



**MADERA COUNTY  
BEHAVIORAL HEALTH SERVICES  
Administration**

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**MADERA COUNTY BEHAVIORAL HEALTH  
SERVICES**

**PROPOSED INNOVATIONS PROJECTS**

**APRIL 16, 2010**

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# EXHIBIT A

**EXHIBIT A**

**INNOVATION WORK PLAN  
COUNTY CERTIFICATION**

**County Name:** Madera 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)      4/13/10      Date      Director      Title

# EXHIBIT B

## EXHIBIT B

### INNOVATION WORK PLAN

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

County Name: Madera  
Work Plan Name: INN—01, INN—02, INN—03

Instructions: Utilizing the following format please provide a brief description of the Community Planning and Local Review Processes that were conducted as part of the 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)

During the MHSAs stakeholder process for the PEI/WET, Housing, Cap/Tech and Innovations planning, Madera County Behavioral Health Services (MCBHS) did extensive outreach to the community regarding the Innovations component. This process involved mostly focus groups, individual contacts, questionnaires, community meetings, etc. At that time, clients, family members, stakeholders and the public stated their priorities for planning purposes. During this process, it was discovered that large group stakeholder meetings were not effective in obtaining input. There are no behavioral health Community Based Organizations (CBO's) in Madera County. Madera County BHS found that small focus groups and questionnaires were more effective in obtaining public response. For the Innovations planning, MCBHS did extensive interviews and small focus groups where clients, family members, the public. Stakeholders stated they felt more comfortable in expressing their ideas and concerns. MCBHS went to these groups/organizations (rather than them coming to us) in order to obtain their input.

Although there was extensive outreach during the prior year's Innovations planning process, MCBHS again went to key stakeholders, staff, and providers and met with clients/family members. Focus groups were held at the places where those groups normally met. Other locations were handicapped accessible. Interpreters, including for the deaf and heard of hearing were also available as necessary.

MCBHS explained the purpose of the MHSAs Innovations component. Input was sought regarding priorities and if the priorities had changed from the previous year. MCBHS asked if they wanted to add any additional information to the planning process.

MCBHS also placed questionnaires in English and in Spanish regarding the Innovations planning process on its website. Newspaper articles were sent to the local papers regarding the Innovations planning process, how to contact staff for input and the link to the website for responding to questionnaires.

During the focus groups and presentations to the public, a PowerPoint presentation was conducted which listed the purpose of the MHSA, the Innovations Project, the issues from the Community System and Supports planning, the PEI/WET, Cap/Tech and Housing planning processes. The PowerPoint specifically stated that the Innovations project had a focus on learning and developing new mental health approaches and practices. This was further emphasized by staff who was presenting. Input was sought from each of the focus groups and stakeholder entities on the directions for the INN projects.

The feedback from these entities was incorporated in the three proposed INN projects. Even though during the planning process it was explained that the INN project was to be new and have a focus on learning, there often were comments from stakeholders, clients and family members that they would like to have the state funding cuts restored for more core services including housing and jobs.

An INN Survey was posted on the Madera County Behavioral Health Website. Seventy-eight people responded. The surveys that were collected from the website or by hand show the following results:

Demographics	
Male	33.3%
Female	66.7%
Other	0
Client	
Client	12.8%
Family Member	2.6%
Work for Madera County Behavioral Health	29.5%
Work for another agency within the County of Madera	23.1%
Interested community member	17.9%
Health care provider	7.7%
Member of the faith based community	14.1%
School personnel	1.3%
Other	5.6%
Age	
Under 18 years	0
18--25 years	2.6%
26-59 years	87.0%
60+ years	10.4%

Ethnicity

Latino	42.3%
African American	2.6%
Caucasian/White	46.2%
Asian/Pacific Islander	5.1%
American Indian/Native American	3.8%
Other	3.8%

## Issues

Almost 99 percent (98.7%) found the issues that were raised in the CSS planning process still to be relevant. They were;

- Homelessness,
- Isolation,
- Criminal Justice/Juvenile Justice Involvement/Incarceration,
- Inability to obtain employment,
- Out-of-home placements/institutionalization,
- Involuntary treatment/hospitalization and
- Transportation

Additionally, 92.1 percent found the issues that were raised during the 2008 PEI, Housing, WET, Cap/Tech and INN community planning process still relevant.

