



**Butte County
Department of Behavioral Health
Mental Health Services Act (MHSA)**

***Innovation Program and Expenditure
Plan***

**June 15, 2010
FINAL**

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EXHIBIT A

INNOVATION WORK PLAN
COUNTY CERTIFICATION

County Name: Butte County

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I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Innovation Work Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and Title 9, California Code of Regulations (CCR), Section 3410, Non-Supplant.

This Work Plan has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310(d) and 3315(a). The draft Work Plan was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate. Any Work Plan requiring participation from individuals has been designed for voluntary participation therefore all participation by individuals in the proposed Work Plan is voluntary, pursuant to Title 9, CCR, Section 3400 (b)(2).

All documents in the attached Work Plan are true and correct.



Signature (Local Mental Health Director/Designee)

6/15/10

Date

Director

Title

EXHIBIT B

INNOVATION WORK PLAN Description of Community Program Planning and Local Review Process

County Name: Butte
Work Plan Name: MHSA Innovation Plan

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

1. Briefly describe the Community Program Planning Process for the development of the Innovation Work Plan. It shall include the methods for obtaining stakeholder input. (suggest length – one-half page)

A request for ideas for the Innovation Work Plan was distributed to over 1,500 stakeholders including community-based organizations, sister agencies such as Public Health and DESS, consumers and family members, and community members who had indicated an interest in the MHSA process. This request for ideas generated 42 ideas.

The Innovation Workgroup convened to analyze the ideas and choose the ones that would go forward. The Workgroup included the diverse cultural, ethnic, and geographic communities of the county; families and consumers; members of other agencies and community based organization, and Behavioral Health staff.

An initial analysis of the ideas suggested that some of them did not fit the state guidelines. The Workgroup concurred that 8 of the 42 ideas did not fit the state guidelines for Innovation. The workgroup prioritized the remaining 32 ideas, and the top 6 went forward to smaller development teams. The Innovation Plan Development Teams, comprised of Behavioral Health staff, experts in the idea areas, consumers and family members, formulated the Innovation Projects.

A draft of the Innovation Plan was:

- Reviewed by the Workgroup
- Reviewed by the MHSA Advisory Committee of the BHB
- Posted for public review

Public notice of the 30-day public review and comment period for the Innovation Program and Expenditure Plan was posted in four local newspapers (Chico Enterprise Record, Oroville Mercury Register, Paradise Post, and Gridley Herald) and sent to the community contact list (over 1,500 contacts). Notification of the public review and comment, plus the date of the hearing, was posted in a community calendar and on Craigslist.

2. Identify the stakeholder entities involved in the Community Program Planning Process.

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The Workgroup included the diverse cultural, ethnic, and geographic communities of the county; families and consumers; members of other agencies and community based organization, and Behavioral Health staff. Of those who completed the workgroup contact and demographic information, 17 were from Chico, 13 from Oroville, 3 from Paradise, and 2 from Gridley.

Workgroup members represented the following groups:

#	Category
10	Unserved or underserved communities: African American, Latino, Hmong, Native American, Gay/Lesbian
9	Community Provider of Mental Health Services
8	Family Member of Individual w/Serious Mental Illness
7	Individual w/Serious Mental Illness
6	Community Non-Profits/Family Resource Centers: multipurpose FRC's, spiritual/faith centers, youth clubs/centers, senior centers
5	Education: County Office of Ed., school districts, PTA, Special Education, College/university, Early Childhood Education, 1 st Five
4	Health Community: Community clinics, school based health center, primary health, ADS treatment centers, Emergency Services
4	Social Services: Child & family welfare services, CalWORKs, CPS, home & community care, APS, disability services
4	Law Enforcement: County criminal justice, courts, probation, judges, public defenders, police/sheriff
2	Employment: public and private sector workplaces, employee unions, occupational rehab, employment centers

The following table lists people who participated in the Community Workgroup and/or the Innovation Project Development Teams.

Name		Organization
Julie	Bartel	BCDBH
Patrick	Borel	BCDBH
Genie	Brogden	BCDBH
Justin	Burger	Youth for Change
Angel	Calderon	BCDBH Promotores
Clay	Canady	Community Member
Lisa	Cox	BCDBH
Karen	Ely	DESS
Marian	Gage	BCOE
Joyce	Gonzales	Feather River Tribal Health
Betsy	Gowan	BCDBH
Russ	Hansen	Youth for Change
John "Arias"	Harrington	BCDBH

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Debra	Henley	BC Public Health
Tony	Hobson	BCDBH
Ricky	Hodges	BCDBH
Carol	Johnson	BCDBH
Scott	Kennelly	BCDBH
Ted	Klemm	Youth for Change
Grace	LaTegola	Paradise Unified School District
Pat	LeBlanc	Family/Community Member
Kirk	Lee	Hmong Cultural Center of Butte County
Mike	Little	Club Stairways
Cyndi	Mann	BC Public Health
Bob	Martinez	BCDBH
Cindy	McDermott	BCDBH
Virgie	McGrath	Emma Wilson Elementary/NAMI
Brad	Montgomery	Torres Community Shelter/NAMI
Scott	Palmer	BCDBH Systems Performance Unit
Robert	Preston	Behavioral Health Board/NAMI
Melissa	Romero	BC Probation Department
George	Siler	Youth for Change
Miguel	Silva	Sacramento Diosisi
Waana	Thomas	CCOC/NVCSS
Teng	Vang	BCDBH
Judy	Vang	CCOC
Chao	Vang	BCDBH
Pai	Vang	BCDBH
Sal	Ventura	Behavioral Health Board
Amy	Wilner	BCDBH
Jeremy	Wilson	BCDBH
Daedaly	Wilson	BCDBH
Daren	Wood	Youth for Change
Sue	Xiong	BCDBH
Zong Chia	Yang	NVCSS/CCOC
Seng	Yang	Hmong Cultural Center of Butte County
Scott	Yoder	Youth for Change
Sesha	Zinn	BCDBH

- List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and response to those comments. Indicate if none received.

The 30-day stakeholder review was April 20, 2010 to May 20, 2010. The public hearing was held on May 20, 2010 during a regularly scheduled Butte County Behavioral Health Board meeting. Public comments and responses:

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- i. Thirty-one community members expressed their support of the Homeless Shelter Collaboration during the 30-day review and comment period. A majority of the support cited that providing mental health services to homeless would have an enormous positive effect for the individual and community. Here is a sample of the comments received:
 - “I am writing to support the proposal to provide mental health services for the guests at the Torres Shelter. We know that some persons who are homeless have serious mental health issues that are undiagnosed or untreated, and contribute to their homeless status. We also know that being homeless creates stress and worry that can advance to more serious mental health concerns. Addressing these matters with early and appropriate services can, I believe, help persons who are homeless stabilize their situations, and move to a more promising future. I am hopeful Behavioral Health approves this proposal.”
 - “Any proposal or means to bring behavioral health services to the Torres Shelter would first and foremost benefit shelter guests, but it would also benefit shelter operations and our community at large. I encourage support and funding for bringing needed behavioral health services...”
 - “I understand there is a pending proposal for Behavioral Health to provide services at the Torres Shelter. As this would add another great dimension to our community's ability to help the homeless, in particular, in dealing with their difficult circumstances, the Chico Police Department wholeheartedly supports the proposal. We look forward to ultimate approval and implementation. Thanks for the opportunity to comment.”
 - “I just read the public notice regarding mental health services at Torres Shelter. As a program that often collaborates on services with participants at Torres Shelter, I believe that mental health services at their site are appropriate and warranted. Please accept this email as support for that plan.”
- ii. The plan was reviewed by the Behavioral Health Board Mental Health Services Act Advisory Committee on May 12, 2010. They recommended that the Behavioral Health Board recommend the plan to go forward to DMH and MHSOAC for approval.
- iii. Twenty-six community members signed in at the May 20, 2010 meeting. There were no comments during the Public Hearing. The Behavioral Health Board reviewed and recommended the plan move forward to be submitted to the Department of Mental Health and Mental Health Services Oversight and Accountability Commission (MHSOAC) for review.

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Innovation Work Plan Narrative

Date: 4/20/10

County: Butte County

Work Plan #: One

Work Plan Name: Effectiveness of Services for People Experiencing a Mental Health Crisis

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

1. Increase the Quality of Mental Services, Including Better Outcomes: This project will increase the quality of services by determining what level of treatment and combination of staff and consumer/family member support provides the best outcome for individuals experiencing a mental health crisis. This will allow mental health service centers to improve services resulting in a decrease in the level of recidivism and an increase a sense of wellbeing and control amongst consumers and their families. Fewer and less severe mental health crises will result.

2. Access to Services: Those who are in any part of the process of a psychiatric crisis which is being treated by Crisis Stabilization, the Psychiatric Health Facility, and Residential treatment will be provided with a model of intensive case management and staff, consumer and family member support and assistance, with the goal of engaging the consumer in ongoing treatment and building a supportive network for the consumer. Ultimately this will reduce the incidence of a repeated mental health crisis.

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSa and Title 9, CCR, section 3320. (suggested length - one page)

Issues Addressed:

The on-going problems that will be addressed are:

- Ineffective treatment services for consumers at the beginning and end of a psychiatric crisis experience.
- High recidivism for people who are admitted to the local PHF (Psychiatric Health Facility).

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- Weak connection with local services after a person is discharged from long-term out-of-county hospitalization.
- Medical model crisis services do not have consumers and family members as part of the treatment services.
- Frequent missed follow-up appointments after a crisis event.
- Consumers who experience a psychiatric crisis often feel isolated and alone and are in a vulnerable state making it difficult to reach out.
- Families of adults with mental illness don't have the support they need from other families to be able to understand what the consumer is going through and to take care of themselves so they don't experience extreme stress and become angry, thus being unable to provide appropriate support for their family member with a mental illness.

