



Calaveras County
Behavioral Health Services
891 Mountain Ranch Road ◦ San Andreas, CA 95249

September 1, 2010

Local Program Support
Department of Mental Health
1600 9th Street, Room 100
Sacramento, CA 95814

MHSOAC
1300 17th Street, Suite 1000
Sacramento, CA 95811
Attn: Sheri Whitt

To Whom It May Concern:

Please see the following UPDATED Mental Health Services Act Innovation Work Plan for Fiscal Years 2010-13 on behalf of Calaveras County Behavioral Health Services. Electronic copies were sent via email to ccta@dmh.ca.gov, and MHSOAC@dmh.ca.gov. This update is in response to the letter sent by the Mental Health Services Oversight and Accountability Commission (MHSOAC) on August 24, 2010 requesting clarification regarding the attached plan. Please see the highlighted portions of the attached for updated text in response to the MHSOAC letter.

Calaveras is requesting that the MHSOAC and California Department of Mental Health review, approve, and fund the projects within the enclosed Innovation Work Plan. These projects respond to community needs based on planning processes from 2005, 2009, and Spring of 2010. They also address the Mental Health Services Act and Innovation essential elements.

The enclosed Innovation Work Plan was publicly posted for a 30-day review and comment period prior to submission. A public hearing was held at end of that period on August 3, 2010. Questions or comments regarding the enclosed plan may be directed to Christa Thompson at 209-754-2810 or via email at cthompson@co.calaveras.ca.us. Thank you for your time and consideration.

Sincerely,

Rita T. Downs, M.Ed., MPA

Rita Downs, M.Ed., MPA

Director

209.754.6525 Main

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Mental Health

Programs

209.754.6525 Main

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Substance Abuse

Programs

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EXHIBIT A

INNOVATION WORK PLAN
COUNTY CERTIFICATION

County Name: Calaveras

County Mental Health Director	Project Lead
Name: Rita T. Downs	Name: Christa J. Thompson
Telephone Number: 209-754-6525	Telephone Number: 209-754-2810
E-mail: rdowns@co.calaveras.ca.us	E-mail: cthompson@co.calaveras.ca.us
Mailing Address: Behavioral Health Services 891 Mountain Ranch Road San Andreas, CA 95249	Mailing Address: Behavioral Health Services 891 Mountain Ranch Road San Andreas, CA 95249

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)

08/04/10

Date

Director

Title

EXHIBIT B

INNOVATION WORK PLAN

Description of Community Program Planning and Local Review Processes

County Name: Calaveras
Work Plan Name: Community Support Groups /
Garden to Families Program

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 development of the Innovation Work Plan. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)

The Community Program Planning Process for the Innovation Work Plan consisted of 20 focus groups and over 100 individual interviews with key stakeholders. Behavioral Health Services (BHS) utilized an online survey program to collect data from simple, hard copy questionnaires used in focus groups and interviews. The survey was also emailed to stakeholders and agencies that were unavailable for focus groups. Use of questionnaires created a consistent set of questions and allowed BHS to gather quantitative, empirical data. Open ended questions were used to collect qualitative data as well. As such, valuable information was obtained to assist with the decision-making during the Community Program Planning Process. This survey also contained a brief introduction of the Innovation guidelines, including the time-limited and learning-based nature of these projects as well as the parameters for the Innovation and MHS essential purposes (see Calaveras Innovation Work Plan Attachments for the survey).

Of the 100+ individual interviews conducted, many were held with traditionally isolated Miwok groups in the West Point area of Calaveras --which is located approximately 45 minutes away from the county seat. Outreach during this particular planning cycle represents a record number of personal contacts with Miwoks in this area. BHS was able to contract a trusted cultural broker to obtain stakeholder input--a component missing from previous planning cycles. As a result, significant data was gathered regarding the needs of the Miwok community which BHS will address in the learning objectives of this Innovation Work Plan. Additional focus groups were held in Spanish and translated by our on-staff Latino cultural broker/outreach worker. Input was also gathered from the MHS Advocacy Committee and Consumer Leadership Team, which includes active consumers as well as consumer/family member staff.

BHS also utilized data from previous planning cycles, including Community Services and Supports (CSS) and Prevention and Early Intervention (PEI). The PEI data was particularly useful as this was a recent process and included almost 50 focus groups, interviews, and several community meetings. Planning for the PEI planning cycles also utilized surveys, the results of which were used in the decision-making for this Innovation Work Plan. All three cycles emphasized the need for increased access to services, additional services in the community, and use of local promising practices.

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

Stakeholders involved in the Community Program Planning Process included:

- Consumers from BHS' Drop-In-Day, "The Living Room" Consumer Clubhouse, and the BHS Wellness and Recovery Group, as well as Consumers from Perinatal and Substance Abuse Treatment Groups
- Underserved groups such as historically-isolated Miwoks, Latinos from the Spanish-Speaking Parent Support Group, and staff from SierraHOPE (Agency for HIV/AIDS and the Gay, Lesbian, Bi-Sexual, Transgender, Questioning, Intersex community)
- Advocacy groups including the Mental Health Board, the Mental Health Services Act Advocacy Committee, Members of NAMI, and the Suicide Prevention Committee
- County staff from Behavioral Health Services, CalWORKS Human Services Agency, the Probation Department, and Public Health
- Community stakeholders such as local private therapists, Mark Twain St. Joseph's Hospital, and The Resource Connection

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

The Innovation Work Plan was posted for a 30-day public review and comment period from July 2, 2010 through August 3, 2010. The Public Hearing for this Plan is scheduled for August 3, 2010. Notification and newspaper articles regarding this Plan are attached. Also attached are the minutes from the Board of Supervisors and Mental Health Board regarding this Plan, comments received from the public, and staff responses.

EXHIBIT C
(Page 1 of 7)

Innovation Work Plan Narrative

Date: _____

County: Calaveras

Work Plan #: 1

Work Plan Name: Community Support Groups

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).

Of the approximately 200 surveys collected, over 50% selected Increase Access to Services as a priority focus for this project. A secondary focus of this project is Increased Access to Underserved Groups as both the Miwok and Latino Communities will be targeted populations for this project. According to comments collected in individual interviews and focus group questionnaires, stakeholders would like an increase in services in their individual communities versus traditional public mental health facilities in order to increase access.

The local planning process for Community Services and Supports and for Prevention and Early Intervention also indicated a need for increased access with several focus groups requesting services beyond the county seat to counteract barriers including poor transportation and stigma.

The purpose of this Innovation project is to address the need for an increase in access to services, with a particular focus on increasing access to services in the community versus those traditionally offered within Behavioral Health Services. A secondary purpose is to address barriers identified in the previous Prevention and Early Intervention Community Planning Process of 2008, including lack of transportation to major service areas (primarily the county seat), and reducing stigma associated with seeking services in public mental health facilities.

Innovation Work Plan Narrative

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)

The first Innovation Project that Calaveras County Behavioral Health Services (BHS) has selected is the provision of time-limited therapeutic support groups in communities throughout the county. This concept received the largest support during the the planning process, with over 45% of participants requesting additional support groups in their area. Each group will be based on the needs of the community, per input from the planning process, and will be open to anyone, regardless of insurance eligibility.

During the stakeholder planning process, over 50% of respondents requested increased access to services in their community related to poor transportation and the need to reduce stigma associated with seeking services at public mental health. Stakeholders also requested specific support groups: Of those surveyed, 55% requested a women's group, 50% requested a men's group, and a significant 65% requested additional services for teens and Transitional Age Youth (TAY). Other suggestions included Native American talking circles, Spanish-speaking groups, and art therapy groups.

BHS will select providers for the groups requested above through a Request for Qualifications (RFQ). Once selected, the department will contract with each provider. BHS expects to contract for five groups over time, including a group for TAY. A suggestion in the RFQ will be an art therapy group for TAY as the department did a one-time art therapy workshop in the past, which won a California State Association of Counties (CSAC) award for its innovative approach.

