Partnership program is the cornerstone of the CSS component and must represent at least 50% of CSS funding. This program is provided directly by ACBHS. Below is a description of each CSS program, the average numbers served for FY 2012/13 (as applicable), the program adjustments for FY 2013/14, as well as the projected program costs, estimated unduplicated number of persons to be served, and approximate cost per person.

#### Mental Health America (MHA) Sierra Wind Wellness Center

Sierra Wind is a peer-led self-help center offering advocacy, support, benefits acquisition, culturally diverse support groups, training, and patient's rights advocacy. Sierra Wind provides weekly support groups, daily meals, linkage and navigation of services, and volunteer opportunities for all of its clients.

**FY 2012/13 Numbers Served:** The Sierra Wind Wellness Center served an average of 297 unduplicated individuals: 16 (5%) Transitional Age Youth; 281 (95%) Adults; 247 (83%) Caucasian/White; 22 (7%) Hispanic/Latino; 27 (9%) Native American/Native Hawaiian; 1 (.01%) African American/Black; 0 (0%) Asian/Pacific Islander; 21 (7%) Lesbian/Gay/Bisexual/Transgendered (LGBTQ); 11 (4%) Homeless; and 8 (3%) Veterans.

**Program Modification:** During FY 2012/13, Sierra Wind moved to a new, larger location that has the capacity to serve more individuals, including a separate space to meet the needs of Transitional Age Youth (TAY) with Serious Mental Illness (SMI). To ensure that a greater number of Adults and TAY with SMI are able to receive support and advocacy from their peers, funding for this program will be increased by \$25,000 for FY 2013/14.

**FY 2013/14 Program Cost:** \$275,000 | Estimated Unduplicated # of Persons to be Served: 400 | Cost per Person: \$550

#### MHA Consumer Advocate/Primary Care Liaison

Mental Health America, the contractor for Sierra Wind Wellness Center, also provides a Consumer and Family Advocate, who is currently embedded within ACBHS to provide necessary representation and connections to resources on behalf of public mental health clients. This Advocate attends client meetings and serves on policy and program development teams to promote the concept of clients/families as partners in the treatment process.

## ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

**FY 2012/13 Numbers Served:** The Consumer Advocate served an estimated 200 unduplicated individuals. The racial/ethnic breakdown and special population breakdown is unknown but will be tracked for FY 2013/14.

**Program Modification:** For the past two fiscal years, a Primary Care Liaison has been referenced in the MHSA Annual Update, but has not yet been funded by ACBHS. While initial discussions suggested this Liaison might be a nurse, the Update for FY 2012/13 stated that, "The Liaison Project's primary focus was to create a working relationship/partnership between behavioral health practitioners and primary care medical providers. This [would] facilitate coordinated and integrated care." Since initial discussions regarding this topic began, ACBHS has hired a nurse who has created strong working relationships between ACBHS and primary care. Going forward, this will be a requirement of that position. What is still needed is someone to identify a primary care provider when one is lacking, facilitate the actual appointment when needed, and work with consumers to create a level of comfort conversing with the medical profession about vital topics such as mental health and medications. As a peer who supports clients when they need a voice, the Consumer Advocate is well positioned to take on these additional responsibilities. As such, the MHA Consumer Advocate role is being expanded into a Consumer Advocate/Primary Care Liaison position, with an increase of \$124 for FY 2013/14.

**FY 2013/14 Program Cost:** \$65,000 | Estimated Unduplicated # of Persons to be Served: 350 | Cost per Person: \$185

### NAMI Support Groups

NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raising awareness and building a community of hope for all of those in need. For this project, NAMI provides outreach, engagement, and education for ACBHS as well as education and support to the community in the form of 4 support groups: Family Support, Family to Family, Peer to Peer, and Connections Recovery.

**FY 2012/13 Numbers Served:** NAMI served an estimated 100 unduplicated individuals. The racial/ethnic breakdown and special population breakdown is unknown but will be tracked for FY 2013/14.

**Program Modification:** Last fiscal year, NAMI's outreach and engagement efforts were funded under Prevention and Early Intervention (PEI). In general, NAMI's support activities focus on the families and consumers of the public mental health system who are SMI, which is the target population for CSS. As such, funding for this program is being moved entirely to CSS. Given the demand for community-based peer support among this group, the total funding amount for this program will be increased by \$10,000.

**FY 2013/14 Program Cost:** \$25,000 | Estimated Unduplicated # of Persons to be Served: 125 | Cost per Person: \$200

### ACBHS Full Service Partnerships

The ACBHS team includes Behavioral Health clinicians, support and quality improvement staff, and community partner representatives. The program's focus is to provide an integrated system of care, including outreach and support, to children, youth, transitional age youth, adults and older adults seeking or receiving behavioral health care in Amador County. Its focus with Full Service Partners is to provide a team approach to "wrap around" clients and their families. Staff do whatever it takes from a clinical perspective to ensure that consumers can stay in the community and out of costly psychiatric hospitals, incarcerations, group homes, and evictions. The focus is on community integration and contribution.

**Numbers Served:** In 2011, ACBHS served 424 Medi-Cal clients: 108 children (0-18); 383 (90%) Caucasian/White; 16 (4%) Hispanic/Latino; 7 (2%) Native American/Native Hawaiian; 4 (1%) African American; 3 (1%) Asian/Pacific Islander, 11 (3%) Other. The FSP program served 43 individuals: 2 Children (0-5); 6 Youth (6-12); 6 Teens (13-17); 3 Transitional Age Youth (18-24); 25 Adults (25-59); 1 Older Adult (60+); 38 (88%) Caucasian/White; 3 (7%) Hispanic/Latino; 0 Native American/ Native Hawaiian; 2 (5%) African American; 0 Asian/Pacific Islander; 4 Homeless; and 0 Veterans.