Target population:

Adults and youth in Butte County who experience a mental health crisis and receive services at the Butte County Behavioral Health PHF, Crisis Stabilization Unit, and/or walk-in crisis services. A total of at least 500 consumers who enter crisis services will be linked with a crisis support team. Services will be provided to those consumers and family members on a voluntary basis.

Description of the Innovation:

A workgroup composed of consumers, family members, staff, and evaluation experts will create various levels of service and study what is the most effective level to reduce the distress of mental health crises, with the goal of reducing recidivism in PHF admits, and reducing stress for families and consumers. This same workgroup will be involved in assessing the implementation of this project and designing changes to services as indicated by data gathered from the project.

We will provide intensive services as a bridge from a mental health crisis to stabilization in the community. A team of behavioral health staff, consumers and family members will provide these services starting at the point of a crisis until the consumer is well connected to ongoing services and established in the community. We will create various levels of service and identify the optimal length of services, frequency of services and the best configuration of the service team.

There are many models of care for people with mental health disorders, such as Assertive Community Treatment (ACT), programs based on California's AB2034 programs for homeless people, forensic mentally ill programs, which provide "whatever it takes" type long term services. There are also several models of intensive case management for those with a mental illness who have experienced a psychiatric crisis. However most of these models including Oklahoma's Department of Mental Health and Substance Abuse Re-Entry Intensive Care Coordination Teams are a collaboration with Corrections departments and serve those with a mental illness and legal issues. We have not found models that use this intensive case coordination combined with consumer/family member support for a brief time surrounding psychiatric crisis treatment. The goal of this innovation program is to identify the most effective level and

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combination of intensive services to alleviate and prevent a future psychiatric crisis. The level refers to the frequency and length of contact and the combination refers to the combination of intensive case management and consumer/family support contacts. Additionally we will try out various staff, consumer and family member configurations for the intensive case management team. Answering these questions will allow behavioral health departments to effectively plan treatment for people who experience a psychiatric crisis. This will decrease recidivism in psychiatric crisis facilities and increase a sense of control and empowerment for consumers going through a psychiatric crisis.

The possible members of the intensive case management team are Behavioral Health staff, consumer staff, volunteers, and family members (both those of the consumer having a crisis and other family members who have experienced a mental illness in their family). We will specifically study the correct mix of the team for the most beneficial outcome in moving from a crisis state to stabilization. We will learn the best membership for the team; i.e. staff and consumers/family members work separately from each other, or they work together; what is the number of each needed to be effective?

We will also learn the best amount of time to provide services which eliminate the crisis, and how frequent and intense the services should be. The team will provide short term intensive services, however the length of "short term" is not yet known.

The inclusion of peers and family members as support to a person having a mental health crisis will be important to this learning project. We will create a network of support for individuals with mental illness to help them transition out of times of crisis and onto paths of stability, recovery, and community integration. This network will be formed by consumers who are well along in their recovery, family members, interns, volunteers, and medical staff members (counselors, clinicians, doctors) who will receive training in providing one-on-one support, assistance, and advocacy for those in crisis. The support network will assist with immediate and short term needs of those in crisis and will serve as an important and effective bridge to programs and support systems that will facilitate subsequent steps to consumers' recovery. An example of the proposed project in action is as follows. Before someone is discharged from the psychiatric hospital, a team of 2-3 non-medical and/or medical persons will be identified that will serve together or separately as an educational and support network for the consumer. Activities of the support team may include a mix of services such as providing a supportive ride-along peer for consumers going to and coming back from out-of-county hospitals, contact and emotional support on a regular basis, following up to assist individuals in making medical and other appointments, and identifying and obtaining additional services which they may need. The benefit of this support network will be seen in reduced demand on crisis services (e.g. hospitals and law enforcement) and improvement to individuals' receiving services.

To include family members in the support team, they will be educated about the mental health system, support services, mental health in general, and how to support themselves and their family members. The NAMI Family-to-Family model will be basis

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for a mini-course which covers these areas for families experiencing a mental health crisis for the first time. In addition a family member support group will be offered for family members who would like to support the consumer in their journey through mental health difficulties. These will be organized and led by consumers and family members, and will offer practical information for those who may not have any experience with mental illness.

General MHPA Standards:

Family Driven Mental Health System: The project will include a family driven mental health system by linking family members more closely with their child or parent (or other family member) during a mental health crisis. We will work with consumers to encourage them to connect with family who want to help, and we will educate families about mental health and the needs of the consumer. Ways to work within the mental health services system will be emphasized.

Consumer Driven Mental Health System: The network of support that will be created for each consumer will include consumers and family members who will work within the mental health system to assure that the consumer viewpoint and needs are brought into the services planning.

Wellness, Recovery and Resilience Focus: By having consumers and family members participate in support to the person experiencing a crisis, the focus will shift from only medical model techniques to those with a wellness and recovery emphasis.

Cultural Competence

Staff will be trained in cultural competence focusing on the different cultural views of psychiatric crisis. Translation services will be available for all consumers as needed and bilingual and bicultural staff will be utilized whenever possible, both in this project and when referring consumers and family members to ongoing services. Consumer and family member documents and educational materials will be translated into Butte County's threshold Languages, Spanish and Hmong. There will be a high level of collaboration with consumer networks and support groups such as NAMI.

Expected Outcomes: We will identify what works optimally to reduce recidivism in mental health crisis services and to stabilize clients into ongoing services.

We will learn what is the best length of time to provide services to move people from a crisis to stabilization. For example, we do not know if 4, 6, or 8 weeks is the correct length of the brief crisis intervention support to be effective in reducing recidivism.

We will have intensive case management teams that have family support and those that do not, to determine the best team configuration. We will create teams which include Behavioral Health staff, consumers, and family members in various configurations, working both as combined team members and peer/family team members working independently from medical staff.

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Our overall desired outcome is to create a reduction in the admissions to the PHF as a beneficial result for individuals, families and the public agencies which operate the PHF. A consumer at the county Behavioral Health Crisis Stabilization Unit (CSU) noted that avoiding an admit to the PHF by using the CSU built her sense of self-esteem and empowerment.

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

The various levels of service will be evaluated to learn the most effective way to provide support to the individual having a mental health crisis. Of particular interest will be to learn the best way to include peers and family members on the intensive case management team. This project will not prevent any consumers from participating in current level of services provided upon discharge from crisis services in Butte County. Additionally, while studying the various levels of service the team will always keep the safety and vulnerability of consumers and family members as the utmost priority in providing service. Therefore, they will not stop services based on artificial study levels when a consumer and family clearly need further service.

The project will possibly change existing mental health practices by learning the best type of active support team. For example, which configuration of staff, consumers and family members will best help people who experience a mental health crisis? Currently the people who provide the support for people leaving the PHF or Crisis Stabilization Unit are mental health clinicians and doctors. It is possible that adding consumers and family members after discharge will increase the likelihood that follow-up appointments are kept and that the consumers' family members will be connected to the case, as allowed by the consumer who is in crisis.

The transportation to out-of-county facilities will change from current use of emergency vehicles and medical transport to vehicles operated by mental health staff, with accompanying family members and/or consumers to talk with the consumer allaying fears and anxieties and providing information and encouragement about the upcoming hospitalization, and the return home.

Another change to existing practice may be that services are provided at an effective level and frequency to keep people from having a repeat crisis. Consumers and family members have suggested that having a support team after a mental health crisis will help prevent another crisis, and keep family members connected to their adult child, or parent, or other family member. We need to learn how long and intense the services should be.

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The project will also introduce new applications or practices/approaches that have been successful in non-mental health contexts. In physical health, the patient is provided with a team of follow-up practitioners and education about their condition, before they leave the hospital. Examples are seen in cardiac care and diabetes. Phone calls are made to the patient, appointments to appropriate care are made, and family members are trained to take care of the patient at home. We will teach the mental health consumer and their family (when allowed) about their condition, the mental health care system, other supportive services, and how to prevent another mental health crisis.

We may model this project on the Senior Companion program of the Senior Service Corps which provides peer support advocacy and companionship to older adults living independently to promote dignity. This will be an adaptation to use with people with mental illness, engaging consumers and families to help other consumers and families.

The questions to be studied are:

1. What is the length of short-term intensive case management that should be provided to avoid a repeat mental health crisis and achieve stabilization?
2. What is the intensity (frequency and number of staff) of intensive case management services that should be provided to avoid a repeat mental health crisis and achieve stabilization?
3. What is the best configuration of the support team for effective services? I.E.-medical staff, family members, consumers.

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates: July 2010-June 2013
MM/YY – MM/YY

Timeline for MHSA Innovation Effectiveness of Services for People Experiencing a Mental Health Crisis	
7/10-8/10	Convene family members, consumers, evaluation experts and staff. Gather input via workgroup/focus groups and individual meetings with consumers and family member who have had an array of experiences from challenging to positive, with moving from crisis services to ongoing services. Have focus groups identify what worked, what didn't work and what would be helpful for consumers and family members in a crisis situation. From these focus groups identify consumers and family members who will be involved in developing components of this service.
7/10- 10/10	Workgroup of consumers, family members, staff, and evaluation

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	experts will develop program components and training plan. Will identify measurement tools and create timeline for periodic review of data with method for applying the knowledge learned to the program. Name a process such as PDSA's (Plan, Do, Study, Act) This process will allow for ongoing adjustment of services provided to ensure that the program evolves in a thoughtful manner when challenges occur. A key philosophy of this program and of training will be that this project will not jeopardize anyone from receiving current exit services and when studying levels of service staff will always provide services determined by the need of the consumer, not determined by an artificial time line designed to study the questions we are asking. This will demand a high level of flexibility and a variety of ways to capture data to answer the questions asked by this project.
12/10-4/11	Recruit, hire and train staff and volunteers
5/11-12/11	Provide services, develop measurement tools, and identify baseline data sources
12/11-4/13	Study past and present years of project
5/13-6/13	Publish journal article and broadcast results locally. Present to regional and statewide conferences.