The expected outcomes of this project are:

1. Increased access to services for those with serious mental illness (SMI) served by Public Mental Health and those with mild or moderate mental health concerns who receive services from private therapists or who have not yet engaged services through open, time-limited therapeutic support groups. Access will increase with the provision of a new support and through referrals to BHS for those not yet diagnosed with SMI.
2. Increased engagement to services through community-based, time-limited groups.
3. Increased access and tracking through BHS referrals to and from each group.

This Project is consistent with the Mental Health Services Act General Standards:

- The provision of community support groups promotes wellness, recovery, and resiliency
- Delivery of groups in the community by local facilitators creates community collaboration
- The provision of talking circles and groups in Spanish ensures cultural competency
- The involvement of consumer/family stakeholders in the planning, review, and evaluation process leads to consumer/family driven services
- The referral and referral review process between BHS and these groups provide an integrated service experience for participants

Innovation Work Plan Narrative

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)

While support groups in themselves are not new to the field of mental health, the provision of community-based groups with the expected outcome of increasing access "makes a change to an existing mental health practice/approach, including adaptation for a new setting or community" (Innovation Guidelines).

Using a common interest (i.e. women's issues, Native American spirituality, art therapy) to bring together those with mild, moderate, and serious mental health issues is also new for Calaveras County. The goal of decreasing stigma in the community through this unique grouping is an innovation for the department as well. The department will examine which of these groups is most frequently attended, thus increasing access to community-based support and to services provided by BHS through group referrals. BHS will also utilize satisfaction surveys for each group to determine if referrals have been successful, participant expectations are met, and what improvements are needed.

Insurance eligibility (or lack thereof) is also an ongoing barrier to recovery services, so offering groups that is open to all those in the county is a new concept and will be examined to see who engages these groups most frequently.

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

1. BHS will know if the provision of time-limited support groups in the community versus public mental health facilities increases access to therapeutic support
2. BHS will know if the provision of time-limited support groups in the community versus public mental health facilities increases engagement to therapeutic support
3. BHS will know if the provision of time-limited support groups in the community increases referrals and positive referral outcomes to groups and to BHS services
4. BHS will know if Native-American Talking Circles provided in the West Point area and facilitated by a trusted cultural broker increases access for underserved Miwok groups
5. BHS will know if Spanish-speaking support groups provided in the community increases access for underserved Latino groups
6. BHS will know which groups (and which locations) are most successful in engaging individuals with mild, moderate, and serious mental health issues
7. BHS will know which individuals (Medi-Cal, insured, under-insured, uninsured) utilize which groups most frequently to determine how best to sustain this project if successful

Innovation Work Plan Narrative

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: 09/10 - 06/13
MM/YY – MM/YY

BHS anticipates three years to determine the success of this project and feasibility of replicating this model elsewhere. This includes implementation time for preparation of a Request for Qualifications (RFQ), contracts, and marketing materials and templates. At least two years will be required to obtain participant data regarding the progress of each group. Several months are anticipated for final project evaluation and reporting.

- September 2010 - Prepare RFQ
 - Design Surveys with the Consumer Leadership Team
 - Define Evaluation Process
- October 2010 - Release RFQ
- November 2010 - Select Providers
 - Prepare Contracts
- December 2010 - Implement Contracts
 - Prepare Marketing Materials & Begin Marketing
- January 2011 - Begin Groups
- 2011 to 2012 - Administer Pre & Post Surveys for Each Group (~ every 4-6 weeks)
 - Share Survey Results with Consumer/Family Stakeholders
- January 2013 - Meet with Providers
 - Hire Project Evaluator
- February 2013 - Analyze Group Surveys
- March 2013 - Prepare Draft Report of Project
 - Present Report to Stakeholder Groups
 - Determine Feasibility of Continuing Project & Replicating Elsewhere
- May 2013 - Amend Project Report as Necessary
 - Present Final Report to Stakeholder Groups
- June 2013 - Submit Final Report to Department of Mental Health

Innovation Work Plan Narrative

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.

BHS will utilize additional staff to assist with the baseline assessment, ongoing data collection, and final evaluation of this project. Surveys will be used at the beginning and end of each group (approximately every 6-8 weeks) to determine individual participant progress and group success. BHS will use symptom-based screening tools such as the Beck Depression Inventory as a baseline and update survey to track the progress of individual group participants, as depression is a common illness in mild and moderate forms, co-occurs with many other mental illnesses, and is a major risk factor for suicide. The Adverse Childhood Experiences (ACE) Survey may also be utilized as a baseline and assessment tool for therapists. The ACE Study has found adverse experiences in childhood be a successful indicator of several other adult health risks that could be discussed as a group. BHS is also committed to measuring the recovery outcomes for participants and will research recovery based surveys to utilize as well. An additional satisfaction survey will be designed in conjunction with the Consumer Leadership Team.

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

1. BHS will know if provision of time-limited community support groups increases access to therapeutic support by comparing community support group attendance with the attendance at Men's groups, Women's groups, and TAY dual-diagnosis groups previously held at BHS and open to BHS consumers only
2. BHS will know if the provision of time-limited community support groups in the increases engagement to therapeutic support through a comparison of data showing the duration of attendance at community support groups versus those held at BHS
3. BHS will know if the provision of time-limited support groups in the community increases referrals to groups and to services provided by BHS and if these referrals have positive outcomes; BHS will track referrals and utilize a satisfaction survey to determine if participant expectations were met with each referral
4. BHS will know if Native-American Talking Circles provided in the West Point area and facilitated by a trusted cultural broker increases access for underserved Miwok groups based on the number of Native American participants in the Talking Circles versus the public mental health clinic and through a participant satisfaction survey
5. BHS will know if Spanish-speaking community support groups increases access for underserved Latino groups based on the number of Latino participants in the Spanish-speaking groups versus the number of Latinos participating in public mental health and through the provision of a participant satisfaction survey
6. BHS will know which groups (and which locations) are most successful in engaging individuals with mild, moderate, and serious mental health issues by a comparison of attendance, duration of attendance, and through a participant satisfaction survey
7. BHS will know which individuals (Medi-Cal, insured, under-insured, uninsured) utilize which groups most frequently to determine how best to sustain this project if successful based on survey data capturing each participant's insurance eligibility

EXHIBIT C
(Page 6 of 7)

A project evaluator will be hired and all survey results will be analyzed by staff to determine if objectives were met. A report will be created at the end of the Project regarding the continuation of the groups in Calaveras County and the feasibility of replicating this model in other areas. The draft report will be shared with stakeholder groups including the Mental Health Board, Mental Health Services Act Advocacy Committee, and Project participants. The report will be amended if necessary based on stakeholder input. Once finalized, the report will be released to the public and submitted to the Department of Mental Health.

Innovation Work Plan Narrative

Leveraging Resources (if applicable)

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

1. Use of established providers/facilitators who are well-versed in community cultures (i.e. rural, Native American, Latino)
2. Use of community space for therapeutic support groups

EXHIBIT C
(Page 1 of 6)

Innovation Work Plan Narrative

Date: _____

County: Calaveras

Work Plan #: 2

Work Plan Name: Garden to Families Program

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).

Of the approximately 200 surveys collected, over 40% selected either Increasing Quality of Services, Including Better Outcomes or Promoting Interagency Collaboration as a priority focus for this project. Thus, the primary focus for this project is Increasing Quality of Services and Outcomes.

The Community Program Planning Process for Community Services and Supports and for Prevention and Early Intervention also indicated that Stakeholders would like BHS to utilize local promising practices versus the evidence-based practices used in the implementation of Prevention and Early Intervention.

Innovation Work Plan Narrative

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 MHPA and Title 9, CCR, section 3320. (suggested length - one page)

The second Innovation Project that Calaveras County Behavioral Health Services (BHS) has selected is partnership with the local Gardens to Families program to provide consumers with stipended volunteer opportunities to cultivate produce for donation to the Calaveras County Food Bank. This concept received generous support during previous planning processes, as this program has been highly beneficial to families in need. Consumers will have the opportunity to learn new, marketable skills for a rural area and will ideally gain the confidence and resiliency associated with rewarding work--thus becoming an improved mental health outcome that BHS is able to provide.