**Program Modification:** Given the increased number of FSPs served during FY 2012/13, and the expected increase for the coming fiscal year, the amount of "flexible funding" utilized to support these clients is being increased by \$20,000 for FY 2013/14. To address significant rural transportation barriers faced in this county, a part-time driver is also being hired to support the FSP program and other clients as scheduling permits. Transportation is currently being done by Personal Service Coordinators (PSCs) who are intended to work directly with FSP clients on their recovery goals. Hiring a driver will free up each PSC's time to work with more FSP clients on an individual basis to achieve their goals.

**FY 2013/14 Program Cost:** \$915,000 | Est. Unduplicated # of Persons to be Served: 60 | Est. Cost per Person: \$15,000\*

\*Although this number appears high, it is significantly less than psychiatric hospitalization which can cost over \$1,200/day.

## ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

### Prevention and Early Intervention (PEI)

The Prevention and Early Intervention (PEI) component of the MHSA plan focuses on programs for individuals across the life span prior to the onset of a serious emotional/behavioral disorder or mental illness. Prevention includes programs provided prior to a diagnosis for a mental illness. Early Intervention includes programs that improve a mental health problem very early (thus avoiding the need for more extensive treatment) or that prevent a problem from getting worse.

ACBHS is focusing on the following PEI populations:

- Youth & Transition Age Youth
- Children & Families
- Latino Community
- Older Adults/Grandparents



#### **CURRENTLY FUNDED PROGRAMS**

ACBHS is currently funding a host of PEI programs to serve those in the community across all ages and circumstances. Through contracted partnerships, First 5 Amador provides Behavioral Consultation for toddlers and very young children; ATCAA provides additional services to children, youth and families through Outreach and Engagement, the Building Blocks Program, and the Youth Empowerment Program; ATCAA is also serving our Latino Community through Promotores de Salud; The Resource Connection is helping grandparents who are raising their grandchildren through a Respite and Support; and the Amador Senior Center may expand their Senior Peer Program using MHSA PEI funds. As noted earlier, NAMI's Outreach and Engagement program as well as the Primary Care Liaison, previously funded under PEI, have been moved to CSS. Below is a description of each service, the numbers served for FY 2012/13, the program adjustments for FY 2013/14, as well as the projected program costs, number of persons to be served, and approximate cost per person.

#### **First 5 Behavioral Consultation**

First 5 Amador provides high quality mental health consultation, treatment, and socialization classes, as well as education to child care providers, teachers, families and children in order to reduce the number of youth who are removed from child care setting and to improve family functioning.

**FY 2012/13 Numbers Served:** First 5 Amador served an estimated 550 unduplicated individuals through events, training, and direct services. The racial, ethnic, special population breakdown is unknown but will be tracked for FY 2013/14.

**Program Modification:** Last fiscal year, First 5's consultation efforts were funded under CSS as well as Prevention and Early Intervention (PEI). In general, First 5's activities are more preventative in nature and focus on early intervention as a goal. As such, funding for this program is being moved entirely to PEI. The total funding amount for this program will be increased by \$3,000 to accommodate increased need for education and training in the community.

**FY 2013/14 Program Cost:** \$25,000 | Estimated Unduplicated # of Persons to be Served: 550 | Cost per Person: \$45

#### **ATCAA Community Center Outreach**

This program provides outreach, education, and support intervention services to Spanish-speaking and isolated consumers and their families. The program also provides mental health and wellness education workshops for the community. The program offers consumer-centered case management and family advocate support services to help consumers identify mental and physical health issues and service needs. Staff then provide referrals to resources and assist consumers with the beginning steps of an individualized care plan.

**FY 2012/13 Numbers Served:** ATCAA served an estimated 300 unduplicated new individuals through their community centers. The racial/ethnic breakdown and special population breakdown is unknown but will be tracked for FY 2013/14.

**Program Modification:** Last fiscal year, ATCAA's outreach and engagement efforts were funded under CSS as well as Prevention and Early Intervention (PEI). In general, ATCAA's community centers focus on activities that are more preventative in nature and thus tend to capture less of the SMI population, which is the target group for CSS. As such, funding for this program is being moved entirely to PEI. The total funding amount for this program will remain the same.

**FY 2013/14 Program Cost:** \$105,000 | Estimated Unduplicated # of Persons to be Served: 350 | Cost per Person: \$300

## ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

### **ATCAA Building Blocks of Resiliency**

The Building Blocks of Resiliency program offers Parent-Child Interaction Therapy (PCIT) to help create stronger and healthier families with positive relationships. PCIT is designed to improve family functioning, resiliency, and cohesion as parents receive one-on-one coaching in “real time” to acquire skills and tools to improve the quality of the parent-child relationship. The program also offers Aggression Replacement Training (ART) to help increase resiliency in children and teens. Through ART, youth develop a skill set for responding to challenging situations with social learning and cognitive behavioral strategies.

**FY 2012/13 Numbers Served:** ATCAA served an estimated 15 family members through PCIT and an estimated 60 youth through ART. Age, racial/ethnic, and special population information is unknown but will be tracked for FY 2013/14.

**Program Modification:** Last fiscal year, the number of youth ATCAA was able to serve did not meet contractual objectives. To increase services, ATCAA is now linking the ART program with a program called Project Success. This project requires a therapeutic component similar to ART and will thus increase the number of persons served by that program. Nonetheless, given the lower than expected numbers via the PCIT program, the total funding amount for this program will be decreased by \$9,000 for FY 2013/14.