The first 10 months will be the time of setting up the program and trying out the plan. During the first three months we will convene a group of family members, consumers, staff, and staff evaluation experts to identify the specifics of how we will study this project and exactly what interventions the intensive case management team will use. When the model is developed, it will be implemented for six months to a year. During this time we will develop or identify instruments and methods to be used in the study phase. We will also identify how often to review the data and when to make changes to the project implementation.

After the case management services are established and operational, we will study the services that occurred during the past year. We will continue to study the services during the remainder of the project period, making changes to the project as results are known.

As results are known in the third year of the project, a journal article will be prepared and results of the project will be delivered to local and statewide stakeholders.

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

Project Outcome Question	Project Measurement
1. What is the length of short-term intensive case management that should be	Check charts to compare length of service with point of stability of consumer. Pull

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provided to avoid a repeat mental health crisis and achieve stabilization?	data from Avatar for readmission rates.
2. What is the intensity (frequency and number of staff) of intensive case management services that should be provided to avoid a repeat mental health crisis and achieve stabilization?	Check charts to compare frequency and type of service with point of stability of consumer. Pull data from Avatar for readmission rates.
3. What is the best configuration of the intensive case management team for effective services?	Create various configurations and pull data from Avatar for readmission rates, to determine most effective. Obtain consumer and family member feedback (surveys or focus groups with consumers and family members)
4. Has there been a decrease in readmit rates to the PHF?	Pull data from Avatar and analyze readmission rates.

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

Federal/State Medi-Cal funding will be leveraged in this project. (See budget)

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Innovation Work Plan Narrative

Date: 5/12/10

County: Butte County

Work Plan #: Two

Work Plan Name: Homeless Shelter Collaboration

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

Promote Interagency Collaboration: People who are homeless and mentally ill in Butte County face a fragmented and uncoordinated service array. They often don't know what services are available to them or how to access those services. People who do not receive needed services disproportionately utilize first responder services and cycle through the hospital emergency room, the Psychiatric Health Facility (PHF), and the shelters. Service providers have not coordinated their services systematically. The result is an exorbitant amount of stress for people who are homeless and mentally ill and for the service system. This project will bring agencies together to collaboratively provide services.

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSAs and Title 9, CCR, section 3320. (suggested length - one page)

Issue Addressed: People who are homeless and experience mental illness are more likely to leave shelter services sooner, return more often, and have fewer positive outcomes than people without mental illness. They often require additional emergency and first responder services. Keeping people engaged and in services longer reduces recidivism and increase positive outcomes such as moving onto a more stable living arrangement; securing or maintaining employment; acquiring access to appropriate entitlement programs; and demonstrating their stability with a stay of 30 consecutive days or more in a sober living environment.

Previous research on homelessness and mental illness suggests that on-site integrated services are more effective than referrals, and that engagement in those services is important to successful outcomes. Building on this knowledge, this project will test a

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model using a unique collaboration of departments of Public Health, Behavioral Health, and Social Services to build engagement that can lead to successful outcomes. This particular combination of services provides a support team with behavioral health, medical and financial services that brings these services to the shelters and coordinates with the existing shelter services to provide for a seamless engagement and service experience.

Target Population: Homeless individuals with mental illness who are guests at one or more of the shelters. Based on information from one of the shelters, at least 30% of shelter guests will self-identify as having mental health issues.

Description of the Innovation: This project will assess the efficacy of a unique collaborative model which uses a mobile medical unit combined with follow-up services to address the issues of recidivism and low rates of positive outcomes among people with homelessness and mental illness who seek shelter. A team comprised of a public health nurse, behavioral health clinician, and social services eligibility worker will staff the Department of Public Health mobile medical unit that will visit the one or more shelters twice a week to provide testing and assessment of shelter guests. People requiring further services, such as group support, case management, mental health counseling, preventive health services or health education will receive services at the shelter through a combination of regularly scheduled groups and individual services as needed. Guests needing primary health or dental services would be assisted in accessing local resources.

The Department of Employment and Social Services will help people apply for MediCal. The Department of Public Health will provide medical assessment and clinic services. Behavioral Health will provide a clinician who will provide assessment, run groups at the shelter, and be available for assessments. This project will seek to identify if the combination of these three services provides those homeless individuals with severe mental illness the support they need to move from shelter living to more permanent living situations, and if the combination can lead to increased engagement in services after leaving the shelter. The team, including a shelter case manager, would meet regularly to discuss the individual cases and determine the best course of action. Additionally, the Butte County DBH Mobile TAY team and Mobile Foster team would provide services to youth at the shelter who have MediCal. As guests transition out of the shelter they will continue to utilize these services as needed.

General MHSAs Standards

Consumer & Family Driven Mental Health System

Consumers have requested these services at one of the shelters at regularly scheduled meetings for some time. Consumers were involved in the development of this plan and will continue to be involved during the implementation and evaluation processes of this work plan.

Wellness, Recovery and Resilience Focus

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This work plan will have a recovery model philosophy that will be implemented and shared by three human service fields who will work together as a team. Thus this work plan will teach behavioral health, public health, and social services staff to work as a team utilizing strength based recovery approaches with homeless consumers.

Cultural Competence

Staff will be trained in cultural competence focusing on the unserved and underserved populations in Butte County. Staff will collaborate with staff from other MHSA programs including the African American Family Resource Center and the Promotores Program to increase level of culturally appropriate services. Translation services will be available for all consumers as needed and bilingual and bicultural staff will be utilized whenever possible. Consumer and family member documents and educational materials will be translated into Butte County's threshold Languages, Spanish and Hmong. There will be a high level of collaboration with consumer networks and support groups such as NAMI.

Integrated Service System

Service integration will provide people with easy access to a wide variety of services. Integrating physical & mental health services along with appropriate payer sources would alleviate duplication and decrease delays in receiving services and result in improved health outcomes. The provision of individual and group mental health services will enable the guests to address their issues in a safe familiar environment and will give them the understanding of their condition and the tools needed to be success once they leave the shelter. Their ability to continue to access those services after leaving the shelter will provide a safety net as they attempt to make their way on their own.

Outcomes: Homeless individuals with mental illness who are guests at one or more shelters will increase their utilization of services designed to improve physical and mental health, experience reduced shelter recidivism, fewer hospitalizations or crisis calls to emergency responders, and increase their ability to make their way on their own.

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

The services collaboration will introduce a new model of service collaboration that leads to the seamless integrated delivery of multiple services. It changes the existing approach by providing testing and assessment for medical and behavioral health issues, and eligibility for financial assistance through the mobile van and providing follow-up services at one or more of the shelters, including availability of a behavioral health clinician. Agencies will become aware of each other's strengths and limitation and will more easily find solutions to problems that limit services.

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The hypothesis is that successful outcomes for people experiencing homelessness and mental illness can be achieved through integrated service delivery and follow-up. These services will increase successful outcomes through increased engagement of guests in their recovery and wellness plans, increased length of stay at the shelter to provide time for services to be effective, and seamless access to services.

Specifically, the project will answer the following questions:

- Does the utilization of a mobile van combining behavioral health, social services and public health services for testing and assessment encourage homeless individuals to access follow-up services?
- Does the new service delivery system (on-site & including the collaboration between behavioral health, social services, and public health) increase utilization of services?
- Will outreach services to the shelter reduce hospitalization and/or crisis contacts?
- Will the provision of collaborative services provided by behavioral health, social services and public health keep people at the shelter longer make a difference in outcomes for people with mental illness?
- How does this collaborative approach to service combining behavioral health, social services and public health increase the length of stay at the shelter
- Is there a reduction in shelter recidivism?

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Dates	Implementation Timeline
7/10-8/10	Gather consumer and family member input via workgroup/focus groups and individual meetings with consumers to identify what consumers see as valuable components to this project. From these focus groups identify consumers and family members who will be involved in developing and evaluation this project.
7/10- 10/10	Workgroup of consumers, family members, staff, and evaluation experts will develop program components and training plan. Will identify measurement tools and create timeline for periodic review of data with method for applying the knowledge learned to the program. Name a process such as PDSA's (Plan, Do, Study, Act) This process will allow for ongoing adjustment of services provided to ensure that the program evolves in a thoughtful manner when challenges occur.
7/10 – 8/10	Identify/hire staff, develop MOU's, identify baseline data sources, develop program assessment with stakeholder inclusion
8/10	Services begin
2/11	Begin ongoing, six-month evaluations to include shelter guest feedback
8/11	Annual review

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4/13-5/13	Evaluate program and present to stakeholders
5/13-6/13	Determine efficacy and feasibility of replication of model, dissemination of results
5/10 – 8/10	Planning: identify/hire staffing, develop MOUs, identify baseline data sources, develop program assessment with stakeholder inclusion
8/10	Services begin
2/11	Begin ongoing, six-month evaluations to include shelter guest feedback
8/11	Annual review
4/13-5/13	Evaluate program and present to stakeholders
5/13-6/13	Determine efficacy and feasibility of replication of model, dissemination of results

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

Project measurement will include, but not be limited to the following:

Project Outcome Question	Project Measurement
1. Efficacy of collaboration	Evaluated based on collaborating agencies providing ongoing feedback coupled with surveys on an annual basis.
2. Shelter recidivism rate	Evaluated by the frequency of returns to the shelter
3. Average lengths of stay at the shelter	Evaluated by the number of days guests remain at the shelter
4. Reduction in first responder involvement with shelter guests over a six month period of time	Evaluated based on system feedback with collaborating agencies over a six-month period of time
5. Is the program improving or sustaining the functioning of the guests?	Evaluated by the previously identified measures in addition to staff /clinician reports of guests' mental health status
6. Is the project meeting the needs of the shelter guests and community?	Evaluated based on focus groups and surveys

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

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Innovation Work Plan Narrative

Date: 5/12/10

County: Butte County

Work Plan #: Three

Work Plan Name: Early Intervention Systems for Youth Task Force

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

Promote Interagency Collaboration: This project will establish a county-wide multi system collaboration that will create and expand links among youth, mental health providers, schools, family resource centers and other agencies that work with youth. The collaboration will bring together mental health providers, school based programs, community based programs, and youth to assess the youth mental health early intervention continuum of services, explore and determine an effective model for services, and develop a plan of recommendations to address the gaps in services, a sustainability plan, and identify training needed to support the recommendations.