During the stakeholder planning process, over 40% requested that BHS increase quality of services, including better outcomes, and/or improve interagency collaboration. Consumers and their family members have consistently requested increased involvement in the Garden to Families program and both groups have expressed that participation in horticultural therapy is beneficial to both consumers and the community.

This project is unique from traditional horticulture therapy as the goal is recovery-based participation in the community, rewarding volunteerism, and marketable job skills.

BHS will select a viable local garden for consumers to cultivate, with the assistance and oversight from an experienced master-gardener and a personal services coordinator. Transportation will be provided to assist consumers in isolated communities and those without a vehicle. The project will also include partnership with the local food bank, the Probation Department (if consumers need to apply volunteer time in the garden toward community service hours), and possibly non profit organizations.

The expected outcomes of this project are:

1. Increase the success of consumer recovery goals through meaningful and rewarding volunteer work with the Garden to Families program
2. Decrease hospitalization and criminal justice system involvement for consumers participating in the Garden to Families program
3. Identify potential community partnership to sustain this project on a long term basis if the project proves successful

This Project is consistent with the Mental Health Services Act General Standards:

- The provision of rewarding, stipended community service and marketable job skills promotes participant wellness, recovery, and resiliency
- Partnering with local master-gardners, community gardens, and other agencies for participant referrals contributes to community collaboration
- Inclusion of Miwok and Latino consumers in the program ensure cultural competency
- Consumer/family input during the planning, review, and evaluation of this program ensures ongoing an consumer/family driven program
- Referrals from BHS and other consumer agencies integrates the service experience

Innovation Work Plan Narrative

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)

Collaborating with the Garden to Families program with the goal of improving consumer outcomes "introduces a new application to the mental health system of a promising community-driven practice/approach or a practice/approach that has been successful in non-mental health contexts or settings " (Innovation Guidelines).

The Garden to Families program has been very successful in harvesting extra crops from local farms for the purpose of stocking the county Food Bank. The program has made significant strides in the county, not only regarding the provision of healthy food for families in need, but also toward uniting participants through their work in local community gardens. However, a challenge for some farms and community gardens has been the lack of skilled volunteers to assist with the planting and harvesting process.

This project aims to address the lack of volunteers as well as the need for meaningful consumer work opportunities. Volunteer opportunities with Garden to Families is expected to improve consumer recovery measures including improved Beck Depression Inventory scores, decreased hospitalizations, and decreased involvement with the criminal justice system.

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

1. BHS will know if consumer recovery goals are met through meaningful and rewarding volunteer work with the Garden to Families program
2. BHS will know if consumer hospitalization is reduced during participation in the Garden to Families program
3. BHS will know if consumer criminal justice involvement is reduced during participation in the Garden to Families program
4. BHS will know if volunteerism is increased through the provision of stipends for the participants in the Garden to Families program
5. BHS will identify potential community partnership to sustain this project on a long term basis if the project proves successful

Innovation Work Plan Narrative

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: 09/10 - 06/13
MM/YY – MM/YY

BHS anticipates three years to determine the success this project and feasibility of replicating this model elsewhere. This includes implementation time to select an appropriate community garden, contract providers if necessary, and purchase materials. At least two years will be required to obtain participant data regarding the progress of the program. Several months are anticipated for final project evaluation and reporting.

September to

November 2010 - Develop satisfaction survey with the Consumer Leadership Team
Obtain information regarding participating community gardens/farms
Select a community garden/farm for consumer participation
Prepare contracts with gardeners/farmers if necessary

December 2010 - Meet with community gardeners/farmers regarding implementation

January 2011 - Begin consumer participation in Garden to Families
Administer baseline surveys

2011 to 2012 - Meet with community gardeners/farmers regarding progress
Make any necessary adjustments to the project
Administer surveys before and after each season during 2011/2012
Share survey results with stakeholders

January 2013 - Meet with community gardeners/farmers for final evaluation
Hire project evaluator

February 2013 - Analyze group surveys for the past two years

March 2013 - Prepare a draft report of the project

April 2013 - Present the draft report to stakeholder groups
Determine feasibility of continuing project & replicating elsewhere

May 2013 - Amend draft project report as necessary
Present final report to stakeholder groups

June 2013 - Submit final report to Department of Mental Health

Innovation Work Plan Narrative

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.

BHS will utilize staff and/or contractors to assist with consumer participation, baseline assessment, ongoing data collection, and final evaluation of this project. Surveys will be used bi-annually in each group to determine individual participant progress and group success. BHS will likely use the Beck Depression Inventory as a baseline and update survey to track the progress of individual group participants, as depression co-occurs with many other mental illnesses, and is a major risk factor for suicide. BHS is also committed to measuring the recovery outcomes for participants and will research recovery based surveys to utilize as well. An additional satisfaction survey will be designed in conjunction with the Consumer Leadership Team.

By the end of this project, BHS will measure the following objectives:

1. BHS will know if consumer recovery goals are met through meaningful and rewarding volunteer work by analyzing participant survey data regarding recovery goals
2. BHS will know if consumer hospitalization is reduced during participation in the Garden to Families program based on internal consumer hospitalization data collected by the department
3. BHS will know if consumer criminal justice involvement is reduced during participation in the Garden to Families program based on internal consumer arrest data collected by the department
4. BHS will know if volunteerism is increased through the provision of stipends for the participants in the Garden to Families program by analyzing participant survey data regarding volunteer work
5. BHS will identify potential community partnership to sustain this project on a long term basis if the project proves successful, likely through a public request to query community partnership interest

A project evaluator will be hired and all survey results will be analyzed to determine if learning objectives have been met. A report will be created at the end of the Project regarding the continuation of consumer participation in the Garden to Families program and the feasibility of replicating a similar model in other areas. The draft report will be shared with stakeholder groups including the Mental Health Board, Mental Health Services Act Advocacy Committee, and Project participants. The report will be amended if necessary based on stakeholder input. Once finalized, the report will be released to the public and submitted to the Department of Mental Health.

Innovation Work Plan Narrative

Leveraging Resources (if applicable)

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

1. Use of experienced community master-gardeners/farmers
2. Use of community gardens/local farms

EXHIBIT D

Innovation Work Plan Description (For Posting on DMH Website)

County Name

Calaveras

Annual Number of Clients to Be Served (If Applicable)

40 Total

Work Plan Name

Community Support Groups

Population to Be Served (if applicable):

Families, Transitional Age Youth, Adults, Older Adults, Native Americans, and Latinos.

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

The first Innovation project that Calaveras County Behavioral Health Services (BHS) has selected is the provision of time-limited therapeutic support groups in various communities throughout the county. This concept received the largest support during the the planning process, with over 45% of participants requesting additional support groups in their area. Each group will be based on the needs of the community, per input from the planning process, and will be open to anyone, regardless of insurance eligibility.

During the stakeholder planning process, over 50% requested increased access to services in their community in response to poor transportation and the need to reduce stigma associated with seeking services at public mental health. Stakeholders also requested specific support groups: Of those surveyed, 55% requested a women's group, 50% requested a men's group, and a significant 65% requested additional services for teens and Transitional Age Youth. Other suggestions included Native American talking circles, Spanish-speaking groups, and art therapy groups.

The expected outcomes of this project are:

1. Increased access to services for individuals with serious mental illness traditionally served by Public Mental Health and those with mild or moderate mental health concerns who typically receive services from private therapists or who have not yet engaged services through the provison of open, time-limited therapeutic support groups
2. Increased engagement to services through community-based, time-limited groups
3. Increased access to BHS services through referrals from each support group

EXHIBIT D

Innovation Work Plan Description (For Posting on DMH Website)

County Name

Calaveras

Annual Number of Clients to Be Served (If Applicable)

20 Total

Work Plan Name

Garden to Families Program

Population to Be Served (if applicable):

Adults

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

The second Innovation project that Calaveras County Behavioral Health Services (BHS) selected is partnership with the local Gardens to Families program to provide consumers with stipended volunteer opportunities to cultivate produce for donation to the Calaveras County Food Bank. This concept received generous support during previous planning processes, as this program has been highly beneficial to families in need. Consumers will have the opportunity to learn new, marketable skills for a rural area and will ideally gain the confidence and resiliency associated with rewarding work--becoming an improved mental health outcome for consumer participants.