**FY 2013/14 Program Cost:** \$35,000 | Estimated Unduplicated # of Persons to be Served: 70 | Cost per Person: \$500

### **ATCAA Youth Empowerment Program**

This program was a cooperative agreement between ATCAA and the Sierra Wind Wellness Center and was intended to assess and address the significant need for safe, wellness, and recovery-orientated programs for youth 12 to 24 years of age in Amador County. This project was to include the traditional components of a Wellness Center model, support and prevention services, and activities that support wellness and system navigation. Due to the lack of structure built into the contract for these services, the program struggled to define meaningful outcomes. Nonetheless, ATCAA was able to increase school-based services to youth and the Sierra Wind was able to expand their Wellness Center to offer a dedicated space for transitional age youth groups.

**FY 2012/13 Numbers Served:** ATCAA worked with an estimated 130 unduplicated youth to develop Youth Empowerment Programming within local schools and the community. The racial/ethnic breakdown and special population breakdown is unknown but will be tracked for FY 2013/14.

**Program Modification:** Due to the lack of meaningful outcomes established for this program, neither community partner met their contractual targets for number of youth served. However, ATCAA was able to significantly increase services offered in the community and a space for youth was created at the Wellness Center. As such, additional funds have been added to the Sierra Wind Wellness Center contract to increase services to youth and others with serious mental illness. Given their proven record as a provider of youth services in the community and within the school system, ATCAA was selected as the sole provider for this program. In Spring of 2013, ACBHS worked with ATCAA to create the needed structure for the Youth Empowerment Program, which will continue to identify community needs related to youth but will now use the Project SUCCESS model as its foundation. As such, their budget was increased by \$1,295.

Project SUCCESS is a SAMHSA-recommended, research-based program that uses interventions proven effective in reducing risk factors and enhancing protective factors. Amador County's Project SUCCESS Components include:

- Prevention Education Series: An eight-session Alcohol, Tobacco, and Other Drug prevention program conducted by the Project SUCCESS Counselor (**funded through the ACBHS Substance Abuse Program**)
- Mental Health First Aid for Youth (added): a 12-hour course to help youth better understand and respond to mental illness. Students will learn the potential risk factors and warning signs for a range of mental health problems; how to help the individual in crisis connect with appropriate professional care; and the professional, peer, social, and self-help resources available to help someone with a mental health problem (**funded through PEI**).
- Individual and Group Counseling: Project SUCCESS Counselors conduct time limited individual sessions and/or group counseling at school to students following participation in the Prevention Education Series and an individual assessment. (**offered through ATCAA's Building Blocks of Resiliency Aggression Replacement Training**).
- Referral & Coordination of Services: Students and parents who require treatment, more intensive counseling, or other services are provided support and referred to appropriate agencies or practitioners in the community by their Project SUCCESS counselors (**funded through PEI**).

**FY 2013/14 Program Cost:** \$35,000 | Estimated Unduplicated # of Persons to be Served: 160 | Cost per Person: \$220

## ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

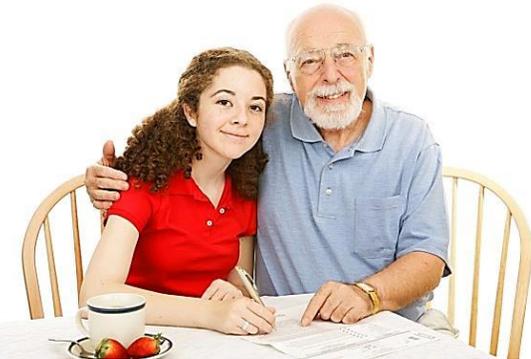
### ATCAA Promotores de Salud

The Promotores de Salud is a Latino Peer-to-Peer program that utilizes Spanish-speaking Hispanic/Latino community members to reach out to other historically underserved Spanish-speaking Hispanic/Latino and linguistically isolated community members. The goal of this program is to promote mental health, overall wellness, and ultimately increase access to services. Promotoras conduct educational presentations and outreach activities and help overcome barriers such as transportation, culture, language, stigma, and mistrust.

**FY 2012/13 Numbers Served:** ATCAA served an estimated 180 unduplicated new Spanish Speaking Latino Community Members. Additional age and special population information is unknown but will be tracked for FY 2013/14.

**Program Modification:** Last fiscal year, ATCAA's Promotores de Salud exceeded expectations for such a small program serving a very small county. Similar success has been typically reserved for programs serving much larger communities with comparatively larger budgets. As such, funding for this program is being increased by ~~\$5,000~~ \$2,001 to allow for a greater number of persons served in the coming fiscal year.

**FY 2013/14 Program Cost:** \$25,000 | Estimated Unduplicated # of Persons to be Served: 200 | Cost per Person: \$125



### The Resource Connection Grandparents Program

This program provides respite care for grandparents raising their grandchildren. Grandparents are eligible to receive up to 16 hours of care per month for their grandchildren in a licensed child care facility. The program also provides a training/support group four times per year and mails additional resources to all who apply for services.

**FY 2012/13 Numbers Served:** The Grandparents Program served an estimated 10 unduplicated individuals through their respite program and 20 individuals through their support groups. The racial, ethnic, and special population breakdown is unknown but will be tracked for FY 2013/14.

**Program Modification:** Unfortunately, despite the need and promise of this program, The Resource Connection did not receive the referrals expected during FY 2012/13. Notably, grandparents that accessed respite care did not typically attend training/support groups and those that attended groups did not avail themselves of respite. Additional outreach efforts will be made during FY 2013/14, along with training for a potential expansion of services. However, funding for this program is being decreased by \$9,000 to meet more realistic expectations of estimated persons served for the coming fiscal year.