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

Issue Addressed: Many youth who would benefit from school based services are not identified, or if identified, do not receive services in a timely fashion, and develop more severe illnesses. When youth fall through the cracks in the early stages of mental illness the youth, their families, and the community pay higher economic, social, and emotional costs later. During the past 30 years, there have been collaborative assessments conducted to determine the need for school and community based youth alcohol and drug services and mental health services. Within the past several years, school based mental health services were identified as a priority by the community during the MHSA planning processes, which included youth and family members as participants, and in 2008 a group of school based early intervention counselors identified this critical need during the input process for the Meth Prevention Plan of the Butte County Meth Strike Force. This input process included input from youth who had been impacted and detained by children services due to meth use in their family. Currently, Behavioral

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Health does provide some level of these services in K-12 schools throughout the county to students who qualify for Medi-Cal. School based staff provide the identification, pre-screening, parent contact, and follow-up to ensure that these students are connected to these services. Capacity of school staff to provide this support for Behavioral Health Medi-Cal Services is limited.

To date, there has never been a county-wide multi system collaborative process to address the issues these assessments identified, nor have youth been an integral part of the process.

Target Population: The project will test a collaborative model that involves youth in the development of a plan to address the mental health early intervention needs for at-risk youth from Pre-Kindergarten through 12th grade in Butte County.

Description of the Innovation: The Early Intervention for Youth Task Force will develop a county-wide multi system collaborative process to assess the level of youth mental health early intervention continuum of services, explore and determine an effective model for services, and develop a plan of recommendations to address the gaps in services, a sustainability plan, and identify the level of training needed to support the recommendations. This proposed study of the continuum of care system in Butte County for youth will be innovative through the inclusion of youth consumers as stakeholders in the process.

There are examples across the nation of mental health and other systems coming together to provide a continuum of mental health services for youth. The Humboldt County Transition Age Youth Collaboration involves youth and their experiences to make recommendations for service improvement in systems such as mental health, homelessness, foster care, juvenile justice and others. Butte County Children's Services Coordinating Council in the past ten years has conducted an assessment to determine alcohol and drug services continuum for youth. The Safe Schools/Healthy Students Grant for four Oroville Area school districts 2005-2009 conducted a study of Mental Health Services for youth and their families, including where and who youth were referred to, in the Oroville area. The Butte County Office of Education and Behavioral Health Prevention Unit has involved youth over the past ten years to provide input on youth violence issues, underage alcohol use, and how to effectively develop youth and adult partnerships. What is different about the Butte County Early Interventions System Task Force is its focus on mental health prevention/education, intervention, and treatment related services, with the intention to develop a county-wide collaborative model to be used across multiple county systems that includes youth to define and recommend a continuum of early intervention services.

The Safe Schools/Healthy Students Grant Initiative has provided some examples of school and mental health partnerships providing school and community based services. The Alliance for Inclusion and Prevention non-profit in partnership with Boston Public Schools has a model called Connecting with Care as another example. The UCLA Center for Mental Health in Schools published a document in 2008, *Community*

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Schools: Working toward Institutionalization and Transformation that includes a quote "Formal agreement on mutually desired results expands stakeholders learning". The same document reflects the collaborative process and barriers to success.

While the above examples engaged upon a collaborative process to develop a continuum of care service system, there was not clear evidence of at what level the developed system had been institutionalized in terms of formal policy that reflected a commitment of stakeholders to acknowledge agreement on a shared system and how to sustain the collaborative system process. The proposed Butte County Continuum of Care for Youth Task Force will establish a county-wide multi-system collaborative process to assess the Continuum of Care system for youth mental health services using the two models described above to create an adaptation focused not on specific services but the development of the collaborative process including youth consumers. The Task Force will explore how the innovation of focusing on establishing the collaborative process, including youth, instead of specific services, will transform and institutionalize increased collaboration ultimately resulting in better access to services. Youth will be trained in the two models above so that they can be equal partners at the table, while assessing services provided for youth and making policy recommendations to address identified gaps in service. Youth will present the findings of this task force to a variety of county and educational leaders in the area of youth services. Youth will be encouraged to use a variety of media and traditional format of recommendations to present the ideas of this task force. The Task Force process will include an assessment of the continuum of services using identified models mentioned, a gap analysis both of services and collaboration efforts, develop a plan of policy recommendations to address identified gaps and sustainability of the collaborative process, and identify the level of training needed to support the recommendations.

Incentives will be provided to youth participating in proposed planning processes and/or focus groups.

The Early Intervention for Youth Task Force would be co-convened and co-facilitated by Butte County Office of Education and the Youth Division of the Department of Behavioral Health. Task Force stakeholders will include but not be limited to: Butte County Office of Education, Butte County School Districts (who have already indicated interest in this strategy), BCOE Child Development Program and Services, Valley Oaks Children Services, Behavioral Health, Behavioral Health school based contractors i.e. Youth for Change, Northern Valley Catholic Social Services, Butte County Social Services and Probation, and colleges i.e. Butte College and CSUC.

General MHSA Standard: All MHSA Standards will be applied in this project.

Community Collaboration is key to the project which will test a model of collaboration that emphasizes youth involvement and engagement in assessment and policy making. Cultural Competence will be assured through the inclusion of diverse communities in the collaboration. Client/Family Driven Mental Health System will be addressed through the inclusion of client and family members in the collaboration. The Task Force will bring together youth, mental health, schools, and community based organizations to develop

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recommendations that will establish procedures for an effective early intervention system. The development of that system will lead to an integrated service experience grounded in a wellness, recovery, and resilience focus for youth.

Expected Outcomes:

1. Test a model for youth involvement and engagement in a collaborative process used to create policy and service recommendations.
2. Develop an Early Intervention Action Plan that includes recommendations to address gaps including resource development and evaluation indicators to assess effectiveness of an early intervention system.
3. Develop dissemination plan of the Action Plan findings for critical stakeholders including youth.
4. Conduct a county-wide workshop in which youth are involved in both planning and presentation to discuss the Action Plan and involve a broader range of stakeholders to become involved in exploring next steps to address recommendations.

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

The Continuum of Care for Youth Task Force will contribute to learning through exploring how the inclusion of youth in a collaborative process to develop and establish policy for a continuum of care for youth mental health services will affect the collaborative effort, access to services, and the intractable problem of barriers to true collaboration across mental health youth serving organizations. The Continuum of Care for Youth Task Force is interested in and will document the level of organizational learning that will take place through the stakeholders involved in the process i.e. will the individual stakeholders involved in the process as representatives of organizations be able to transfer their learning to their organizations that would result in formal cross systems policy.

Questions:

- 1) How can the development of the collaborative task force process improve collaboration resulting in formal policy and improved access to services?
- 2) How will the inclusion of youth consumers affect the process?
- 3) How will individual stakeholders' learning from participating in the process be transferred to organizational learning?

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

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Implementation/Completion Dates: 8/10-7/11
MM/YY – MM/YY

8/10-9/10	Develop recruitment strategies for stakeholders
8/10-10/10	Develop initial collaborative model to include additional recruitment, strategies to prepare and support youth participation, schedules that take into account youth school hours; convene stakeholders to meet monthly for 2 hrs for one year
9/10-12/10	Develop and conduct and assessment of current early intervention services both school and community based (first and second quarters of the project)
11/10-1/11	Review data from the assessment and determine gaps in the infrastructure; research best practices to provide guidance towards developing consistent “principles and procedures” for an effective early intervention county-wide system (second quarter of the project)
2/11-4/11	Develop recommendations and an Early Intervention Services for Youth Plan that includes a resource development and evaluation components to assess effectiveness of services and collaboration. Develop and implement a plan to disseminate the Early Intervention Services for Youth Plan to identified stakeholders including youth. (third quarter of the project)
2/11-7/11	Research, develop, and submit at least one proposal for funding to support the Plan’s recommendations. (third and fourth quarter of the project)
5/11-7/11	Develop and provide a county-wide workshop that will highlight the plan and provide opportunities for discussion to explore a broader collaboration. (fourth quarter of the project)
5/11-7/11	Develop next steps to sustain the information sharing process and update the Early Intervention Services for Youth Plan including evaluating the progress of recommendations. (fourth quarter of the project)

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

Project Outcome Question	Project Outcome Measure
Does the collaborative task force process result in formal policy and improved access to service?	Evaluated by stakeholders’ ongoing feedback. Submittal of policy implementation and survey evaluating access to services at end of one year period
Does the inclusion of youth affect the process?	Evaluated by focus group and/or survey of task force and youth at six month intervals
Will stakeholders successfully transfer learning experience to organizational learning?	Evaluated by focus group and/or survey identifying formal cross systems policy at end of one year period

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An assessment of services will be included in the process. A research review form will be developed to capture learning from models to be discussed. The Early Intervention Services for Youth Plan will include a description of the Task Force process including processes implemented to obtain information and prioritization processes to determine recommendations. The Plan will also include recommendations for evaluation methods to determine the effectiveness of the recommendations as they are implemented.

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

It is estimated that an additional quarter time of the BCOE and BDCBH staff person assigned to the project will be matched. The results of the Early Intervention Services for Youth Task Force will be most useful in developing grant applications in support of recommendations. There Task Force process will include recommendations regarding how current funding can be leveraged to support a more effective cost efficient system.

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Innovation Work Plan Narrative

Date: 4/20/10

County: Butte County

Work Plan #: Four

Work Plan Name: Therapeutic Wilderness Experience

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

Increase the Quality of Services, Including Better Outcomes:

Identify if providing community based therapeutic wilderness experience with family involvement and intensive aftercare creates better outcomes for youth and their families.