During the stakeholder planning process, over 40% requested that BHS increase quality of services, including better outcomes, and/or improve interagency collaboration. Consumers and their family members have consistently requested increased involvement in the Garden to Families program and both feel participation in horticultural therapy is beneficial to both consumers and the community.

The expected outcomes of this project are:

1. Increase the success of consumer recovery goals through through meaningful and rewarding volunteer work
2. Decrease hospitalization and criminal justice system involvement for consumers participating in the Garden to Families program
3. Identify potential community partnership to sustain this project on a long term basis if the project proves successful

County: Calaveras

Date: _____

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2010/11 Planning Estimates						
1. Published Planning Estimate					\$210,700	
2. Transfers						
3. Adjusted Planning Estimates	\$0					
B. FY 2010/11 Funding Request						
1. Requested Funding in FY 2010/11					\$400,300	
2. Requested Funding for CPP					\$0	
3. Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds						
b. Unexpended FY 2007/08 Funds ^{a/}						
c. Unexpended FY 2008/09 Funds					\$31,657	
d. Adjustment for FY 2009/2010					\$31,657	
e. Total Net Available Unexpended Funds	\$0	\$0	\$0	\$0	\$0	
4. Total FY 2010/11 Funding Request	\$0	\$0	\$0	\$0	\$400,300	
C. Funds Requested for FY 2010/11						
1. Previously Approved Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}						
c. Unapproved FY 08/09 Planning Estimates					\$0	
d. Unapproved FY 09/10 Planning Estimates					\$0	
e. Unapproved FY10/11 Planning Estimates					\$0	
Sub-total	\$0	\$0		\$0	\$0	
f. Local Prudent Reserve						
2. New Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}						
c. Unapproved FY 08/09 Planning Estimates					\$94,800	
d. Unapproved FY 09/10 Planning Estimates					\$94,800	
e. Unapproved FY10/11 Planning Estimates					\$210,700	
Sub-total	\$0	\$0	\$0	\$0	\$400,300	
f. Local Prudent Reserve						
3. FY 2010/11 Total Allocation ^{b/}	\$0	\$0	\$0	\$0	\$400,300	

a/Only applies to CSS augmentation planning estimates released pursuant to DMH Info. Notice 07-21, as the FY 07/08 Planning Estimate for CSS is scheduled for reversion on June 30, 2010.

b/ Must equal line B.4. for each component.

Calaveras

Date: _____

			Children and Youth	Transition Age Youth	Adult	Older Adult	
No.	Name						
1.		\$0					
2.		\$0					
3.		\$0					
4.		\$0					
5.		\$0					
6.		\$0					
7.		\$0					
8.		\$0					
9.		\$0					
10.		\$0					
11.		\$0					
12.	INNOVATION BUDGET SUMMARY	\$0					
13.		\$0					
14.		\$0					
15.		\$0					
16.	Subtotal: Programs	\$0	\$0	\$0	\$0	\$0	Percentage
17.	Plus up to 15% County Administration						#DIV/0!
18.	Plus up to 10% Operating Reserve						#VALUE!
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve	\$0					
1.	1 Community Supports Groups	\$300,000	\$60,000	\$60,000	\$120,000	\$60,000	
2.	2 Garden to Families Program	\$55,000			\$55,000		
3.		\$0					
4.		\$0					
5.		\$0					
6.	Subtotal: Programs	\$355,000	\$60,000	\$60,000	\$175,000	\$60,000	Percentage
7.	Plus up to 15% County Administration	\$45,300					13%
8.	Plus up to 10% Operating Reserve						#VALUE!
9.		\$400,300					
10.	Total MSHA Funds Requested for INN						

NARRATIVE: THE EXPECTED WORKPLAN TOTAL IS \$570,300 OVER A 3 YEAR PERIOD, WHICH ASSUMES A COST OF \$170,000/YEAR AND TOTAL PLANNING COSTS OF APPROXIMATELY \$60,300. THE \$400,300 REQUESTED IS EXPECTED TO COVER 2 OF THE 3 YEARS OF THIS PROJECT; BHS WILL USE APPROXIMATELY \$170,000 OF FY 2011/12 INN FUNDS TO COVER YEAR 3. WHILE EXACT COSTS ARE NOT YET KNOWN, THE EXPECTED COST OF THE SUPPORT GROUPS WILL BE APPROXIMATELY \$100,000/YEAR, WHICH ASSUMES 5 GROUPS/WEEK AT \$350/GROUP FOR A TOTAL OF \$91,000. THE REMAINING \$9,000 WILL LIKELY GO TOWARD MATERIALS. EXPECTED COST FOR GARDEN TO FAMILIES WILL BE APPROXIMATELY \$18,000/YEAR, WHICH ASSUMES 8 STIPENDS AT \$25/WEEK FOR A TOTAL OF \$10,000. ANOTHER \$6,000 WILL GO TOWARD SUPERVISION AND THE REMAINING \$2,000 WILL GO TOWARD MATERIALS. ADMIN COSTS OF \$52,000/YEAR WILL GO TOWARD DEVELOPMENT, DEMONSTRATING THE MODEL, ONGOING ASSESSMENT, PROGRAM EVALUATION AND COMMUNICATION OF RESULTS.

County: Calaveras

Date: _____

Program/Project Name and #: 1 / Community Support Groups

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Calaveras

Date: _____

Program/Project Name and #: 1 / Community Support Groups

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel	\$110,000			\$110,000
2. Operating Expenditures	\$10,000		\$150,000	\$160,000
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management	\$30,000			\$30,000
6. Other				\$0
7. Total Proposed Expenditures	\$150,000	\$0	\$150,000	\$300,000
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$150,000	\$0	\$150,000	\$300,000

*Enter the justification for items that are requested under the "Other Expenditures" category.

Justification: _____

Please include your budget narrative on a separate page.

Prepared by: Christa Thompson

Telephone Number: 209-754-2810

County: Calaveras

Date: _____

Program/Project Name and #: 2 / Garden to Families Program

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Calaveras

Date: _____

Program/Project Name and #: 2 / Garden to Families Program

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel	\$40,000			\$40,000
2. Operating Expenditures	\$10,000			\$10,000
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management	\$5,000			\$5,000
6. Other				\$0
7. Total Proposed Expenditures	\$55,000	\$0	\$0	\$55,000
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$55,000	\$0	\$0	\$55,000

*Enter the justification for items that are requested under the "Other Expenditures" category.

Justification: _____

Please include your budget narrative on a separate page.

Prepared by: Christa Thompson

Telephone Number: 209-754-2810

Calaveras County Behavioral Health Services Mental Health Services Act: Innovation



The Mental Health Services Act (MHSA) was approved by voters to tax millionaires one percent of their incomes to improve and create innovative mental health services in our community. Calaveras County Behavioral Health Services (BHS) has about \$500,000 which must be used for a time-limited “pilot project” to learn how to:

- Increase access to services
- Increase access to underserved groups
- Improve the quality of our services, and/or
- Promote interagency collaboration

The projects we choose must reflect the recovery principles of MHSA, be new concepts to our county, and be able to be replicated by other counties of a similar size.

Examples of Innovative projects considered at previous focus groups by BHS include:

- Contract private therapists to provide support groups and culturally-specific groups for mental health consumers in a variety of locations in the county
- Contract non-mental health “skills coach” staff to assist mental health consumers in supportive housing with independent living skills
- Create a “teaching clinic” or learning institute where clinical interns could gain hands-on experience and provide needed services to underserved populations
- Hire staff to assist mental health consumers in the criminal justice system
- Identify ways that Wellness Recovery Action Plans can be better utilized
- Create “symptom cards” that mental health consumers can sort through in a non-threatening manner to identify the symptoms they are currently experiencing
- Better integrate behavioral health with the physical health care community
- Identify strategies to reduce psychiatric hospitalizations for consumers

We would like your input on how we can improve our services and how these Innovation funds will be best spent within the State Department of Mental Health guidelines above. Thank you for your participation and your support!