Those included the following;

- Obtaining basic information about mental illness,
- How to respond to those experiencing mental health issues in a supportive manner,
- Reduce stigma against mental illness,
- Reduce isolation,
- Provide early intervention/prevention of mental illness or from the illness progressing,

Ninety four percent of the people who filled out the questionnaires stated they would like Madera County to develop an INN plan to address the following;

- How to respond to those experiencing mental health issues in a supportive manner,
- Provide early intervention,
- Prevention of mental illness or from the illness progressing.

The following summarized comments were received regarding the direction for mental health services through the Innovations Projects.

- Crisis teams to include family and peer support members
- More nursing and coordination of physical health types of services
- Crisis prevention teams
- Better discharge planning from the hospital
- Need housing for women with children
- Provide on-site childcare services

- Educate family members about mental illness and the community about mental illness
- Need more peer reps, peer advocates, peer “bridgers”, peer counselors, peer case managers and peer self-help facilitators to help clients into and maintain in the system.

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

This process involved focus groups with the following entities. Madera County had found through the other planning processes for MHSA, there is a better response if we go to the individuals/groups/agencies rather than have large, stakeholder meetings.

- Madera Unified School District, Special Education Coordinator and Assistant Superintendent
- Migrant Farm Workers (presentation done in Spanish to the Latino population)
- MCBHS Adult Outpatient staff (included Caucasian, Latino, African American, Native American and LGBTQ)
- Center for Independent Living Program Coordinator
- MHSA Children and TAY Youth Full Service Partnership Team (included Latino's)
- MHSA Adult Full Service Partnership Team (included Latino's)
- Shunnamite House (permanent supportive housing for homeless women) (underserved populations of Latino and African American clients)
- Hope House (MCBHS Client Wellness and Recovery Center--Madera (included Latino and African American and LGBTQ clients/family members)
- Mountain Community Wellness Center (MCBHS Client Wellness and Recovery Center--Oakhurst) (included clients/family members)
- Madera County Department of Social Services (including Latino's)
- Madera County Probation Department (included Latino's and African American's)
- Madera County Department of Corrections (jail) (included Latino's)
- Fresno/Madera Area on Aging (FMAAA)
- Picayune Rancheria of the Chukchansi Indians (included Native Americans)
- Madera County Behavioral Health Management/Administration (included Latino's)
- Madera Community Hospital Administration and Emergency Room staff
- Madera Community Hospital Rural Health Clinic (RHC)
- Madera County Department of Public Health Services (included Latino's and Asian's)
- Chowchilla Police Department
- Madera City Police Department

- Madera County Sheriff's Office (included Latino's)
- Interagency Children and Youth Services Council of Madera County. This organization includes representatives from;
  - Superior Court,
  - Madera County Superintendent of Schools,
  - Madera County Action Agency,
  - Behavioral Health Services,
  - Madera County Board of Supervisors,
  - Child Abuse Prevention Council,
  - District Attorney's Office,
  - Juvenile Justice,
  - Probation Office,
  - Public Health,
  - Social Services,
  - Sheriff/Coroner's Office,
  - Housing Authority of the City of Madera,
  - Community Liaison,
  - Darin Camarena Health Center,
  - First 5 of Madera County,
  - Madera County Local Child Care and Development Planning Council and
  - Madera Unified School District (includes Latino's, Asians and African Americans).

There were questionnaires posted on the MCBHS website and newspapers articles published requesting input in the Madera newspaper, the local Spanish newspaper as well as the Oakhurst (mountain communities) newspaper.

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 were received.

The 30-day stakeholder review was from March 4, 2010 to April 6, 2010. The date of the public hearing was April 7, 2010. There were no substantive comments received during the posting nor at the public hearing.