Promote Interagency Collaboration:

The program will link youth with a variety of organizations which work with youth such as Boys and Girls Clubs, Big Brothers, Big Sisters, Foster Family Agencies, Stonewall Alliance, Youth for Change and educational connections to local colleges. To help young people continue to participate in outdoor activities, they will be helped to join organizations which focus on outdoor and leisure activities; such as river rafting, kayaking, rock climbing, backpacking, and camping.

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSOA and Title 9, CCR, section 3320. (suggested length - one page)

Issue addressed:

The intractable problem that this Innovation will address is long-term out of home placement for teenagers. These youth use public and private services at a much higher rate than youth who remain at home. They become "high end users" causing a great expense to the social service system. Problems continue into adulthood, negatively affecting their own children, criminal justice services, and health systems. One intervention that seems to have promise with this group is Therapeutic Wilderness Experiences. However these programs are expensive and hard to access and the weak links in these type of programs are family involvement, and aftercare. Youth often return

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home after a transformation experience unable to put into practice what they learned in the wilderness. The youth's family has not had a transformational experience and is frustrated by the youth's past behavior and has a hard time trusting the youth and supporting the changes the youth has made. The youth's community is the same and there are no other youth that have gone through a similar experience that can form a support network. This project will address the lack of family and community involvement in Therapeutic Wilderness Experiences

Target population: Teenagers who are at risk of out of home placement. A total of 36 youth and their families will participate annually. During the three year program period at least 90 youth and their families will enter the program. Young people will be identified throughout all agencies that work with youth, including Youth Services of the Department of Behavioral Health, State Adoptions, Social Services, and Probation.

Description of the Innovation:

Therapeutic Wilderness Experiences for youth are not new. There are a wide variety of programs with vastly different wilderness experiences and philosophies. The one thing they all seem to have in common is that they pluck the youth out of their community and take them to a place that is literally on another planet, away from their community; their home, and their surroundings. Though some programs offer family services and aftercare, they are usually limited and far away, making them mostly inaccessible. The innovation that Butte County would like to test out is including family members within the intervention, having community based aftercare which includes wilderness experiences; and that the group members will come from the same community and have a built in local support system for both the youth and families.

Phase One: Preparation and evaluation of need. Youth and their families will meet with staff to learn about their situation and their expectations and goals for the program. All agencies that have worked with the youth will be interviewed to enhance information about the background and add ideas for best ways to help the youth and family. A plan will be developed specific to each youth.

Youth will begin training on how to live in the outdoors, and how to participate with a group of young people, including work on their individual goals. Mental health needs of the young people will be met by clinical staff and counselors on both an individual and a group basis. During this phase a brief orientation period will be followed shortly by the 20 day trip of Phase Two.

Phase Two: Intensive Therapeutic Wilderness Experience. A small group of youth will live in the out-of-doors for 20 days. During this time the activities will include backpacking, rock climbing, orienteering, wilderness survival, mountain climbing, ropes courses, team building, Therapeutic treatment will be woven into all activities, with debriefing and problem solving taking place daily. The group will develop their own traditions and rituals based on Native American Culture and the viewpoint of seeing the creator in all good things. The program will use metaphors of the wilderness and their journey such as 'walking forward' and 'walking backwards' to relate to their life in the

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wilderness. Staff will be leaders on the journey and will experience the same daily living situations that the youth do. Youth will meet one-on-one with staff to uncover their personal needs, challenges, and learning. During the 20 days, family members will join the youth for an extended time just prior to graduation from this phase. Additionally the parents will be a part of their own therapeutic interventions during the 20 day period the youth is in the wilderness. This will include partaking in a group with parents of other children in the program; learning the traditions and culture of the wilderness; writing specific letters to their children; learning about the concepts put forth in the *Anatomy of Peace* published by The Arbinger Institute and how they relate to parenting; Identifying the relational foundation of parenting and how to most effectively parent a child who comes home after having a transformational experience. *The Anatomy of Peace* is one of the few books, which explores the impact of a child going through a wilderness experience from the parental point of view. The concepts in this book will be a guide to developing tools, materials, and exercises for parents that are concrete, understandable, and that can begin to be implemented when the child is in the wilderness experience phase of this project. When developing these tools parents will be consulted and the cultural competence of the tools will be evaluated.

Phase Three: After-care. Following the 20 day intensive outdoor living phase, young people will return to their homes where they will resume activities, in school, with families, and in the program. They will do work within small groups and individually to discover what was learned and how to take it forward into life's everyday challenges. This time will focus on connecting youth with natural support systems in their communities, schools, and families. Families will frequently participate in this phase, working both together and as individuals to move forward with their personal and family goals. Wilderness events for families and youth will take place. Youth and families will be assisted to join organizations which help them continue in outdoor activities, and other recreational events close to home. Membership fees and equipment will be provided when needed.

General MHSA Standards:

This program will embody all MHSA standards

Consumer and Family Driven Services

Youth and family input will be a key component of program development. Furthermore youth and family input will be built into each phase of the program. A key component of this service is to have a high level of family involvement.

Wellness, Recovery, and Resiliency, Focused

This is a strength based therapeutic Wilderness Program which promotes recovery and wellness. This is not a 'boot camp' type wilderness program. The youth and family member will move forward at their own individual pace. Psychological and physical growth and achievement of milestones will be acknowledged in a variety of ways. The philosophy of the program will look at the strengths each youth and family member brings with them and will emphasize moving hearts and minds to focus on the family strengths and love within the family.

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Community collaboration will be included in the development of the program; in identifying youth that are at risk of out of home placement and will be a significant feature of the aftercare phase of the program.

Cultural Competence

Participants will learn to value and honor their culture and other cultures as they live and learn from a Native American Perspective of the wilderness. As the program develops participants will identify ways to recognize and acknowledge their strengths and their family strengths, this will include identifying how their individual culture has impacted their life. The program philosophy will highlight the honoring of all people and families and include discussion of the importance of family culture and traditions. Additionally, staff will be trained in cultural competence focusing on the unserved and underserved populations in Butte County. Staff will collaborate with staff from other MHSA programs including the African American Family Resource Center and the Promotores Program and the GLBTQ Suicide Prevention and Education program to increase the level of culturally appropriate services. Translation services will be available for all consumers as needed and bilingual and bicultural staff will be utilized whenever possible.

Consumer and family member documents and educational materials will be translated into Butte County's threshold Languages, Spanish and Hmong. There will be a high level of collaboration with consumer and family networks such as NAMI.

Integrated Service Experience

Having the family involved as a vital part of this program will decrease a long standing barrier of having family and youth involved in the same program, addressing issues as a team rather than splitting them up to address issues. The aftercare program will ensure that the services last beyond the 'peak experience' in the wilderness and that they are integrated into daily life.

Expected Outcomes

Youth and families who participate in the therapeutic wilderness program will stay together as a family without the Youth going into placement. Members of the family will have developed a local support system and will be able to implement changes learned in the wilderness into everyday life.

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

"Wilderness" programs are typically only available at high cost, out of state, with long-distance family participation, and exclude the home community of the participants. The Butte County program will take place in Butte and nearby counties, integrate family members during all phases of the program, and incorporate the home community's

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natural support systems as the key resource to establish youth on a new path after the program ends.

The questions to be studied are:

- Will a community based therapeutic wilderness program allow at-risk youth at to successfully implement what they learned in the wilderness at home?
- Will family involvement provide the foundation necessary for the youth to live at home after the wilderness experience?
- Will a community based support group increase family and youth functioning satisfaction after the wilderness experience is completed.
- What aspects of family involvement work best? According to whom? Youth parents, siblings
- Are there different types of family involvement that work better with different cultures
- Will there be other impact on family other than the youth involved in the program?

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates: July 2010-June 2013
MM/YY – MM/YY

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Timetable for MHSA Innovation Outdoor Wellness Program	
Dates	Implementation Timeline
7/10-8/10	Gather consumer and family member input via workgroup/focus groups and individual meetings with consumers to identify what consumers and family members want to develop and include in this program. This will include level and type of family involvement and identifying level of pre-wilderness training for youth, and level of staff training needed to provide necessary safeguards for consumers and family members participating in wilderness experiences
7/10 – 11/10	RFP for contractor, develop MOUs, identify staff, identify baseline data sources
11/10 – 4/11	<p>Program is development and implementations:</p> <ul style="list-style-type: none"> • A workgroup including youth and family members, staff, and evaluation experts develop program details including level and type of family involvement. • Program philosophy and youth and family therapeutic components developed. • Field test portions of the program. • Program policies and procedures developed with an intentional focus on developing the necessary safeguards for youth and family participating in wilderness experiences. This will include requiring the necessary level of staff training and certifications (ie first aid; how to live safely in the wilderness etc.) • Evaluation procedures are refined and measurement tools and evaluation timeline developed
4/11	Phase One of first group starts.
5/11	Phase Two of first group starts
6/11	Phase Three of first group starts
5/11 – 6/11	Evaluate program aspects and make adjustments
7/11	Second groups begin program with adjustments based on evaluation of first group.
7/11	Phase 3 ongoing with members of group one and two.
7/11-ongoing	Evaluate program aspects after each group finishes the initial phase three program and make adjustments
6/11- 5/12	Two groups of youth will complete the program.
6/12 – 5/13	Two groups of youth will complete the program.
Annually	Evaluation of all groups, report preparation, determine efficacy and feasibility of replication of model, local broadcast of results
5/13 – 6/13	Final evaluation will be completed. Report will written to highlight lessons learned; suggestions for further study; and an outline for program replication. This report will be disseminated through MHSA statewide and regional collaborations and will be submitted for presentation at conferences.

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Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

Project Outcome Question	Project Measurement
1. Participants will experience a reduction in out of home placement; Increased school achievement; and, reduction in first responder involvement with youth over a six month period of time.	Evaluated through the implementation of focus groups and surveys
2. Aftercare activities will increase participants involvement in aftercare activities will re-enforce changes made during the wilderness experience.	Evaluated through the implementation of focus groups and surveys.
4. Participants able to integrate lessons from the wilderness experience into their daily lives.	Evaluated through the implementation of focus groups and surveys. Evaluated through feedback and data provided by program staff.
5. Participants, both youth and family experiencing better functioning and higher satisfaction as a result of the program?	Evaluated based on focus groups and surveys.