If you have any questions regarding the Mental Health Services Act or the Innovation Component of the Act, please contact Christa Thompson at 209-754-2810 or via email at cthompson@co.calaveras.ca.us.

Innovation Questionnaire

1. Which innovative area do you think is most important for BHS to focus on?
 Increasing Access to Services Increasing Access to Latinos & Miwoks
 Improving Quality of Services Improving Interagency Collaboration

2. Which project(s) do you think BHS should be focusing on with these funds?
 Contract therapists to provide support groups in different towns
 Hire non-mental health "skills coach" staff to assist with living skills
 Create a "teaching clinic" for students to learn from clinicians and consumers
 Hire staff to assist mental health consumers in the criminal justice system
 Identify how WRAP plans can be better utilized to help consumers
 Create "symptom cards" like playing cards to help find current symptoms
 Find new ways for BHS to partner with the physical health community
 Identify new ways to help consumers stay out of the hospital
 Other: _____

3. Is there a specific group BHS should be focusing on with these funds?
 Children Teens Adults Older Adults Latinos Miwoks Other:

4. If support groups were provided in the community, which would you like offered?
 Men's Women's Bi-Polar Trauma Suicide Prevention Other:

5. If community support groups were provided, where would you like them offered?
 San Andreas Valley Springs Angels Camp Murphys Arnold
 Copperopolis West Point Other: _____

6. If Behavioral Health Services provided services to assist with housing and independent living skills, who should offer those services?
 Case Managers Peers (Consumers) Skills Coach (non-mental health)

7. What would help consumers to stay out of the hospital?

8. Is there anything that Behavioral Health Services does that you do not like?

9. What has Behavioral Health Services done that has been helpful?

**MINUTES OF A REGULAR MEETING OF THE BOARD OF SUPERVISORS,
COUNTY OF CALAVERAS, STATE OF CALIFORNIA,
HELD ON JULY 6, 2010**

PRESENT: Merita Callaway, Chair; Vice-Chair; Thomas Tryon; Steve Wilensky, Gary Tofanelli and Russ Thomas, Supervisors; James Jones, County Counsel; Jeanne Boyce, County Administrative Officer; and Madaline Krska, Board Clerk

ABSENT: None

Meeting recorded on Cassette 10-25 & 10-25A, I & II

9:00 A.M.: Call to Order

Pledge of Allegiance

Announcements: re: Closed Sessions of June 22, 2010:

- (a) A Closed session, pursuant to Government Code section 54956.9(b)(1); conference with legal Counsel; anticipated litigation-significant exposure to litigation(one case)was cancelled.
- (b) A Closed session was held pursuant to Government Code section 54956.9; conference with labor Negotiators: SEIU, DSA, CCPSEA-Director Human Resources and Risk Management resulting in no action taken.

C O N S E N T A G E N D A

Supervisor Tofanelli pulled consent item #13, County Counsel Jones pulled #7, Marti Crane, member of the public, pulled item #'s 8, 9, 10 and Bonnie Newman, member of the public, pulled item # 12 for discussion.

Motion made to approve the balance of the consent agenda as submitted.

Moved: Wilensky Second: Tofanelli Approval: Unanimous

1. Minutes of a regular Board of Supervisors meeting held on June 8, 2010

2. Correspondence: June 4-24, 2010 (see attached, as processed

3. MINUTE ORDER approving appointments as follows: John Brucklacher for an unexpired term to 12/31/13 on the San Andreas Cemetery District; Patricia Yocom for an unexpired term to 12/31/11, Jane Canty for an unexpired term to 12/31/13 and Lori Hale for an unexpired term to 12/31/13 on the Mokelumne Hill Cemetery District; Helen Behrbaum for an unexpired term to 12/31/11, Mary Sutton for an unexpired term to 12/13/13 and Ivan Shorthose for an unexpired term

to 12/31/13 on the Vallecito Cemetery District; Debbie Powers for an unexpired term to 12/31/11 and Stacy McCarty-Griffith for an unexpired term to 12/31/13 on the Copperopolis Cemetery District.

4. RESOLUTION APPROVING AGREEMENT BETWEEN
NO. 10-105 CALAVERAS COUNTY AND TRAFFIC
LIMITED, INC., FOR STRIPING OF
VARIOUS ROADS AND STREETS FOR
AN AMOUNT NOT TO EXCEED \$130,000
FOR THE PERIOD JUNE 1, 2010,
THROUGH JUNE 1,2011
(Public Roads and Bridges 5272)

5. RESOLUTION DECLARING CERTAIN ELECTRONIC
NO. 10-106 EQUIPMENT SURPLUS AND AUTHORIZING
THE DISPOSAL OF SAME EQUIPMENT

6. RESOLUTION AUTHORIZING THE SHERIFF'S
NO. 10-107 2010-2011 SPENDING PLAN TO BE
FUNDED BY THE SUPPLEMENTAL LAW
ENFORCEMENT SERVICES FUND,
AUTHORIZE THE TRANSFER OF FUNDS
AND THE AUDITOR CONTROLLER TO ADJUST
THE BOOKS OF RECORD ACCORDINGLY
(\$79,280.00 to be allocated to the
Sheriff's budget Department 32)

11. RESOLUTION ACCEPTING THE CANVASS OF THE
NO. 10-108 STATEWIDE DIRECT PRIMARY ELECTION
HELD ON JUNE 8, 2010 AND DECLARING
CERTAIN CANDIDATES ELECTED

14. MINUTE ORDER authorizing (1)the withdrawal of the Blue
Mountain Coalition for Youth and Families(BMCYF)Proposition
40 Per Capita Grant Skate Board Ramp Project and the
submission of a new Per Capita Grant Project to upgrade the
BMCYF park and facilities in the amount of \$35,550 and (2)
a Joint Use Agreement between the County of Calaveras and
the BMCYF for public use of recreational facilities at the
BMCYF West Point Park and activities building.

7. COUNTY COUNSEL (10-25, I, 30)
James Jones, County Counsel, acknowledged Cyril Ash for his
years of conflict public defender service and asked the
Board to adopt a new one year contract.

Motion made to enter into a new contract with Cyril R. Ash, Attorney at Law, for conflict public defender services, for the period of August 1, 2010 through July 31, 2011.

Moved: Tryon Second: Wilensky Approval: Unanimous

8. BEHAVIORAL HEALTH (10-25, I, 47)

Marti Crane, Valley Springs, questioned fund origin and distribution for agenda items 8, 9 and 10 contracts.

Rita Downs, Director Behavioral Health Services, stated the three(3) contracts are reimbursements from the schools or district to the County. The contracts are for student substance abuse counseling services provided by the Behavioral Health Services.

Motion made authorizing the Chair of the Board of Supervisors to sign the Memorandum of Understanding with the Bret Harte Union High School District for reimbursement of substance abuse counseling services in an amount not to exceed nine thousand, seven dollars and twenty cents (\$9,007.20) for the period July 1, 2010-June 30, 2011.(no impact to the General Fund)

Moved: Thomas Second: Wilensky Approval: Unanimous

9. BEHAVIORAL HEALTH (10-25, I, 50)

Motion made authorizing the Chair of the Board of Supervisors to sign the Memorandum of Understanding with the Calaveras County Office of Education(CCOE)for reimbursement of adolescent substance abuse education and counseling services in an amount not to exceed thirteen thousand dollars(\$13,000) for the period July 1, 2010-June 30, 2011.(no impact to the General Fund)

Moved: Thomas Second: Wilensky Approval: Unanimous

10. BEHAVIORAL HEALTH (10-25, I, 55)

Motion made authorizing the Chair if the Board of Supervisors to sign the Memorandum of Understanding with the Calaveras Unified School District for reimbursement of substance abuse prevention and treatment services in an amount not to exceed nine thousand seven dollars and twenty cents(\$9,007.20) for the period July 1, 2010-June 30, 2011.(no impact to the General Fund)

Moved: Thomas Second: Wilensky Approval: Unanimous

12. VICTIM/WITNESS (10-25, I, 64)

Bonnie Newman, Double Springs, asked for the amount of the victim witness grant application. Chair stated the cost is

\$110,920 and includes the employees.