**FY 2013/14 Program Cost:** \$30,000 | Estimated Unduplicated # of Persons to be Served: 40 | Cost per Person: \$500

### Isolated Seniors Project

As stated in last year's Annual Update, stakeholders identified isolation as a barrier to seniors seeking behavioral health services. Unfortunately, nothing was funded last fiscal year to accomplish this goal.

**Program Modification:** In order to address isolated seniors in FY 2013/14, ACBHS plans to contract with senior-serving groups to expand the scope and/or outreach of their efforts to support the mental health and wellbeing of isolated older adults. ACBHS intends to provide the Institute on Aging with \$10,000 to market their Friendship Line in Amador County. This service is currently available to Amador County residents however few are aware of its existence. The Friendship Line reaches out to older adults offering free telephone counseling, support, reassurance, crisis intervention, elder abuse prevention, medication reminders, well-being checks, and information and referrals. ACBHS also intends to provide the Amador County Senior Peer program \$10,000 to market their services, solicit new volunteers, and to provide training for existing volunteers. Last year, this program assisted over 200 isolated older adults and with additional support, it is expected that the program will continue to expand.

**FY 2013/14 Program Cost:** \$20,000 | Estimated Unduplicated # of Persons to be Served: 400 | Cost per Person: \$50

## ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

### Innovation (INN)

The purpose of the Innovation (INN) component is to learn from a new practice and see if it increases access and/or improves services or collaboration in the community. Programs funded under INN are meant to be time-limited projects. If the program is viable and sustainable through other funding sources, then the county departments have the option to adopt the service and/or practice permanently.

The target population for the current Self-Management Techniques Project and the proposed new INN Project include the two following groups:

- Adults Experiencing Symptoms of Stress
- Isolated Children & Families



#### **CURRENTLY FUNDED PROGRAMS**

ACBHS originally chose to fund a Self-Management Techniques project that would train persons in the community in a number of methods to address symptoms related to trauma. The innovative aspect of this project was utilizing the general public to spread these techniques throughout the community. ACBHS still expects that this “pay it forward” concept will increase access to a variety of mental health services and will increase inter-agency collaboration within the community.

An additional project was also proposed by stakeholders during the latter months of FY 2012/13. **This project, titled Increasing Access to Mental Health Services for Isolated Communities**, aims to improve access to services by creating a transportation route from the especially isolated River Pines to Plymouth one day per week and increasing mental health and primary care services on that day. The project also aims to increase mental health and primary care collaboration by providing coordinated services and tracking the usage of these services for their viability in the future.

**(The Increasing Access to Mental Health Services for Isolated Communities Project** will be submitted as a new Innovation Project in full, per the requirements of the Mental Health Services Oversight and Accountability Commission (MHSOAC), as part of this Annual Update, beginning on page 15 of this document.)

#### **Self-Management Techniques**

The Self-Management Techniques Project will provide supportive services to Amador County residents suffering from stress-related symptoms. This project will be offered through a contracted partnership with a community provider. This provider will manage the project and will release a request for proposals (RFP) for trainers who would like to teach self-management techniques. Trainers will offer these services throughout the county and the public will have the opportunity to receive training at no charge in exchange for passing on or “paying forward” what they learn to others in the community.

#### **Program Modification**

**Original Target Population:** The Self-Management Program will target adults (individuals 18 and over) suffering from untreated posttraumatic stress and related difficulties (e.g., anger, depression, dysregulated affect, substance use disorders) living throughout the county. Services will be voluntary, but will specifically target those individuals currently not accessing mental health services due to ineligibility, lack of trust in the public health system, and/or geographic isolation.

**FY 12/13 Annual Update Target Population:** The Self-Management Program will provide peer-led supportive services to 80 adult residents of Amador County suffering from untreated posttraumatic stress a year. The program will offer these services at existing community-based settings throughout the county through a collaborative partnership between community members and Amador County Behavioral Health (ACBH).

**Proposed Target Population for Training:** The Self-Management Techniques Project will target adults (individuals 18 and over) suffering from untreated stress and related difficulties living throughout the county. Services will be voluntary, but will specifically target those individuals currently not accessing mental health services due to ineligibility, lack of trust in the public health system, and/or geographic isolation.

## ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

**Reason for Proposed Change:** This project proposes using non-clinical persons to train and provide services to persons with PTSD and other Serious Mental Illnesses (SMI) according to the Target Population in the Annual Update and to other references in the INN Plan (paragraph 2 on page 20). After a recent second round of stakeholder meetings with consumers, family members, community partners, and ACBHS staff, it was deemed more clinically appropriate to refer those with PTSD and other SMIs to ACBHS and to focus on those experiencing stress in general as an “at-risk” population for SMI. At the time the INN Plan was written, stakeholders felt that ACBHS did not have the staff to see those with SMI so it was proposed that laypersons be utilized to train other laypersons to manage their symptoms. ACBHS now has sufficient staff to see anyone with SMI who meets medical necessity and financial criteria. Others are referred to qualified providers in the area. Stakeholders thus felt it was more appropriate, comfortable, and within their scope for laypersons to focus on those experiencing stress as a wider target group.