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

Federal/State Medi-Cal funding and State Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) funding will be leveraged in this project. (See budget)

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Innovation Work Plan Narrative

Date: _____

County: Butte County

Work Plan #: Five

Work Plan Name: A Community Based Treatment for Historical Trauma to Help Hmong Elders

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
 INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
 PROMOTE INTERAGENCY COLLABORATION
 INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

1. Increase Access to Underserved Groups: We have identified that older Hmong people who are survivors of war trauma and violence in refugee camps experience trauma related mental health symptoms. They have not previously chosen to access mental health services because of stigma, misunderstanding and mistrust of services, and their own illness. We will reach out to Hmong trauma survivors aged 50 and older who experience trauma related symptoms. In addition to overt anxious symptoms, these symptoms often manifest in isolating themselves from family members and staying at home feeling useless and hopeless.
2. Increase Quality of Mental Health Services, Including Better Outcomes: While we do have a small number of older Hmong consumers in county mental health services, we have not been able to reach most older Hmong people who are isolated and experience mental health problems due to trauma. Our existing services do not meet their needs in that progress towards reducing mental health symptoms is very gradual. By providing trauma services that are culturally and age relevant, we will improve the quality of life and mental health of these older Hmong people.

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSAs and Title 9, CCR, section 3320. (suggested length - one page)

Issue addressed: Older Hmong people are the most likely to suffer from the trauma of being forced from their homes and way of life at the end of the Vietnam War. After the fall of Saigon, many Hmong escaped Laos due to fear of prosecution because they had

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assisted the United States (U.S.) during the Vietnam War and over a million resettled in the U.S. between 1975 and 2004. Many faced trauma, torture, rape and starvation in Laos or in refugee camps prior to leaving Southeast Asia. As a result, the Hmong community suffers extremely high rates of mental health disorders, i.e., posttraumatic stress disorder, anxiety, depression, etc. (University of California Irvine Southeast Asian Archive, 1999). The Hmong's transition from a simple agrarian lifestyle, based on strong cultural traditions to the fast paced technological industry of the western culture has resulted in extreme cultural adjustment issues among this population, especially the elders (Mouanoutoua and Brown, 1995). The unresolved trauma has often torn apart their connections to themselves, their families, their friends, and their cultural communities. In Butte County, public mental health services have been delivered to only 64 Hmong elders out of a population of 10,000 Hmongs. The distrust, stigmatization, anxiety, and shame that often result from unprocessed trauma make it difficult for trauma survivors to seek help, and are amplified by the cultural and linguistic barriers of accessing services from a county agency. They stay isolated at home and/or have developed an unhealthy attraction to gambling in local casinos.

Target population: We will serve Hmong trauma survivors living in Butte County aged 50 and older. They will have symptoms of unresolved trauma due to their exposure to many years of war trauma and additional post-war trauma in refugee camps and in the U.S. as they tried to create new homes.

Each year 80 Hmong trauma survivors will participate in the Western services treatment component using Trauma Recovery Empowerment Model groups (TREM services, as well as other services as selected by the consumer). Each year approximately 250 additional family members of those receiving will participate in the Hmong indigenous activities that address trauma.

Description of the Innovation: This project will help older Hmong trauma survivors to address war trauma and to regain a sense of purpose and respect for themselves. Many programs towards Hmong have tried to address isolation and cultural transition issues such as Los Promotores in Fresno County using community health workers. However, there has not been a focus on addressing trauma utilizing both Western and cultural practice. We will adapt a practice based evidenced model developed by the Cree Tribe in Manitoba to treat historical trauma known as Paving The Red Road to Wellness, to be culturally relevant to older Hmongs.

The local program called A Community Based Treatment for Historical Trauma to Help Hmong Elders, combines three concentric circles of services to nurture a supportive community for Hmong elders with historical trauma: Western services that have been successful with trauma adapted for the Hmong population; Hmong spiritual practices that focus on healing trauma; and Hmong cultural practices focusing on skills needed for trauma recovery and empowerment. These services will be provided by Hmong clinicians and Hmong Wellness staff members (Hmong counselors, Hmong peer partners, or Hmong healers). These services will be provided to the extent possible in Hmong community settings including the Hmong Cultural Center. Western services will

EXHIBIT C

include group therapy addressing trauma using the Trauma Recovery Empowerment Model. The Trauma Recovery Empowerment Model has been adapted for the Latino Culture as “Saber es Poder” but has not been adapted to the Hmong culture and language. Indigenous Hmong spiritual practices will include: healing ceremonies, practices led by shamans, drum ceremonies, singing ceremonies, story time and Qheng ceremonies. Indigenous Hmong cultural and recreational activities to build skills will include community gardening, fishing, group exercise (Thai Chi), and sewing/embroidery. These activities will focus on the skills that they develop and how they address trauma. For instance, traditional Hmong sewing/embroidery tells a story and can help embroiderers and viewers of the artwork to become aware of the trauma and the path towards recovery. The program will include an outreach component including some accompanied transportation to services to help break down cultural, linguistic and stigmatization as well as the fear of reaching out for services that many trauma survivors experience.

General MHSA Standards:

Key MHSA Standards to be applied in this project are:

Consumer and Family Driven Program: The purpose of the project is to address the specific needs of Hmong elders who have experienced trauma. This is a population that is often hidden and misunderstood outside of the Hmong community and also within the Hmong community's younger generations. In this project it will be especially important to not only listen but to deeply understand the cultural and psychological impacts of trauma on the individuals in the project. The older Hmong participants will participate in the project by sharing their skills, stories, healing practices with others in the project. They will give input as the program progresses to help understand the real impacts of the project. One of the goals of the project is for elders to feel more satisfied among family members of other generations. One of the challenges being addressed is the fact that the Hmong community is fractured within the family structure, with older people having a completely different cultural identity than younger people, due to the loss of homeland and the erosion of original cultural values. All family members must be included in the project implementation to help achieve this goal. The entire family will be included in the evaluation component by having family members participate in focus groups, and for young people this may include using electronic technology for input if better response will result.

Community Collaboration: All agencies and organizations which have special ability to serve Hmong people will be involved to assure that participants feel comfortable and welcomed in the services. These include the Hmong Cultural Center, Lao Veterans of America, and Oroville United Hmong. Agencies which will be involved will be the county Behavioral Health program Connecting Circles of Care, Butte County Behavioral Health adult services, Passages (for seniors), Los Promotores (an MHSA PEI program), and Public Health. We will engage traditional healers and shamans as a component of the program to help elders overcome trauma and emotional stress using methods comfortable to them.

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Cultural Competence: The foundation of the project is using cultural practices and services to address the specific trauma experienced by Hmong people to make positive changes in their lives. Hmong staff will be predominant, Hmong language will be spoken, and cultural understanding will be a necessity for everyone involved in the project.

Wellness, Recovery and Resilience Focus: The outcomes of the project include empowerment, increased self-esteem, self-worth, individual problem solving, and more participation in family and community activities. Staff will be trained to work with survivors of historical trauma, attending to four aspects of the person: physical, emotional, mental, and spiritual. Hmong elders have proven to be resilient in many aspects of their lives. The tremendous losses they have experienced during and since the Viet Nam war have resulted in a wavering in that ability to be resilient, especially in their mental health. A key question that will be asked is not "What is wrong with you?" but rather "What has happened to you?"

Integrated Service Experience: As stated in the "Community Collaboration" section, we will work with other agencies that have the ability to serve Hmong elders, particularly those having language capacity and culturally adapted services. This collaboration will lead to a cohesive integrated service experience for participants.

Expected Outcomes: Older Hmong trauma survivors will resolve unresolved trauma which they will demonstrate the following wellness and recovery factors:

- Regain their self-worth and personal value
- Experience the ability to go about their day with reduced symptoms of trauma related mental health symptoms
- Establish self-esteem
- Engage more in healthy activities outside the home
- Feel more satisfied among family members of other generations
- Laugh more

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

This project will introduce a new application or approach that has been successful in a non-mental health context. This project adapts a successful program, Paving the Red Road to Wellness (Community Based Treatment for Historical Trauma in the Native American community) to treat Native Americans with Historical trauma and substance issues to serving Hmong American elders (adults 50+) who are trauma survivors. In addition to many of the spiritual and cultural practices of Native American and Hmong

EXHIBIT C

communities sharing many commonalities, both groups have suffered high amounts of historical and intergenerational trauma.

A Community Based Treatment for Historical Trauma to Help Hmong Elders will contribute to learning as it seeks to answer these questions:

- 1) How important is it to address unresolved trauma to address mental health symptoms in Hmong elders (most programs for Hmong elders have focused on either treating depressive symptoms of isolation, sadness, and hopelessness that may be caused by unresolved trauma or the programs have reducing cultural barriers using community health workers similar to a Los Promotores type model)?
- 2) Can the Paving the Red Road to Wellness Model be adapted for Hmong Americans to treat historical and intergenerational trauma in Hmong Americans?
- 3) Can Hmong cultural practices be integrated with western trauma treatments to more effectively reduce trauma symptoms?
- 4) Are Hmong cultural healing practices effective in reducing trauma symptoms and dysfunctional coping strategies such as gambling addiction and substance abuse as well as demonstrate wellness in regained self-worth and personal value, improved self-esteem, more engagement in healthy activities outside the home, feel more satisfied among family members of other generations, and laugh more

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates: July 2010-June 2013
MM/YY - MM/YY

Timetable for MHS A Community Based Treatment for Historical Trauma to Help Hmong Elders	
9/10 – 11/10	Meet with Hmong community to gather input into program design and finalize program components and implementation process based on Hmong community, family and elders' needs.
7/10 – 11/10	County budgeting component in place, RFP for contractor, develop MOUs, identify and train staff, identify baseline data sources
11/10	Program begins
12/10-11/12	Ongoing services for Hmong elders, length of service based on individual needs
2/11-5/11	Develop program assessment design with stakeholder inclusion
12/12-4/13	Study program effectiveness
4/13-6/13	Prepare report, determine efficacy and feasibility of replication of model, local broadcast of results, communication with Hmong centers around CA

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All aspects of the project will involve the Hmong community-the Hmong Cultural Center, Hmong elders, spiritual leaders, veterans, and family members. Key to the success will be hiring Hmong people to provide services. Currently a number of Hmongs work with county Behavioral Health services, and a strong connection has developed with the Hmong Cultural Center so locating these people has begun. An important component of the start-up period will be training to assure that methods targeting trauma are understood and can be realistically delivered.