Clyde Clapp, Valley Springs, expressed concerns for the number of consent agenda items and the amount of funding that is being considered.

Chair informed Mr. Clapp the entire packets are on the County web site for public viewing and in the Clerks Office.

Motion made authorizing the Board Chair to sign the Victim/Witness Program grant application. (fully funded by the California Emergency Management Agency Victim/Witness Program grant funding)

Moved: Tofanelli Second: Thomas Approval: Unanimous

13. CALWORKS (10-25, I, 109)

Al Segalla, Calaveras County Taxpayers Association (CCTA) stated a concern to fund a contract with The Resource Connection for child care and suggested implementing voluntary assistance to reduce a tax burden.

Clyde Clapp, Valley Springs, questioned this item being on the consent agenda.

Supervisor Wilensky, referenced CCTA wanting assistance recipients off the rolls and working. The contract for approval is to provide child care services to receive training and into the work force.

Marti Crane, Valley Springs, supports the formal program and the use of volunteers to benefit those needing assistance.

Mary Sawicki, Director CalWORKS, referenced the ongoing contract to provide child care for those attending schooling and in the work force.

Bonnie Newman, wants a feeling of pay back not entitlement for recipients.

Kelly Graesch, Child Care Program Director for The Resource Connection, expressed appreciation to the Board for recognition of children being the priority. Statistics were given for the number of businesses that are supported by employees working through the program. Supervisor Tofanelli stated Item No. 6 of the agreement

regarding insurance lacks a 30 day notice of termination and wants the agreement to be amended to include this statement.

County Counsel Jones suggested adding the phrase "the contractor shall furnish a certificate of insurance in a form acceptable to the County Risk Manager upon execution of the contract". Counsel Jones will work with the Resource Connection to assure the County is protected with insurance coverage.

Supervisor Thomas clarified the total amount for the three year contract is \$750,000.

Motion made to approve the following resolution approving a contract between the County of Calaveras and the Resource Connection as modified per County Counsel regarding a certificate of insurance. (TANF/CalWORKs single allocation with normal federal/state and County share. The County match is funded from the realignment funds)

Moved: Tofanelli Second: Wilensky Approval: Unanimous

RESOLUTION NO. 10-109	APPROVING A CONTRACT BETWEEN THE COUNTY OF CALAVERAS AND THE RESOURCE CONNECTION IN AN AMOUNT NOT TO EXCEED \$750,000 FOR THE PROVISION OF CALWORKS STAGE I CHILD CARE FOR CALWORK'S WELFARE-TO-WORK RECIPIENTS FOR THE PERIOD JULY 1, 1010 THROUGH JUNE 30, 2013.
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REGULAR AGENDA

15. PUBLIC COMMENTS/GENERAL PUBLIC (10-25, I, 366)
Joyce Techel, representing myvalleysprings.com, responded to a statement made by Ed Anderson during public comments at the June 22, Board of Supervisors meeting. Ms. Techel stated no member of myvalleysprings.com has been hired to provide services to Mintier or the County. Ms. Techel asked people to verify rumors before stating them in public for broadcast;

Christa Thompson, County Behavioral Health Services, informed the Board of a new proposed plan under the Mental Health Services Act. The three year innovations plan has a 30 day public comment period before submission to the Department of Mental Health in August;

Marti Crane, Valley Springs, read into the record a statement

**Calaveras County Mental Health Board
Minutes – July 6, 2010**

TOPIC	DISCUSSION	OUTCOME
Call to Order	Meeting called to order by Chairperson, Sandy Morrill, at 4:15 p.m.	Call to order.
Attendance	<p><u>Members Present:</u> Briana Creekmore, Margo Leguillon, Sandy Morrill, Steve Wilensky, Christopher Williams, and Rosemary Wilson.</p> <p><u>Members Excused:</u> Kay Airola, Pat Davis, Dennis Huberty, Sydney Prest, Marie Robertson, and Gina Ruhl.</p> <p><u>Members Absent:</u> Gary Kuntz.</p> <p><u>BHS Staff/Community Present:</u> Rita Downs, Jana Molnar, and Christa Thompson.</p>	
Approval of Minutes	Due to the lack of a quorum, the minutes of the June 1, 2010 Mental Health Board (MHB) meeting were not approved.	Minutes of the June 2010 MHB meeting were not approved due to the lack of a quorum.
Public Comments	None.	
Old Business	<p><u>Annual Report:</u> Sandy Morrill reported. The report is almost finished except for two small sections – Housing and Job Development. A draft copy will be sent out to the MHB for members' review. Kathleen Gast, BHS, will write up a summary on Garden-to-Family and Christa Thompson, BHS, will complete the section on Housing.</p> <p><u>Application Review Committee/MHB Member Recruitment Press Release Update:</u></p> <ul style="list-style-type: none"> • Sandy Morrill reported that there are two MHB member 	<p>Upon completion of the Annual Report, a draft will be sent out to members of the MHB for their review.</p> <p>The Application Review</p>

**Calaveras County Mental Health Board
Minutes – July 6, 2010**

TOPIC	DISCUSSION	OUTCOME
<p>New Business</p>	<p>applications to be reviewed. Sandy requested the Application Review Committee be expanded to include members of the MHB Executive Committee. The Application Review Committee was asked to meet after the MHB meeting to review the membership applications.</p> <ul style="list-style-type: none"> • Discussion was held on recruitment of members. It was felt that recruitment should primarily focus on applicants that are or have been consumers and family members of consumers. Rita Downs suggested offering stipends for those traveling any distance to attend a MHB meeting. The question was raised if a different day of the week or meeting time would be more conducive to drawing more members. A suggestion was made to contact a former member to see if he would be interested in reapplying. • Christa Thompson reported that she has drafted a press release regarding the membership drive. Once approved, it will be released to The Pine Tree.net and the Enterprise. Steve Wilensky also suggested running an ad on the free public access TV. <p><u>Regional Trainings for Local Mental Health Boards & Commissions Members:</u> Sandy Morrill reported on the MHB training she attended, sharing information on the roles of the local MHBs through a Power Point presentation (handout). Discussion was held regarding some of the roles and duties with the following topics addressed:</p> <ul style="list-style-type: none"> • Quality Improvement (QI) Report will be added as a standing item on the MHB meeting agenda. As a member of the CCBHS QI Committee, Rosemary Wilson has offered to provide the QI Report. Rosemary stated it would be easier for those that attend both the CCMHP QI meeting and the MHB meeting if they could be held on the same day as they had in 	<p>Committee will meet after today's MHB meeting to review two membership applications.</p> <ul style="list-style-type: none"> • Jana Molnar to e-mail a former member to see if he would be interested in returning to the MHB. • Steve Wilensky to contact two possible recruits from the Salt Springs area. <p>Information/Discussion.</p> <p>Information/Discussion.</p> <p>Rosemary Wilson has offered to attend the QI meetings and provide the monthly MHB QI report.</p>

**Calaveras County Mental Health Board
Minutes – July 6, 2010**

TOPIC	DISCUSSION	OUTCOME
Committee Reports	<p>the past.</p> <ul style="list-style-type: none"> • A member needs to be elected to represent the MHB at the California Association of Local Mental Health Boards and Commissions (CALMHB/C). Rosemary Wilson stated she may be interested in being the representative. • Sandy stated she would like to see the MHB develop annual goals and objectives. <p>A new publication, <u>Navigating the Currents: A Guide to California’s Public Mental Health System</u>, was handed out. The guide was a collaborative project of the CALMHB/C and Eli Lilly and Company and it provides a comprehensive overview of the State’s mental health system.</p> <p><u>Ethics Training:</u> Steve Wilensky announced that there will be a free ethics training for Special District and Local Government Boards and Staff within Calaveras County on Monday, August 16, 2010. This will take place at the San Andreas Senior Center from 2:00 p.m. – 5:00 p.m. To fulfill their ethics training, MHB members are strongly urged to plan to attend this training.</p> <p><u>Mental Health Services Act Innovation Work Plan Fiscal Year 2010-13:</u> Christa Thompson, MHSA Coordinator, presented an overview of the Innovation Plan to be submitted to the State. The Plan is now posted for a 30-day community review. A Public Hearing of the Work Plan during the August 3, 2010 MHB meeting has been requested.</p> <p><u>NAMI:</u> No report.</p> <p><u>Director’s Report:</u> Refer to handout, “Director’s Report to Mental Health Advisory Board, July 6, 2010”.</p>	<p>Sandy Morrill will follow up on the appointment process of a MHB member to the CALMHB/C.</p> <p>Handout.</p> <p>A free ethics training will be held on Monday, August 16, from 2:00 p.m. – 5:00 p.m. at the San Andreas Senior Center (flyer). All MHB members are strongly urged to attend to fulfill their ethics training requirements.</p> <p>A Public Hearing of the Work Plan will be held during the August 3, 2010 MHB meeting.</p> <p>No report.</p> <p>Information/Discussion.</p>