# EXHIBIT C

EXHIBIT C

INN—01

EXHIBIT C

1

**Innovation Work Plan Narrative**

Date: 3-3-10

County: Madera

Work Plan Number: INN-01

Work Plan Name: Increase Access into the System from Crisis Services

**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 Access into the System from Crisis Services**

Madera County residents and people who worked in Madera County stated they would like to see an Innovation Project trying to increase access into the mental health for those individuals who received crisis services. They wanted to learn if the engagement of peer support and family support in crisis services would increase service access for follow-up mental health services. Currently, in Madera County only 22% of those individuals accessing crisis services follow through with on-going outpatient services. The numbers are even fewer (4%) for those who are hospitalized.

This Project is important. Experiencing a crisis is an unnecessary disruption to one's life and their family's lives. MCBHS wants to improve the overall mental wellbeing of its community through increased access to on-going services. In response to the planning process, MCBHS is proposing an Innovation Project which will focus on learning the following;

*Will the provision of engagement and outreach services by Peer/Family Member Support staff for people that go to the Emergency Room (ER) for crisis services, (including those who were hospitalized) result in those same people to be engaged to come in for on-going mental health and peer supportive services? Would access increase for youth and transition age youth (TAY), if a TAY provided that outreach and engagement? It was due to the stakeholders, clients and family member's input during the planning process, this Innovations Project was chosen. This Project's essential purpose is to increase access to services.*

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### 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)

#### Description of the Innovation Project

This Project will employ an integrated team of transition age youth (TAY) and adult/family support specialists to engage clients (and families) at initiation of mental health crisis services at the Hospital's Emergency Department. The team will provide engagement services at the ER or after the client is released from being hospitalized. Since there are not enough dollars in the Innovations allocation, we will be unable to provide the peer/family member support 24/7. If a client/family shows up in the ER during the hours that the peer/family support is unavailable, they will follow-up with the client/family as soon as possible on their next work day.

Engagement by client/family member support staff will be an important element of this Project. Madera County BHS's focus of their crisis services will no longer just be on medication management, assessment for lethality and grave disability (typical clinical crisis services). This Project will involve engagement of clients and family members by peer/family member support staff at the ER or after someone is released from an inpatient unit. This engagement will welcome clients and family members. It will emphasize recovery and resiliency. It will focus on clients taking an active role and the development of their own personal wellness and recovery plan.

Madera County Behavioral Health Services will learn whether peer and family engagement results in improved utilization of mental health services for clients that have their initial engagement at the emergency room. MCBHS will also learn whether or not having a TAY peer support specialist will make a positive difference in access for the youth and the TAY population.

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### Innovation Work Plan Narrative

#### Issue

Research shows that people don't come to Mental Health treatment services because of;

- Stigma
- Language and cultural barriers
- Physical barriers
- Financial barriers
- Lack of recognition of mental health symptoms
- Lack of support for primary care physician in recognizing and treating mental health issues

Adults, children and older adults with serious mental illness (SMI) or serious emotional disorder (SED) can lead lives characterized by recurrent significant crisis. It is not inevitable that people with mental health issues will have crisis. The crisis often represent the combined impact of factors including; lack of available services and supports, stigma, poverty, unstable housing, co-occurring disorders, trauma, victimization, etc. Homelessness, contact with law enforcement and other adverse events can cause crisis and can contribute to the impact of mental and emotional disturbances.

Often, because the general public won't come in for treatment services, they will seek treatment at the hospital emergency room when a situation becomes a crisis. The traditional focus of crisis services has been to assess for lethality, provide medication, followed by an outpatient referral for services or to hospitalize if they are a danger to self, others or gravely disabled. This approach has not been particularly effective for Madera County. For some who won't seek ongoing treatment, the ER becomes the only mental health services they receive.

#### **Madera County Statistics**

Madera County Behavioral Health Services examined 90 consecutive days of data (FY 2009—2010) of those individuals who showed up at the Madera County Hospital Emergency Room for mental health crisis services. This data did not include those clients who may have already been receiving services through Madera County Behavioral Health Services. The examination of the data showed the following;

- There were 173 individual visits for mental health crisis services to the Emergency Room at Madera Community Hospital during a 90 day period of time. (Again, these statistics did not include individuals currently receiving Madera County BHS services.)