Because word of services travels quickly in the Hmong population, it will be important that a clear message and consistent need-based services are delivered. If the services are initially accepted, it will be easier to attract more elders to the program. Care and time will be taken during startup to be certain of the suitability of culturally relevant services and approaches.

Because California has many Hmong populations, especially in the Central Valley, the results of this project will be shared with the statewide network of Hmong centers and organizations. This will occur when the results are known and documented.

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

Project Outcome Question	Project Measurement
1. Does addressing unresolved trauma in Hmong elders who are trauma survivors reduce trauma related mental health symptoms?	Evaluated through the implementation of focus groups and surveys with consumers and family members. Evaluated based on feedback and data provided by program staff.
2. Does adapting the Paving the Red Road to Wellness produce effective treatment for Hmong elders who are trauma survivors?	Evaluated through the implementation of focus groups and surveys with consumers and family members
3. How effective are Hmong cultural practices in addressing unresolved historical trauma in Hmong elders?	Evaluated through the implementation of focus groups and surveys with consumers. Evaluated based on feedback and data provided by program staff.
4. Is the project meeting the needs of the elders and their families?	Evaluated through the implementation of focus groups and surveys with consumers and family members.

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

Federal/State Medi-Cal funding will be leveraged in this project. (See budget)

EXHIBIT D

Innovation Work Plan Description

County Name	Annual Number of Clients to Be Served (If Applicable)
<u>Butte County</u>	<u>500 Total</u>
Work Plan Name	
<u>Effectiveness of Services for People Experiencing a Mental Health Crisis</u>	

Population to Be Served (if applicable):

Adults in Butte County who experience a mental health crisis and receive services at the Butte County Behavioral Health PHF, Crisis Stabilization Unit, and/or walk-in crisis services.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

We will create various levels of service and study what is the most effective level to reduce the distress of mental health crises, with the goal of reducing recidivism in PHF admits, and reducing stress for families and consumers.

We will provide intensive services as a bridge from a mental health crisis to stabilization in the community. A team of behavioral health staff, consumers and family members will provide these services starting at the point of a crisis until the consumer is well connected to ongoing services and established in the community. We will create various levels of service and identify the optimal length of services, frequency of services and the best configuration of the service team.

The goal of this innovation program is to identify the most effective level and combination of intensive services to alleviate and prevent a future psychiatric crisis. The level refers to the frequency and length of contact and the combination refers to the combination of intensive case management and consumer/family support contacts. Additionally we will try out various staff, consumer and family member configurations for the intensive case management team. Answering these questions will allow behavioral health departments to effectively plan treatment for people who experience a psychiatric crisis. This will decrease recidivism in psychiatric crisis facilities and increase a sense of control and empowerment for consumers going through a psychiatric crisis.

EXHIBIT D

Innovation Work Plan Description

County Name	Annual Number of Clients to Be Served (If Applicable)
<u>Butte County</u>	<u>100</u> Total
Work Plan Name	
<u>Homeless Shelter Collaboration</u>	

Population to Be Served (if applicable):

Homeless individuals with mental illness who are guests at one or more of the shelters.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

This project will assess the efficacy of a unique collaborative model which uses a mobile medical unit combined with follow-up services to address the issues of recidivism and low rates of positive outcomes among people with homelessness and mental illness who seek shelter. A team comprised of a public health nurse, behavioral health clinician, and social services eligibility worker will staff the Department of Public Health mobile medical unit that will visit the one or more shelters twice a week to provide testing and assessment of shelter guests. People requiring further services, such as group support, case management, mental health counseling, preventive health services or health education will receive services at the shelter through a combination of regularly scheduled groups and individual services as needed. Guests needing primary health or dental services would be assisted in accessing local resources.

The services collaboration will introduce a new model of service collaboration that leads to the seamless integrated delivery of multiple services. It changes the existing approach by providing testing and assessment for medical and behavioral health issues, and eligibility for financial assistance through the mobile van and providing follow-up services at one or more of the shelters, including availability of a behavioral health clinician. Agencies will become aware of each other's strengths and limitation and will more easily find solutions to problems that limit services.

The hypothesis is that successful outcomes for people experiencing homelessness and mental illness can be achieved through integrated service delivery and follow-up. These services will increase successful outcomes through increased engagement of guests in their recovery and wellness plans, increased length of stay at the shelter to provide time for services to be effective and seamless access to services.

EXHIBIT D

Innovation Work Plan Description

County Name	Annual Number of Clients to Be Served (If Applicable)
<u>Butte County</u>	_____ Total
Work Plan Name	
<u>Early Intervention Systems for Youth Task Force</u>	

Population to Be Served (if applicable):

Children and TAY in Youth County will be served by identifying how Youth Continuum of Care Service providers can work in a more collaborative and effective manner.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

The proposed Butte County Continuum of Care for Youth Task Force will establish a county-wide multi-system collaborative process to assess the Continuum of Care system for youth mental health services. The project will focus on the development of the collaborative process including youth consumers. The Task Force will explore how the innovation of focusing on establishing the collaborative process, including youth, instead of specific services, will transform and institutionalize increased collaboration ultimately resulting in better access to services. The Task Force process will include an assessment of the continuum of services using identified models mentioned, a gap analysis both of services and collaboration efforts, develop a plan of policy recommendations to address identified gaps and sustainability of the collaborative process, and identify the level of training needed to support the recommendations.

EXHIBIT D

Innovation Work Plan Description

County Name

Butte County

Annual Number of Clients to Be Served (If Applicable)

36 Youth and their families Total

Work Plan Name

Therapeutic Wilderness Experience

Population to Be Served (if applicable):

Teenagers who are at risk of out of home placement. A total of 36 youth and their families will participate annually. During the three year program period at least 90 youth and their families will enter the program. Young people will be identified throughout all agencies that work with youth, including Youth Services of the Department of Behavioral Health, State Adoptions, Social Services, and Probation.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

Therapeutic Wilderness Experiences for youth are not new. There are a wide variety of programs with vastly different wilderness experiences and philosophies. The one thing they all seem to have in common is that they pluck the youth out of their community and take them to a place that is literally on another planet, away from their community; their home, and their surroundings. Though some programs offer family services and aftercare, they are usually limited and far away, making them mostly inaccessible. The innovation that Butte County would like to test out is including family members within the intervention, having community based aftercare which includes wilderness experiences; and that the group members will come from the same community and have a built in local support system for both the youth and families.

EXHIBIT D

Innovation Work Plan Description

County Name

Butte County

Annual Number of Clients to Be Served (If Applicable)

80 Total

Work Plan Name

A Community Based Treatment for Historical Trauma to Help Hmong Elders

Population to Be Served (if applicable):

We will serve Hmong trauma survivors living in Butte County aged 50 and older. They will have symptoms of unresolved trauma due to their exposure to many years of war trauma and additional post-war trauma in refugee camps and in the U.S. as they tried to create new homes.

Each year 80 Hmong trauma survivors will participate in the Western services treatment component using Trauma Recovery Empowerment Model groups (TREM services, as well as other services as selected by the consumer). Each year approximately 250 additional family members of those receiving will participate in the Hmong indigenous activities that address trauma.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

This project will help older Hmong trauma survivors to address war trauma and to regain a sense of purpose and respect for themselves. Many programs towards Hmong have tried to address isolation and cultural transition issues such as Los Promotores in Fresno County using community health workers. However, there has not been a focus on addressing trauma utilizing both Western and cultural practice. We will adapt a practice based evidenced model developed by the Cree Tribe in Manitoba to treat historical trauma known as Paving The Red Road to Wellness, to be culturally relevant to older Hmong.

The local program called A Community Based Treatment for Historical Trauma to Help Hmong Elders, combines three concentric circles of services to nurture a supportive community for Hmong elders with historical trauma: Western services that have been successful with trauma adapted for the Hmong population; Hmong spiritual practices that focus on healing trauma; and Hmong cultural practices focusing on skills needed for trauma recovery and empowerment. These services will be provided by Hmong clinicians and Hmong Wellness staff members (Hmong counselors, Hmong peer partners, or Hmong healers). These services will be provided to the extent possible in Hmong community settings including the Hmong Cultural Center. Western services will include group therapy addressing trauma using the Trauma Recovery Empowerment Model. The Trauma Recovery Empowerment Model has been adapted for the Latino Culture as "Saber es Poder" but has not been adapted to the Hmong culture and language. Indigenous Hmong spiritual practices will include: healing ceremonies, practices led by shamans, drum ceremonies, singing ceremonies, story time and Qheng

EXHIBIT D

ceremonies. Indigenous Hmong cultural and recreational activities to build skills will include community gardening, fishing, group exercise (Thai Chi), and sewing/embroidery. These activities will focus on the skills that they develop and how they address trauma. For instance, traditional Hmong sewing/embroidery tells a story and can help embroiderers and viewers of the artwork to become aware of the trauma and the path towards recovery. The program will include an outreach component including some accompanied transportation to services to help break down cultural, linguistic and stigmatization as well as the fear of reaching out for services that many trauma survivors experience.