**Calaveras County Mental Health Board
Minutes – July 6, 2010**

TOPIC	DISCUSSION	OUTCOME
<p>Chairperson’s Report</p> <p>Comments from Board Members</p> <p>Adjournment</p>	<p><u>Criminal Justice Committee (CJC):</u> Chris Williams and Rita Downs reported. The next CJC meeting will be held on Friday, July 16, 2010, from 10:30 a.m. to 12:00 p.m., in the BHS Administration Conference Room. Supervisor Merita Callaway has been appointed to a California State Association of Counties (CSAC) committee that has a focus on law enforcement. When she can, Merita will be attending the CJC meetings, providing information from the CSAC committee.</p> <p><u>Job Development Committee:</u></p> <ul style="list-style-type: none"> • Steve Wilensky provided a brief update on the Garden-to-Family project, noting seedlings produced in the greenhouse by Garden-to-Family participants supplied many of the seed starts for all of the Farm-to-Family gardens throughout the county. • Christa Thompson provided an update on the training to be conducted by the Department of Rehabilitation for CCBHS and ARC. The training may take place towards the end of July. <p><u>Housing Committee:</u> Christa Thompson reported. Refer to the “Director’s Report to Mental Health Advisory Board, July 6, 2010”.</p> <p>Sandy Morrill would like one more MHB member to be on the MHB Executive Committee and is requesting a volunteer.</p>	<p>Information/Discussion.</p> <p>Information/Discussion.</p> <p>Information/Discussion.</p>
	<p>None.</p>	<p>A volunteer from the MHB to sit on the MHB Executive Committee has been requested.</p>
	<p>Meeting adjourned at 5:45 p.m.</p>	<p>Meeting adjourned at 5:45 p.m.</p>

**Calaveras County Mental Health Board
Minutes – July 6, 2010**

TOPIC	DISCUSSION	OUTCOME
	<p>Respectfully Submitted, Jana Molnar, Clerical Assistant, Behavioral Health Services</p> <p>Minutes accepted by Board Action on August 3, 2010.</p> <p>Signature of Board Chairperson _____</p>	



News Release

FOR IMMEDIATE RELEASE

Date: July 2, 2010

Contact: Rita Downs, Director, Calaveras County Behavioral Health Services

Phone: 209-754-6525

Fax: 209-754-6597

[San Andreas, CA – Behavioral Health Services]

Input Requested on the Local Mental Health Services Act Innovation Work Plan

Calaveras County Behavioral Health Services is pleased to announce the release of the Mental Health Services Act (Proposition 63) Innovation Work Plan for FY 2010-13. The Innovation Work Plan is based on extensive community input from Spring of 2010, Spring of 2008, and the Summer of 2005.

The Work Plan is also based on guidelines from the State Department of Mental Health that require Behavioral Health departments to identify innovative approaches that increase access to services, improve collaboration, and/or improve services—all of which are consistent with local needs based on input during the past five years. Requirements state that projects must be new to the community and/or mental health with a limited timeline and measurable learning objectives. For details regarding the proposed projects, please download a copy of the Innovation Work Plan from www.calaveras.networkofcare.org.

The department is seeking input on Innovation Work Plan during a 30-day public review and comment period between July 2, 2010 and August 3, 2010. A Public Hearing regarding this Work Plan will be held during the Mental Health Board meeting on August 3, 2010 at 4:00 pm at the Behavioral Health Services Clinic, located at 891 Mountain Ranch Road in San Andreas.

Please contact Christa Thompson, Mental Health Services Act Coordinator, at 209-754-6525, or via email at cthompson@co.calaveras.ca.us during the 30-day public review period with any questions or comments or to request hard copies of the Annual Update or funding request.

- End -



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Calaveras may offer free talking circles, other mental health services

By **Dana M. Nichols**

Record Staff Writer

July 15, 2010 - 12:00 AM

SAN ANDREAS - Come January, traditional American Indian talking circles may be offered for free to Calaveras County residents suffering from stress, family crises or other problems that threaten their mental health.

The talking circles are just one of several new services the county government hopes to offer with \$400,000 in funding from California's Mental Health Services Act. The Act is funded through Proposition 63, the "tax on millionaires" voters approved in 2004 that adds a 1 percent tax on personal income over \$1 million.

County mental health leaders are proposing to offer free support groups for youths, young adults, men and women. The talking circles will be offered in the hope they will attract Miwok participants because county officials say members of that American Indian tribe often have inadequate access to mental health care.

Christa Thompson, Calaveras County's Mental Health Services Act coordinator, said her agency surveyed 200 county residents, focusing on folks who for one reason or another have limited access to mental health care.

Thompson said the proposed support groups, the circles and a proposed volunteer gardening program for mental health clients are based on the results of the survey.

She said the groups and circle will be open to anyone who wants to attend.

"Stress related to family life, the economy, employment, when it gets to the point where it is making you feel unwell, then that is the time a person would want to seek some sort of service," Thompson said.

Right now, many folks in the county lack the money or insurance needed to pay for a private counselor, she said.

Talking circles are a long-time element in Calaveras County culture, even if they are new as a mental health service.

A variety of educators and community leaders here have used the circles for everything from teaching social skills to schoolchildren to supporting people who have family members in prison to combating addiction.

Some talking circle leaders say they burn sage or sweet grass to purify and bless the room before beginning. Some circles are very formal, with participants entering the circular seating space and walking clockwise before taking their seats.

"You open up with a prayer, and then ask that what is said is blessed and healed," said Bear Marler, a substance abuse group leader who also helped with the survey work for the latest mental health proposal.

Typically circle participants use a talking feather, stick, or other object. Whoever holds the talking object can speak. Others must listen. The facilitator helps set the rules and guide participation.

Fred Velasquez, who also has facilitated talking circles, said the turn taking and the respectful mood established help even shy folks to feel comfortable and to speak.

"It kind of opens things up pretty well," Velasquez said. "Depending on the direction it takes and the people who are participating, it could be very cathartic. It could be like confessional."

The proposed expansion of services is posted online. Mental health officials are seeking public comments on it and plan to hold a public hearing Aug. 3. If the plan wins approval, talking circles and other groups will begin meeting in

January.

Contact reporter Dana M. Nichols at (209) 607-1361 or dnichols@recordnet.com.

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Mental health services could increase in county

By Kate Gonzales

Posted: Monday, July 26, 2010 10:37 AM CDT

Officials with Calaveras County Behavioral Health Services have devised an Innovation Work Plan that includes free Spanish-speaking support groups, traditional Mi Wok talking circles and a volunteer gardening program to reduce the risk of mental health problems in the county. Christa Thompson, Mental Health Services Act coordinator, is accepting community input on the plan through Aug. 3.

“The purpose of this innovation plan funding is to learn from a new practice and see if it's a viable practice in our community and one that could be replicated,” Thompson said in a phone interview Thursday.

The plan draws from years of community outreach and information gathering on Behavioral Health Services' part and would implement depression and anxiety alleviation in forms new to Calaveras County.

Those new forms take shape in two proposed projects: community support groups, which would establish support groups in towns across the county according to the specific areas' needs; and Garden to Families Program, in which Behavioral Health clients would volunteer for a mild stipend to help grow food to donate to the Resource Connection Food Bank in San Andreas.