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### Innovation Work Plan Narrative

- The statistics showed that 169 were unique individuals and two were individuals who had already received crisis services within that 90 day period of time.

There were 46 people hospitalized (27%) out of those 169 unique individuals who came in for crisis services. Only 11 out of the 46 (4%) came in for follow-up mental health services after being hospitalized. For those remaining 123 individuals who sought crisis services but were not hospitalized, less than 22% came in for follow-up treatment/services.

- In examining the age groups of those individuals that received crisis services at the ER, 20% were youth between the ages of 0—17.
- There were also two individuals who had reoccurring episodes at the emergency room. Those two individuals were between the ages of 0—17.

The age groups broke down as follows;

Age	Number of Individuals	Age Group Percentages
0—15	25	15%
16—17	9	5%
18—24	32	19%
Total Youth/Transition Age Youth (TAY) (0—24 years of age)	66	39%
25—59	91	54%
60+	12	7%

As stated earlier, none of the 173 visits examined were currently open to Madera County Behavioral Health Services. However, 19 of those individuals (11%) did have a prior history of services with MCBHS, either receiving mental health or substance abuse services or both.

People won't seek mental health services through the clinic but will go to the local hospital emergency room when they experience a mental health crisis. Even though they

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### **Innovation Work Plan Narrative**

are referred for follow-up services, in Madera County less than 22% will actually seek them. Even fewer (4%) sought follow-up mental health services after being hospitalized.

#### **Expected Outcome (positive change)**

Madera County BHS expects to find a new model for increasing access to services for individuals whose first point of contact is receiving crisis services in the ER or were hospitalized. Outreach by peer/family member staff (including TAY) at the emergency room, after being released from the emergency room or an inpatient facility will increase access to and utilization of mental health treatment services and in particular the youth and transition age youth populations (increase access).

#### **General Standards Identified**

This Innovation Project supports and is consistent with the general principles of the MHSA in the following ways;

1. **Community Collaboration**—this Project was developed with community participation. It supports collaboration with clients who currently are or have been in the system. Their input was appreciated and implemented in the design of this Project. The community, including providers, representatives from underserved and unserved populations and other organizations will continue to be involved through the dissemination of its findings and continued input. They will review the findings; provide input on Project design, goals, measurement tools, impact of the model, etc., for its continuance and change.

Since this is a learning Project, MCBHS will continue to ask the community as to how they would like to remain involved and collaborate with MCBHS on this Project. Those ideas and inputs will be sought through stakeholder meetings, questionnaires, etc., and implemented.

2. **Cultural Competence**—this Project will pay attention to the needs of culturally diverse populations. They will provide input as to what is necessary to attract and retain individuals from different ethnic backgrounds to appropriate outpatient and peer support services. The peer and clinical staff will be trained to understand and effectively address the needs and values of the particular racial/ethnic, cultural and/or linguistic population or community. Their own personal experiences (should they choose to share) will also be incorporated in the training. This training will include the clinical and clerical support staff for this Project. MCBHS will seek to hire bilingual/bicultural peer/family member staff.

The Project will be evaluated with special attention given to diverse populations and will work to address their needs. A goal of this Project is to determine which strategies are effective or ineffective for different age, ethnic and cultural groups.

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### Innovation Work Plan Narrative

Other programs throughout the mental health system will be informed as to this Project's effectiveness in hopes it can be replicated.

Client/Family Member Driven Mental Health System—this Project includes the ongoing involvement and engagement of peer/family member support staff to clients seeking services. People who will receive the peer/family member support for service engagement will have the role in identifying their needs, preferences, strengths. They will have a shared decision-making role in determining which follow-up services and supports are the most effective and helpful. Since this is a learning Project, MCBHS will ask clients/family members as to how they would like to remain involved and collaborate with MCBHS on this Project.

The families of children and youth will have a primary decision-making role in the care chosen for their own children. This includes the identification of needs, preferences and strengths. There will be a shared decision-making role in determining which services and supports that would be most effective and helpful for their children.