**Original Self-Management Techniques:** Self-management strategies are varied and may include: writing down or talking about problems; contacting or visiting with friends; exercising; praying/meditating; creative endeavors; practicing good nutrition; and engaging in self-advocacy... Several mental health self-management programs have been developed in recent years, but perhaps the most widely disseminated is Mary Ellen Copeland’s *Wellness Recovery Action Planning* known as WRAP... Another promising practice, *Mindfulness-Based Stress Reduction* (MBSR) was developed by Dr. Jon Kabat-Zinn in 1979 as a systematic application of mindfulness techniques to assist with problems related to stress... Additionally, Amador County has a number of individuals trained in *Meridian Tapping Techniques* (MTT), a form of acupressure that helps relieve energy blockages caused by physical, mental or emotional trauma... Amador County proposes to harness the self-identified volunteer person-power to implement the Self-Management Program. Within the model, volunteer wellness trainers will be trained in a variety of self-management practices and will provide services directly to individuals throughout the county in existing community-based settings.

**FY 12/13 Annual Update Self-Management Techniques:** Consumers will have the power to accept, reject, and/or select the type of self-management service they receive. For example, while one wellness trainer may offer a consumer MBSR services (based on that wellness trainer’s training, comfort level with the practice, etc.), the consumer may be more interested in MTT. If the wellness trainer is unable to provide MTT, he/she will be trained to connect the consumer with another wellness trainer with that particular expertise...

**Proposed Self-Management Techniques Language:** Self-management strategies are varied and may include: writing down or talking about problems; contacting or visiting with friends; exercising; praying/meditating; creative endeavors; practicing good nutrition; and engaging in self-advocacy... Amador County proposes to harness the self-identified volunteer person-power to implement the Self-Management Program. Within the model, volunteer wellness trainers will be trained in a variety of self-management practices and will provide services directly to individuals throughout the county in existing community-based settings.

**Reason for Proposed Change:** Although neither the original INN Plan nor the Annual Update specifically limits the use of Self-Management Techniques to WRAP, MBSR, and MTT, after a recent second round of stakeholder meetings, it was brought to light that the providers of these techniques may have received preferential treatment during previous stakeholder meetings. Recent meetings revealed that providers may be under the impression that funding was somehow guaranteed to them as part of this project. Also, some stakeholders have expressed that their voice was not heard and their input not sufficiently taken into consideration when deciding upon these techniques. As such, it is proposed that this project be expanded to include all Self-Management strategies and that a Request for Proposals (RFP) be sent out by the County for a third party to manage this project who will then send out a separate RFP for any and all Self-Management strategies that fit the criteria of this INN project, which may include the original three techniques and may also include others who were originally left out of the stakeholder process.

**FY 2013/14 Program Cost:** \$100,000 | Estimated Unduplicated # of Persons to be Served: 200 | Cost per Person: \$500

# ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

## NEW INNOVATION WORKPLAN: Increasing Access to Mental Health Services for Isolated Communities

### Description of the Community Program Planning and Local Review Processes

#### **1. Briefly describe the Community Program Planning Process.**

The Community Program Planning Process for the Innovation Work Plan consisted of 5 focus groups and 7 individual interviews with key stakeholders. An Innovation Workgroup was convened as a subcommittee of the MHSA Steering Committee to conduct focus groups, as well as training regarding Innovation requirements, policies, and budgeting. Open ended questions were used to collect qualitative data. As such, valuable information was obtained to assist with the decision-making during the Community Program Planning Process. Amador County Behavioral Health Services (ACBHS) also utilized data from previous planning cycles, including Community Services and Supports (CSS) and Prevention and Early Intervention (PEI), and the first Innovation (INN) Project. All three cycles emphasized the need for increased access to services and additional services in the community.

#### **2. Identify the stakeholder entities involved in Community Program Planning.**

- The Mental Health Board and other Amador County Community Members/Stakeholders
- Consumers and their Families, including Transitional Age Youth, Adults, & Older Adults, of the Mental Health Services Act / Cultural Competency Steering Committee
- Participation from Underserved Groups including Spanish-Speaking Latinos & Native Americans, reflecting the demographic make-up of Amador County (which is primarily Caucasian)
- Current staff of Amador County Behavioral Health Services (ACBHS)
- ACBHS Partner Agencies/Organizations, including Social Services, Health Services, Sheriff's Department, Amador Tuolumne Community Action Agency, and First 5 Amador
- Community-based organizations including the Peer-Run Sierra Wind Wellness Center, Faith-based groups, local suicide awareness groups, and Mother Lode Job Training
- Outreach to Veterans as well as Alcohol and Other Drug treatment staff (invited but did not attend)

#### **3. List the dates of the 30-day stakeholder review and public hearing.**

The Innovation Work Plan was posted for a 30-day public review and comment period from May 17<sup>th</sup> through June 19<sup>th</sup>, 2013. The Public Hearing for this Plan occurred on June 19<sup>th</sup>, 2013. All comments were generally in support of the plan below; no comments required substantial changes to the following plan.

### Innovation Work Plan Narrative

#### **Purpose of Proposed Innovation Project:**

- Increase Access to Underserved Groups
- Increase Access to Services

#### **Briefly describe the reason for selecting the above.**

The purpose of this Innovation project is to address the need for increased access to isolated underserved person who may be at risk of mental illness, with a particular focus on increasing access to services in the community versus those traditionally offered within Behavioral Health Services and other public settings. As the proposed services will be offered by multiple agencies and community organizations, this will also address the need for improved interagency collaboration. A third purpose of this project is to address barriers identified in the previous Community Planning Processes, including lack of transportation to isolated communities such as River Pines.