The Innovation Work Plan began in 2005 with community meetings and focus groups with various agencies. The goal was to begin a general community planning process that would use Mental Health Services Act money, funded through Proposition 63, which was approved in 2004 and adds a 1 percent tax to those earning a personal income of more than \$1 million.

The planning process continued in 2008, Thompson said, when officials began the Prevention and Early Intervention element of the MHSA. This process, she said, included attending other agencies' meetings and interviews with the Mi Wok and Spanish-speaking populations, among others. Behavioral Health issued surveys to nonprofits and organizations like the Resource Connection (then Human Resources Council) and Sierra HOPE that have an interest in maintaining positive mental health in the community.

If approved, the plan would use about \$400,000 of MHSA funds and would be available to everyone despite income and insurance. A tentative schedule would have them begin in January 2011.

Although the online copy of the Innovation Work Plan claims that about 200 surveys were collected, Thompson said it was actually closer to 300. From those surveys, Behavioral Health saw that more than 50 percent of respondents selected “increase access to services” as a project priority and more than 45 percent requested services in their area.

Thompson said that spanning services across the county rather than having them centralized

in San Andreas would improve access to services and shape the meetings to the needs of the particular communities.

“By offering them in the community, we hope it will increase access ... and engagement (with) services and overall outcome (in mental health) by providing an engaging group that people can relate to,” she said. “We're really hoping it will improve the depression symptoms or symptoms related to stress or anxiety.

“We think people will be much more comfortable going to a support group in the community rather than public Mental Health, partly because of the stigma,” attached to attending mental health support groups, she continued.

Additionally, 55 percent of respondents requested a wo-men's group; 50 percent re-quested a men's group and 65 percent saw a need for support groups for teens and transitional-age youth, or 16- to 24-year-olds.

Thompson said other suggestions included Native American talking circles, Spanish-speaking groups and art therapy groups.

“We're really hoping to bring everyone together to increase access to services and improve those outcomes,” Thompson said. Group meetings would be time-limited, as Thompson said that some experience shows they are more successful than ongoing groups.

“That way the people in the group can really get to know each other and bond, and there's not a constant influx of people joining and dropping out of the group,” she said. “They (would) bond and grow together and once that group ends, ideally they would continue to offer support to each other and a new group would begin.”

Discussion and group leaders, as well as culture agents who would lead Spanish-speaking or Native American groups, would be paid employees.

The Garden to Families Program would set up BHS clients with a garden already involved with the program, which has gardeners growing food to donate to the county's food bank.

“The Garden to Family Program, I think, also benefits us in this current economy because all of the produce grown in the garden is donated to the food bank,” Thompson said. She added that when they initiated a trial run last year, the garden BHS clients worked on yielded the largest fresh-food donation the food bank had ever received.

“The confidence we see associated with this type of thing – it's really rewarding.”

The Innovation Work Plan includes measurements of success of the programs as well as a timeline of when projects would begin and when and how they would be evaluated.

“We're really looking at (these projects) from a learning perspective and seeing how we can make this a true mental health practice,” Thompson said.

The public hearing meeting regarding the Innovation Work Plan will be held at 4 p.m. Tuesday, Aug. 3, at Behavioral Health Services, 891 Mountain Ranch Road, at the Government Center in San Andreas. This will be the public's last chance to comment on and contribute to the plan, as it will be sent to the state for approval in the beginning of August.

Comments can also be made by calling 754-6525 or e-mailing

cthompson@co.calaveras.ca.us until Aug. 3. The Innovation Work Plan can be viewed at calaveras.networkofcare.org. Click on “Mental Health Services Act,” then “Innovation Work Plan.”

Contact Kate Gonzales at kate@calaverasenterprise.com.

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**Calaveras County Mental Health Board
Mental Health Services Act – Innovation Work Plan
Public Hearing
August 3, 2010**

TOPIC	DISCUSSION	OUTCOME
<p>Call to Order</p> <p>Introduction</p> <p>Purpose of the Meeting</p> <p>Overview of the MHSA Innovation Work Plan</p> <p>Public Comments</p>	<p>Public Hearing called to order at 4:08 p.m. by Sandy Morrill, Chairperson of the Mental Health Board (MHB).</p> <p>Introductions were made of all in attendance.</p> <p>Sandy Morrill reported the purpose of the Public Hearing is to receive public input/comments on the Mental Health Services Act (MHSA) – Innovation Work Plan prior to its submission to the State for approval. Ground rules for the Hearing were reviewed.</p> <p>Christa Thompson, MHSA Coordinator for Calaveras County Behavioral Health Services, presented a brief overview of the Innovation Work Plan (handout). The Plan had been posted for the required 30-day public review. Christa reported comments were received regarding who should conduct the community support groups in West Point. Offers for possible use of space for the community support groups were also received from throughout the county.</p> <p>The following questions, comments, and answers were received:</p> <p>Steve Wilensky – I would like to put you (Christa) in touch with people who are already doing groups in West Point.</p> <p>Margo Leguillon – Is Mountain Ranch being considered as a location for a community support group?</p> <p>Christa Thompson – Inquiries about the possible use of the Mountain Ranch Community Center for a community support</p>	<p>Public Hearing called to order at 4:08 p.m.</p> <p>Introductions.</p> <p>Information/Discussion</p> <p>Information/Discussion</p> <p>Information/Discussion</p>

**Calaveras County Mental Health Board
Mental Health Services Act – Innovation Work Plan
Public Hearing
August 3, 2010**

TOPIC	DISCUSSION	OUTCOME
	<p>group have been received. Murphys Senior Center has also been offered for possible use for a community support group.</p> <p>Margo Leguillon – I have a background in drawing and would like to work with and help people through art work activities.</p> <p>Christa Thompson – Once the plan is approved, Requests for Proposals will be going out to apply for funds.</p> <p>Steve Wilensky – 40-50% of the Calaveras County Miwok community work at the casino in Amador County. Could we partner with the casino?</p> <p>Christa Thompson – There are challenges with that. Perhaps if Amador County Behavioral Health Services would want to collaborate with Calaveras County Behavioral Health Services.</p> <p>Steve Wilensky – If the casino would fund, I am sure Amador County Behavioral Health Services would join in.</p> <p>Sandy Morrill – The Miwok Indians are a sovereign nation – would that make a difference?</p> <p>Christa Thompson – The MHSA funds should stay in the county. The people of West Point would like to have services provided in West Point.</p> <p>Christa Thompson – A positive comment regarding the Garden-to-Family Plan has been received from a member of the MHB.</p> <p>Pat Davis – There is much benefit in doing the Garden-to-Family.</p>	

**Calaveras County Mental Health Board
Mental Health Services Act – Innovation Work Plan
Public Hearing
August 3, 2010**

TOPIC	DISCUSSION	OUTCOME
<p>Closing Remarks</p> <p>Adjournment</p>	<p>It is a succession of appointments, obligation to the group, giving, creating, and learning. The self-esteem they get from this is far more than what they get from group.</p> <p>Steve Wilensky – I would suggest members of the MHB spend some time in the garden.</p> <p>Margo Leguillon – What it could mean to the consumers having the MHB members work with them in the garden!</p> <p>Christa Thompson – I would need to check with the group and Master Gardner to see if they are comfortable with the MHB coming out to the garden.</p> <p>Denise Giblin – With the growth of mental health services increasing, we need to look at other options of meeting the needs of the mental health community. The community support groups are a great opportunity to get their needs met rather than just coming to Mental Health in San Andreas. The MHB does not just oversee the Mental Health Plan, but also oversees the needs of the community.</p> <p>As there were no substantive changes submitted through public review, the Innovation Work Plan will now be submitted as written to the State for approval.</p> <p>Public Hearing adjourned at 4:28 p.m.</p> <p>Respectfully submitted by, Jana Molnar, Administrative Support, Behavioral Health Services</p>	<p>The Innovation Work Plan to be submitted as written to the State for approval.</p> <p>Hearing adjourned at 4:28 p.m.</p>