EXHIBIT E

Mental Health Services Act Innovation Funding Request

County: Butte

Date: 5/18/2010

Innovation Work Plans		FY 09/10 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
No.	Name		Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	Homeless Shelter Collaboration	180,787		\$ 23,502	\$ 135,590	\$ 21,694
2	Early Intervention Systems for Youth Task Force	80,000	\$ 40,000	\$ 40,000		
3	Therapeutic Wilderness Program	230,667		\$230,667		
4	A Community Based Treatment for Historical Trauma to Help Hmong Elders	111,701				\$ 111,701
5	Effectiveness of Services for People Experiencing a Mental Health Crisis	173,437			\$ 130,078	\$ 43,359
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24						
25						
26	Subtotal: Work Plans	776,593	\$40,000	\$294,169	\$265,668	\$176,755
27	Plus County Administration	131,540				
28	Plus Optional 10% Operating Reserve					
29	Total MHSA Funds Required for Innovation	908,133				

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Butte Fiscal Year: 2010/11
 Work Plan #: _____
 Work Plan Name: Effectiveness of Services for People Experiencing a Mental Health Crisis
 New Work Plan
 Expansion
 Months of Operation: 07/10-06/11
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	\$380,413			\$380,413
2. Operating Expenditures	\$79,680			\$79,680
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$460,093	\$0	\$0	\$460,093
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. FFP	\$232,241			\$232,241
b. EPSDT	\$54,414			\$54,414
c. (insert source of revenue)				\$0
3. Total New Revenue	\$286,656	\$0	\$0	\$286,656
4. Total Revenues	\$286,656	\$0	\$0	\$286,656
C. Total Funding Requirements	\$173,437	\$0	\$0	\$173,437

Prepared by: Jendy W. Lea
 Telephone Number: (530) 879-3363

Date: 5/18/2010

EXHIBIT F

Anticipated MHSA Funded Budget Needs by Year- Project 1, Effectiveness of Services for People Experiencing a Mental Health Crisis	
7/10-6/11	MHSA funding requirements for FY10/11 \$173,437. Budget logic includes costs of planning and development model estimated at \$34,687 and initial implementation with start-up costs estimated at \$138,750 (includes revenue offset- see Exhibit F for details).
7/11-6/12	Anticipated MHSA funding requirements for FY11/12 \$141,075. Budget logic includes growth in implementation and testing of model at \$105,806, increased revenue leveraged included. Other expenses include developing measurement tools, identifying baseline data sources and studying past and present years of project, estimated at \$35,269.
7/12-6/13	Anticipated MHSA funding requirements for FY12/13 \$94,026. Budget anticipates expenses in evaluation of model (estimated at \$65,818) and communication of results (estimated at \$28,208).
Anticipated Total Program Time Period	Anticipated MHSA funded financial requirements for project's duration. <i>(At the end of this time period, we will assess progress of learning questions and determine whether future funding may be needed)</i>
7/10-6/13	Total estimated MHSA funding needs; \$408,538

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Butte Fiscal Year: 2010/11
 Work Plan #: _____
 Work Plan Name: Homeless Shelter Collaboration
 New Work Plan
 Expansion
 Months of Operation: 07/10-06/11
 MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	\$85,721	\$69,800		\$155,521
2. Operating Expenditures	\$23,000		\$75,000	\$98,000
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$108,721	\$69,800	\$75,000	\$253,521
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. FFP	\$59,111			\$59,111
b. EPSDT	\$13,623			\$13,623
c. (insert source of revenue)				\$0
3. Total New Revenue	\$72,734	\$0	\$0	\$72,734
4. Total Revenues	\$72,734	\$0	\$0	\$72,734
C. Total Funding Requirements	\$35,987	\$69,800	\$75,000	\$180,787

Prepared by: Jendy W. Lea
 Telephone Number: (530) 879-3363

Date: 5/18/2010

EXHIBIT F

Anticipated MHSA Funded Budget Needs by Year- Project 2, Homeless Shelter Collaboration	
7/10-6/11	MHSA funding requirements for FY10/11 \$180,787. Budget logic includes costs of planning and development model estimated at \$27,118 and initial implementation with start-up costs estimated at \$126,551 (includes revenue offset- see Exhibit F for details). Evaluation mechanisms will begin, estimated at \$27,118.
7/11-6/12	Anticipated MHSA funding requirements for FY11/12 \$142,660. Budget logic includes growth in implementation and testing of model at \$99,862, increased revenue leveraged included. Other expenses include evaluations and an annual review, estimated at \$42,798.
7/12-6/13	Anticipated MHSA funding requirements for FY12/13 \$95,083. Budget anticipates expenses in evaluation of model (estimated at \$47,541) and communication of results (estimated at \$47,542).
Anticipated Total Program Time Period	Anticipated MHSA funded financial requirements for project's duration. <i>(At the end of this time period, we will assess progress of learning questions and determine whether future funding may be needed)</i>
7/10-6/13	Total estimated MHSA funding needs; \$418,530

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Butte Fiscal Year: 2010/11
 Work Plan #: _____
 Work Plan Name: Early Intervention Systems for Youth Task Force
 New Work Plan
 Expansion
 Months of Operation: 07/10-06/11
 MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts			\$80,000	\$80,000
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$0	\$0	\$80,000	\$80,000
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. (insert source of revenue)				\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$0	\$0	\$80,000	\$80,000

Prepared by: Jendy W. Lea
 Telephone Number: (530) 879-3363

Date: 5/18/2010

EXHIBIT F

Anticipated MHPA Funded Budget Needs by Year- Project 3, Early Intervention Systems for Youth Task Force	
8/10-6/11	MHPA funding requirements for FY10/11 \$80,000. Budget logic includes costs of planning and development model estimated at \$12,000 and testing the model (estimated at \$40,000). Evaluation (estimated at \$16,000) and Communication of the results (estimated at \$12,000) will occur in this time period as this is a one year project.
7/11-7/11	Anticipated MHPA funding requirements for FY12/13 \$0. No allocated expenses in this final month of communication and evaluation.
Anticipated Total Program Time Period	Anticipated MHPA funded financial requirements for project's duration. <i>(At the end of this time period, we will assess progress of learning questions and determine whether future funding may be needed)</i>
8/10-7/11	Total estimated MHPA funding needs; \$80,000

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Butte Fiscal Year: 2010/11
 Work Plan #: _____
 Work Plan Name: Therapeutic Wilderness Program
 New Work Plan
 Expansion
 Months of Operation: 07/10-06/11
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures			\$439,020	\$439,020
2. Operating Expenditures			\$50,460	\$50,460
3. Non-recurring expenditures			\$52,520	\$52,520
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$0	\$0	\$542,000	\$542,000
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. FFP			\$224,935	\$224,935
b. EPSDT			\$86,398	\$86,398
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$311,333	\$311,333
4. Total Revenues	\$0	\$0	\$311,333	\$311,333
C. Total Funding Requirements	\$0	\$0	\$230,667	\$230,667

Prepared by: Jendy W. Lea
 Telephone Number: (530) 879-3363

Date: 5/21/2010

EXHIBIT F

Anticipated MHSA Funded Budget Needs by Year- Project 4, Therapeutic Wilderness Program	
7/10-6/11	MHSA funding requirements for FY10/11 \$230,667. Budget logic includes costs of planning and development model estimated at \$34,600 and initial implementation with start-up costs estimated at \$161,467 (includes revenue offset- see Exhibit F for details). Evaluation of the model is developed and implemented estimated at \$34,600.
7/11-6/12	Anticipated MHSA funding requirements for FY11/12 \$183,542. Budget logic includes growth in implementation and testing of model at \$128,480, increased revenue leveraged included. Evaluation of the model (estimated at \$36,708) and communication of the results (estimated at \$18,354) occur at each phase.
7/12-6/13	Anticipated MHSA funding requirements for FY12/13 \$122,331. Budget anticipates expenses in testing of the model estimated at \$79,515 (includes leveraged revenue), evaluation of model (estimated at \$24,466) and communication of results (estimated at \$18,350).
Anticipated Total Program Time Period	Anticipated MHSA funded financial requirements for project's duration. <i>(At the end of this time period, we will assess progress of learning questions and determine whether future funding may be needed)</i>
7/10-6/13	Total estimated MHSA funding needs; \$536,540

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Butte Fiscal Year: 2010/11
 Work Plan #: _____
 Work Plan Name: A Community Based Treatment for Historical Trauma to Help Hmong Elders
 New Work Plan Expansion
 Months of Operation: 07/10-06/11
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	\$203,524		\$5,000	\$208,524
2. Operating Expenditures	\$31,123			\$31,123
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$234,647	\$0	\$5,000	\$239,647
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. FFP	\$127,946			\$127,946
b.				\$0
c.				\$0
3. Total New Revenue	\$127,946	\$0	\$0	\$127,946
4. Total Revenues	\$127,946	\$0	\$0	\$127,946
C. Total Funding Requirements	\$106,701	\$0	\$5,000	\$111,701

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Date: 5/18/2010

EXHIBIT F

Anticipated MHSA Funded Budget Needs by Year- Project 5, A Community Based Treatment for Historical Trauma to Help Hmong Elders	
7/10-6/11	MHSA funding requirements for FY10/11 \$111,701. Budget logic includes costs of planning and development model estimated at \$27,925 and initial implementation with start-up costs estimated at \$83,776 (includes revenue offset- see Exhibit F for details).
7/11-6/12	Anticipated MHSA funding requirements for FY11/12 \$87,286. Budget logic includes growth in implementation and testing of model at \$61,100, increased revenue leveraged included. Other expenses include development and implementation of evaluation assessment tools estimated at \$26,186.
7/12-6/13	Anticipated MHSA funding requirements for FY12/13 \$58,176. Budget anticipates expenses in testing of the model estimated at \$31,997 (includes leveraged revenue), evaluation of the model (estimated at \$14,544) and communication of results (estimated at \$11,635).
Anticipated Total Program Time Period	Anticipated MHSA funded financial requirements for project's duration. <i>(At the end of this time period, we will assess progress of learning questions and determine whether future funding may be needed)</i>
7/10-6/13	Total estimated MHSA funding needs, \$257,163