This Project includes the ongoing involvement of clients and family members in roles such as, but not limited to, development and evaluation. Project development and implementation is driven by client need. Based upon feedback, certain strategies may be added or removed from the Project and/or applied in other programs. Clients and family members will be involved in all stages of programming, including need assessment, resource development, implementation and evaluation.

3. Wellness, Recovery and Resilience Focus—The Peer/Family Support staff will demonstrate and focus on the possibilities of recovery and resiliency. They will complement what is being provided by the clinical team. This Project will increase resilience and will promote wellness and recovery for people with severe mental illness by providing a continuum of care. This continuum ranges from specialty mental health services to recovery oriented services, medication and chronic disease management which will emphasize overall health and wellness.
4. Integrated Service Experiences for Clients and their Families—this Project encourages and provides for access to a full range of services provided by multiple agencies, programs, etc., for clients. Clients will have access to multiple levels of care for their mental and physical health needs, e.g., access to mental health and physical health care. Referrals will be made for clients who need physical health services to primary care physicians. Clients at the ER will also have any physical health needs assessed, treated or referred for additional medical services.

This Project will integrate peer/family member support services as an adjunct to the clinical services for people seeking emergency or crisis services at the ER. The client/family member team and outreach/engagement services will have equal importance as the clinical services MCBHS has to offer people in the community. Clients and families will be able to get their needs met in one location. They will also

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### Innovation Work Plan Narrative

be able to get any information needed about the mental health system and services in one location.

#### 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 Madera County BHS Innovations Project would provide a new approach to dealing with mental health crisis services in the ER. Crisis services would be combined with peer/family support services. There will be a TAY peer advocate to work with TAY and youth. Outreach and engagement by peer and family member staff would happen at the ER and, if necessary, afterwards (including after hospitalization) to provide outreach and engagement services. MCBHS is unaware where there is any program currently doing this. A literature and program search yielded nothing. Several randomized control trials have demonstrated the impact of services provided by peer employees on positive client outcomes. The evidence in support of their effectiveness however, has primarily emerged from descriptive studies. In examining the data on peer services in the mental health system, the meta-study Emerging Research Base of Peer-Run Support Programs examined 34 different meta-studies on peer-run support programs. The majority of the studies focused on the role support groups and vocational peer support programs. None of the studies mentioned in the 32 references had this proposed type of project of having peer/family member staff including TAY peer staff be a partner to clinical crisis staff in a hospital ER, to engage clients to increase access and retention in treatment services. A search of the National Mental Health Consumer's Self-Help Clearinghouse website (US Dept. of Health and Human Services), again failed to find a program that had a model with its primary focus being to increase access and retention of unserved and underserved populations in an ER setting.

It is unknown to Madera County Behavioral Health if there are other service providers who are providing this service in the ER. An extensive internet and literature search did not find a similar program. This Project is, however, similar to a recently approved Innovations Project from San Diego County. It is hoped that we will be able to collaborate as to our models and findings with San Diego County.

This Project's proposal of peer/clinical staff at an ER will be new and different. MCBHS wants to focus the learning portion of this Project on will this increase access into outpatient services. Does this proposed Project make a difference?

#### Madera County BHS Learning/Practice Change Goal

1. Hypothesis—MCBHS will have peer/family member (including TAY) staff at the emergency room engaging clients/family members and will provide follow-up

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### Innovation Work Plan Narrative

engagement if necessary, after the client leaves the ER (including after hospitalization). Will this engagement lead to an increased access and utilization of mental health services?

- a. Goal/Outcome—Clients seen in the ER or who are hospitalized will access and utilize services at higher rates.
  - b. Goal/Outcome—Peer/Family member engagement services will be more successful with certain age, gender, cultural groups, etc., than the current referral process for ongoing services.
  - c. Goal/Outcome—Youth and TAY seen at the ER or who were hospitalized will access services at higher rates due to outreach and engagement by a TAY peer provider.
  - d. Goal/Outcome—TAY engagement services will be more successful in getting youth and TAY into services than the current referral process.
2. Hypothesis—can voluntary, recovery-oriented, peer driven services be successful in a general hospital emergency room?
- a. Goal/Outcome—by providing peer/family services, there will be better recovery outcomes and access to treatment.
  - b. Goal/Outcome—by providing TAY peer services, there will be better recovery outcomes and access to treatment by the youth and TAY population.
  - c. Goal/Outcome—by providing peer/family services, there will be a change in the attitude of the ER staff towards recovery and mental health services. In particular there will be a change in the attitude towards youth and TAY recovery and mental health services.