#### **Project Description: Describe the Innovation, the issue it addresses, and the expected outcome.**

Amador County Behavioral Health Services (ACBHS) is proposing to fund a nonexistent bus route from the especially isolated River Pines area to the more populous Plymouth area one day per week. River Pines have no major grocery store, post office, doctor, or public services. As such, this will provide economically disadvantaged and underserved children, families, and individuals who may be at risk of mental illness with an opportunity to attend to their basic needs without having to expend valuable gas or hitchhike into town. In addition, on the day of the bus route, multiple agencies will collaborate to relocate key mental health prevention and early intervention services, such as suicide prevention and Mental Health First Aid training, parenting classes, and therapeutic support groups to Plymouth in order to provide easier access for those who have been historically underserved and may be at risk of mental illness. For those deemed at risk and appropriate for services (i.e. through screening), referrals to behavioral health services will be provided and tracked. Programs will be tracked and participants surveyed to determine which services are most engaged.

The expected outcomes of this project are:

1. Increased engagement of isolated underserved groups through community-based services, classes, and training.
2. Increased access to BHS services through community-based screening and referrals.

## ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

This Project is consistent with the Mental Health Services Act General Standards in that it promotes services focused on wellness, recovery, and resiliency; community collaboration through the coordinated delivery of community based services; cultural competency through the provision of Promotoras-led services; consumer/family driven services based on client and stakeholder input; and an integrated service experience in that all agencies will work together and will refer to ACBHS as needed to ensure that there is no wrong door of entry into behavioral health services.

### **Contribution to Learning: Describe how this project contributes to learning.**

While the proposed services offered in Plymouth are not new to the field of mental health, the provision of a public mental health-funded bus route and coordinated day of services (as described above) with the expected outcome of increasing access and behavioral health referrals to underserved groups is very innovative. After extensive research online, ACBHS has not been able to find a similar practice in California or beyond. This appears to be the first collaboration of this kind with a public mental health department and a public transit authority. Collaboration extends to other agencies who have agreed to relocate mental health prevention and early intervention services to Plymouth on the day of the bus route; this too is new for Amador. This project also has the capacity to be replicated in Amador and other rural areas. If this project is successful, Amador Transit will begin to fund the bus route and ACBHS can replicate the program in another isolated area within the county. Either way, the innovative concept of "Increasing Access to Mental Health Services for Isolated Communities," the provision of coordinated services in a more accessible area, can continue on without added cost.

By the end of the project, ACBHS will meet the following learning objectives:

1. ACBHS will know if the provision of public transportation is utilized by isolated underserved groups
2. ACBHS will know if the provision of increased mental health prevention and early intervention services in the community (Plymouth) versus public mental health facilities increases access and engagement to mental health
3. ACBHS will know if the provision public transportation and increased services Plymouth increases referrals and ultimately engagement to services provided by the department
4. ACBHS will know which services provided in Plymouth are most successful in engaging individuals with mild, moderate, and serious mental health issues
5. ACBHS will know which individuals (Medi-Cal, insured, under-insured, uninsured) utilize which groups most frequently to determine how best to sustain this project if successful

### **Timeline: Outline the timeline within which the project will operate: July 1, 2013 / June 30, 2016**

BHS anticipates three years to determine the success of this project and feasibility of replicating this model elsewhere. This includes implementation time for preparation of contracts, survey tools, and evaluation plans. At least two years will be required to obtain participant data regarding the access of each service and the overall success of the program. A third year will be required to determine replicability. Several months are anticipated for final project evaluation and reporting.

Aug 2013 -	Prepare Contract; Design Surveys; Define Evaluation Process; Promote Program
Sept 2013 -	Begin Bus Route and Community-Provided Services
Dec 2013 -	Collect/Analyze Surveys from Providers
Jan 2014 -	Share Survey Results with Stakeholders
Mar 2014 -	Collect/Analyze Surveys from Providers
Feb 2014 -	Share Survey Results with Stakeholders
Jun 2014 -	Collect/Analyze Surveys from Providers; Prepare 1 <sup>st</sup> Year Report
Jul 2014 -	Share Results; Make Project Adjustments; Begin Year Two, following Timeline Above
July 2015 -	Share Results; Make Project Adjustments; Begin Year Three, following Timeline Above

### **Project Measurement: Describe how the project will be reviewed and assessed.**

ACBHS will initially utilize existing staff to assist with survey design, ongoing data collection, and will likely contract ongoing program coordination and evaluation of this project. Surveys will be collected quarterly to gather basic participant demographic information and service engagement. ACBHS will use the Warwick Edinburgh Mental Wellbeing Scale to determine how a service affected participants. Information regarding transit utilization and general participant satisfaction with services will also be queried via survey. Community providers will use sign-in sheets to determine how many persons engage their services as well and results will be compared. Lastly, transit records will be obtained and compared to determine utilization of the bus route.

At the end of the project, ACBHS will measure the following objectives:

1. ACBHS will know if the public transportation is utilized by isolated underserved groups by tracking utilization records
2. ACBHS will know if increased services in the community (Plymouth) versus public mental health facilities increases access and engagement to mental health and other health related services by tracking and comparing sign in sheets
3. ACBHS will know if the provision public transportation and increased services Plymouth increases referrals and ultimately engagement to services provided by the department by tracking referrals that come into the department

## ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

4. ACBHS will know which services provided in Plymouth are most successful in engaging individuals with mild, moderate, and serious mental health issues by tracking and comparing sign in sheets and by utilizing participant survey data
5. ACBHS will know which individuals (Medi-Cal, insured, under-insured, uninsured) utilize which groups most frequently to determine how best to sustain this project if successful by comparing participant survey data

All survey results will be analyzed by staff to determine if objectives were met. A report will be created at the end of the project regarding the continuation of the project and the feasibility of replicating this model in other areas. The draft report will be shared with stakeholder groups including the Mental Health Board, Mental Health Services Act / Cultural Competency Steering Committee, and project participants. Once finalized, the report will be released to the public and shared with to the Mental Health Services Oversight and Accountability Commission (MHSOAC).