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### 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: 07/10—06—13  
MM/YY – MM/YY

The overall time frame for which the Project will operate will be three years. During this time frame MCBHS will be able to conclude if outreach and engagement by peer and family member support staff does/doesn't engage people into services who experienced crisis/hospitalization. Information on the implementation and Project data will be disseminated quarterly to clients/family members through the Department's Quality Management Committee. There are stakeholders (including clients and family members) who sit as regular members of this committee.

MCBHS would examine what does and doesn't work in this new model of engagement into the system. What elements would be necessary to create a model for other counties to use? The development of the measurement tools would include stakeholders, peer and clinical staff as well as clients and family members. Data would then be gathered regarding this Project.

Data would be collected quarterly. The County would set up the Project measurement based upon input from the stakeholders, clients, etc. Stakeholders, including clients and providers would be involved in the design of this Project's assessment and surveyed as part of the evaluation process. This data would be submitted to the Department's Quality Management Committee which includes clients, providers and family members.

As data and feedback was obtained, the Project would be refined and retested. The Project would be reviewed on an annual basis with a final comprehensive assessment after June 2013. The proposed timeline for this Project is three years. That allows time for;

- The Project development,
- Development of measurement instruments and data,
- The ability to see what works and doesn't work
- Modification as necessary,
- Testing/retesting, etc.

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### Innovation Work Plan Narrative

Data would be presented at the Mental Health Board Meeting as well as at the MHSA stakeholders meeting. Data would also be presented to the ER and hospital staff as well as any groups who wish to receive that information. There has been a request to present the data to the Madera Unified School District personnel (special education coordinator and psychologist along with other designated staff). This would be done. Data would also be presented at the wellness and recovery centers located in Madera and Oakhurst to clients and family members. Data would also be written in articles annually about the Project in the local English and Spanish newspapers and posted on the Department's website. During the review and assessment, comments and perspectives of the various stakeholders would be sought and recorded.

6/10--Approval of Innovation Plan by the Oversight and Accountability Commission.

7/10--10/10

During this period of time, training for peer staff would be purchased on crisis intervention services and how to provide peer engagement and support to individuals and families. Training would also be developed and/or purchased on cultural competency issues in working with families and individuals.

Contracts for payment for the adult and/or family member and Transition Age Youth Peer Support individuals would go to the Board of Supervisors, interviews held, individuals chosen and trained on the provision of peer support services, engagement and cultural competency issues. Training would also be provided for the ER staff and other hospital staff. Peer staff (if they chose) would be included as part of the client/family member culture training.

MOU's and other administrative documents would be developed and implemented. Space issues would be addressed and resolved prior to the beginning of the Project.

11/10--12/10

Staff at the Madera Community Hospital RHC and the Emergency Room staff would be introduced to the crisis/peer staff and educated regarding the services provided.

1/11--3/11

Data would be collected regarding outcomes (see Project Measurement section for specifics). Input would also be gathered from stakeholders, families, clients, etc. Changes will be made to the Project as appropriate based on data and input.

4/11--6/11

Peer staff would continue to provide engagement and supportive services. Data would be collected regarding outcomes (see Project Measurement section for specifics). Input would also be gathered from stakeholders, families, clients, etc. Changes will be made to the Project as appropriate based on data and input.

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### **Innovation Work Plan Narrative**

7/11--6/12

Data would be examined on a quarterly basis regarding satisfaction with services and readmission to the ER. Input would also be gathered from stakeholders, families, clients, etc. Changes will be made to the Project as appropriate based on data and input. Additional training needs would be identified and provided. Stakeholders would be informed of results.