***Leveraging Resources: Provide a list of resources expected to be leveraged.***

1. First 5 Amador
2. Amador Tuolumne Community Action Agency
3. Women, Infants, & Children (WIC)
4. Amador County Head Start
5. The Resource Connection
6. The Plymouth Town Hall
7. Local Therapists

**Innovation Work Plan Description**

Annual Number of Clients to be Served: 150

Population to be Served: Children, Families, Transitional Age Youth, Adults, Older Adults, Native Americans, and Latinos.

***Project Description:***

Amador County Behavioral Health Services (ACBHS) is proposing to fund a nonexistent bus route from the especially isolated River Pines area to the more populous Plymouth area one day per week. River Pines has no major grocery store, post office, doctor, or public services. As such, this will provide economically disadvantaged and underserved children, families, and individuals an opportunity to attend to their basic needs without having to expend valuable gas or hitchhike into town. In addition, on the day of the bus route, multiple agencies (including First 5, Head Start, the local Community Action Agency, and others as listed in Leveraging Resources above) will collaborate to relocate key mental health prevention and early intervention services, such as suicide prevention and Mental Health First Aid training, parenting classes, and therapeutic support groups to Plymouth in order to provide easier access for those who have been historically underserved and may be at risk of mental illness. For those deemed at risk and appropriate for services (i.e. through screening), referrals to behavioral health services will be provided and tracked. Programs will be tracked and participants surveyed to determine which services are most engaged.

The expected outcomes of this project are:

1. Increased engagement of isolated underserved groups who may be at risk of mental illness through community-based services, classes, and training.
2. Increased access to BHS services through community-based screening and referrals.

**INN Proposed 3-Year Budget**

<b>Innovation (INN)</b>	<b>FY 13/14</b>	<b>FY 14/15</b>	<b>FY 15/16</b>	<b>Total</b>
<b>1. Personnel</b>				
a. County MH Department	20,000	10,000	10,000	40,000
b. Contractor	10,000	20,000	20,000	50,000
2. Operating Expenditures (Bus)	8,500	8,500	8,500	25,500
3. Non-recurring Expenditures				
4. Training / Consulting Contracts				
5. Work Plan Mgmt (Evaluation)	1,500	1,500	1,500	4,500
6. Other (Stipends)	5,000	5,000	5,000	15,000
<b>7. Total Proposed Expenditures</b>	<b>45,000</b>	<b>45,000</b>	<b>45,000</b>	<b>135,000</b>

**FY 2013/14 Program Cost:** \$45,000 | Estimated Unduplicated # of Persons to be Served: 100 | Cost per Person: \$250

## ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

### Workforce Education and Training (WET)



The MHSA Workforce Education and Training (WET) component provides funding to remedy the shortage of staff available to address serious mental illness and to promote the employability of consumers. This funding is time limited and must be expended within 10 years (by FY 2017/18). WET is intended to address these five categories:

- Workforce Staffing Support
- Training and Technical Assistance
- Mental Health Career Pathway Programs
- Residency and Internship Programs
- Financial Incentive Programs

#### **CURRENTLY FUNDED PROGRAMS**

In FY 2012/13, ACBHS funded training and development for staff and community partners; cross certifications and train-the-trainer opportunities; and peer employment and training through the Sierra Wind Wellness Center.

**Program Modification:** In order to fully address the WET categories above, ACBHS is making several modifications to this component, per stakeholder input. While staff and community training will still be a priority, the focus will be on capacity building for public mental health and alignment with the essential elements of the Mental Health Services Act, per statute. Although Mental Health America was working with a larger statewide group toward a future peer certification in line with the goals of a Career Pathway Program, a new opportunity has been presented to the department that will more readily meet local needs. This program has been vetted by the MHSA / Cultural Competency Steering Committee and will also add to the department's internship opportunities. In addition, ACBHS has created a menu of financial incentives for staff, consumers, and the public. Below is a description of ACBHS' offering for each category of the WET component.

#### **Staffing Support**

Workforce staffing support is a required element of each county's Workforce Education & Training Plan. This function will be performed by the MHSA Program Manager. The person who currently holds this position is a family member of a consumer and recognizes the importance of client and family member inclusion in the workforce. Her responsibilities also include assisting staff with work-related education and training goals, tracking mental health workforce trends, identifying local needs, and representing the department at regional and statewide meetings.

#### **Staff & Community Training**

Staff training will be greatly enhanced in FY 2013/14 with the addition of the online Essential Learning platform. This will add over 300 courses of readily available curriculum, with CEUs at no additional cost. Essential Learning curriculum covers training on all MHSA target populations, current therapeutic interventions, as well as the MHSA essential elements. Monthly staff meetings, individual off-site training, and community events also provide learning opportunities. FY 2012/13 staff meeting topics included training on Cultural Competency, Consumer/Family Culture, Safety, and Mental Health / Primary Care Integration. Topics for FY 2013/14 are scheduled to include LGBT Awareness, Military Culture, and Stigma Reduction. A mandatory, day-long training on law and ethics is also provided each year. In addition, MHSA will be renting space from the Health and Human Services Building for a MHSA Training Center to provide the community free training in Mental Health First Aid, Applied Suicide Intervention Skills Training (ASIST), SafeTALK, and more.

#### **Career Pathway Program**

During FY 2013/14, the Amador Community College Foundation (ACCF) will be moving into the Amador Health and Human Services Building. ACCF currently partners with Coastline Community College to offer Amador County residents certificate and associate degree programs, completely online. One of the programs Coastline offers is an 18-unit Human Services certificate. This is the ideal entry level certificate to begin employment with ACBHS, typically as a Personal Service Coordinator. To support consumers, family members, and ANYONE who would like to work in public mental health, ACBHS is partnering with ACCF to promote this certificate and to provide additional supports as needed.

#### **Internship Opportunities**

ACBHS continues to offer Masters in Social Work and Marriage and Family Therapist Interns opportunities to earn their hours toward licensure within the department. Students needing practicum hours to graduate are also extended opportunities for needed experience as capacity allows. A roving supervisor has been contracted through the Central Region WET Partnership and visits Amador weekly to support all interns and practicum students. Part of the 18-unit Human Services certificate noted above also requires an internship. ACBHS will continue to partner with ACCF to facilitate these internships as well, either within the department, at Sierra Wind, or with another community partner.

## ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

### Tuition Assistance

Tuition assistance is often the most important aid to student success for those who greatly desire to work or advance in public mental health. To this end, ACBHS is creating a menu of options for consumers, family members, staff, and the public. To fully support the partnership with ACCF and to ensure the success of the students seeking the Human Services certificate, ACBHS is dedicating \$20,000 in scholarship funds for those with a financial need. For staff seeking to advance their careers in public mental health, ACBHS will assist in identifying which of the several loan assumption programs are most appropriate, including the MHSA-funded Mental Health Loan Assumption Program, which provides Bachelor or Masters level graduates who are in “hard to fill” positions up to \$10,000 in funding for a one year service commitment.

**FY 2013/14 Program Cost:** \$45,000 | Estimated Unduplicated # of Persons to be Served: 150 | Cost per Person: \$300

### Capital Facilities and Technology (CFT)

Capital Facilities and Technology (CFT) supports infrastructure associated with the growth of the public mental health system, software mandates related to Electronic Health Records (EHR), and other technological needs. Capital Facilities funding is limited to the purchase and/or rehabilitation of county-owned facilities used for mental health treatment and services and/or administration. Funding for Technology may cover expenditures including the purchase of electronic billing and records software, computers for staff or consumers, and other software or hardware. This funding is time limited and must be expended within 10 years (by FY 2017/18).



### CURRENTLY FUNDED PROGRAMS

The department continues to explore Crisis Residential Treatment & Adult Residential Treatment options, but does not currently have a capital facilities plan in place as there are no immediate plans for development. ACBHS has the option to dedicate additional funds to CFT or may continue to reserve its Capital Facilities funds for a future project. Technology funds have been dedicated to the department's Electronic Billing and Records System.

### Electronic Billing and Records System

In 2007, ACBHS implemented Avatar and has been using the product in a limited capacity due to technical difficulties since that time. Planned components were not implemented due to technical challenges and unexpected costs requiring additional support from Netsmart. These problems have had a significant impact on productivity, billing, and quality of care. Unfortunately, the Avatar software was the viable option many small counties were hoping to implement

**Program Modification:** After careful review and consultation with counties throughout the state, ACBHS decided to contract with the Anasazi product. Key to this decision is that Anasazi now has a contract with Kings View, a California-based Behavioral Health Provider, to provide the necessary technical support for small counties. Kings View has a deep understanding of the Mental Health/MediCal business model in California. Kings View hosts the Electronic Health Record (EHR) database for Anasazi and provides support for multiple small counties at this time. Had this arrangement been available at the time of the original decision, the JPA would certainly have chosen the Anasazi product over Avatar.

The decision to move from Avatar to Anasazi is based on the RFP conducted by CBS (2004), the RFP done by DMH (2008) and our experience about Echo (System used by Behavioral Health until 2007) and Avatar. In 2008, the California Department of Mental Health (DMH) formed a coalition of 27 California counties to conduct a RFP for EHR. Twenty-three (23) companies responded and DMH tabulated the results of the bids making this information available to all counties.

The partnership between Anasazi and Kings View is the key to successful helpdesk services, cost reports, updates, and other services and supports. Anasazi focuses on updating their system to stay timely with all of the Health Care Reform, HIPAA transactions, billing requirements, and the changes that are going on within the State of California. This support to small counties that do not have the funding to hire technical experts regarding all of the issues discussed above is the key to a successful EHR. There is no other software vendor that offers such a complete package for small counties. As a result, the MHP has set 5/1/2013 as a “go-live” date to begin using Anasazi (initially in test mode).

**FY 2013/14 Program Cost:** \$0 | Estimated Unduplicated # of Persons to be Served: N/A | Cost per Person: N/A

## MHSA PROJECTED BUDGET

### FY 13/14 Budget

County: **Amador** Date: **3/5/2013**

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
<b>A. Estimated FY 2013/14 Funding</b>						649,150
1. Estimated Unspent Funds from Prior Fiscal Years	596,680	397,083	400,000	318,835	464,650	
2. Estimated New FY 2013/14 Funding	1,864,478			231,000	109,836	
3. Transfer in FY 2013/14 <sup>a/</sup>	-	-	-			-
4. Access Local Prudent Reserve in FY 2013/14	-			-		-
5. Estimated Available Funding for FY 2013/14	2,461,158	397,083	400,000	549,835	574,486	
<b>B. Estimated FY 2013/14 Expenditures</b>	1,877,920	45,000	-	345,330	197,650	
<b>C. Estimated FY 2013/14 Contingency Funding</b>	583,238	352,083	400,000	204,505	376,836	

<sup>a/</sup>Per Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

<b>D. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2013	\$649,150
2. Contributions to the Local Prudent Reserve in FY12/13	\$0
3. Distributions from Local Prudent Reserve in FY12/13	\$0
4. Estimated Local Prudent Reserve Balance on June 30, 2014	\$649,150

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