7/12--6/13

Data would be examined on a quarterly basis. Input would also be gathered from stakeholders, families, clients, etc. Changes will be made to the Project as appropriate based on data and input. Additional training needs would be identified and provided. At the end of the third year, MCBHS would be able to determine if this approach works or doesn't. Stakeholders would be informed of results. MCBHS would determine if other counties could replicate approach for their crisis services and have this be an effective alternative.

## EXHIBIT C

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### 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.

#### Review and Assessment

Data would be gathered regarding the crisis intervention services for those individuals who chose to participate. Data would be collected quarterly.

Stakeholders, including clients and staff will be surveyed as part of the Project evaluation development process. Additionally, since this Project includes family and TAY engagement, there is an expectation of continual feedback from the families and TAY's served. Data would be gathered quarterly regarding receiving initial peer outreach and engagement services.

There would be specific updates provided to our stakeholders and an opportunity to provide input at the Project, client (especially TAY's), family member, staff and community levels. Final reports may be distributed to providers for posting.

Specific data to be gathered and evaluated includes, but is not limited to, the following:

1. Does Peer Support and Family Member staffs engaging clients after receiving crisis services at the ER or after being hospitalized, increase access to services?
  - a. Increase in number of people who report it was because they were engaged by peer/family member staff, they participated in on-going mental health services (survey)
  - b. Data examined will include;
    - i. Demographics (including language, age, cultural issues, etc.)
2. Does TAY Peer Support staff engaging youth and TAY's after receiving crisis services at the ER or after being hospitalized, increase access to services?
  - a. Increase in number of youth and TAY's who report it was because they were engaged by a TAY Peer Support staff member that they participated in on-going mental health services (survey)
  - b. Data examined will include;
    - i. Demographics (including language, age, cultural issues, etc.)
3. Successful linkage and/or enrollment in mental health services for clients who receive the peer outreach and engagement services
  - a. Any differences in response from adults, TAY, etc., in accepting services, e.g., how many go to services, remain engaged in services, etc.

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### **Innovation Work Plan Narrative**

4. Other outcomes as indicated by peer staff and stakeholders during the review process.

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**Leveraging Resources (If Applicable)**

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

In development.

EXHIBIT C

INN—02

EXHIBIT C

1

**Innovation Work Plan Narrative**

Date: 2-25-10

County: Madera

Work Plan Number: INN-02

Work Plan Name: Linkage to Physical Health by Pharmacist and Reverse Integration from Mental Health to Physical Health

**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**

During the Innovations Planning Process, MCBHS clients complained about the lack of coordination between mental health and physical health. Clients stated they were concerned about indicating on their physical health records that they have a mental illness because of stigma. Our client's fear is founded. Historically, people with serious mental illnesses have been treated as if mental illness were the only defining health factor in their lives, e.g., "he/she's the schizophrenic..." Primary Care often is not trained in mental health issues. Research shows that one half to two thirds of diagnosable mental illnesses often goes unrecognized in a primary care setting.

Conversely, mental health providers often tend to overlook signs of physical disorders with clients dismissing such concerns as psychosomatic or the result of their mental illness. In one study, nearly half of women's health issues were overlooked by psychiatrists. When examining such data there appears to be a strong need for improved coordination of care between mental health and physical health care providers.

BHSA staff has complained that primary care won't respond to phone calls, letters, etc. Primary care providers state that mental health won't answer any questions when they ask, so they have stopped trying.

During the Innovations planning process, clients and family members stated they would like to have a learning Project that would address the need for greater interagency collaboration between physical health services and mental health. They stated they wanted MCBHS and primary care to collaborate and work more closely together to address their multiple mental and physical health needs. This is why this Project was chosen.

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### **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 MHS and Title 9, CCR, section 3320. (Suggested length – one page)

#### **Describe the Innovation**

This project involves an innovative collaboration between the MCBHS' contracted pharmacist and local primary care providers. The pharmacist will work with the primary care physicians and MCBHS staff by linking and coordinating the MCBHS client's mental health and physical health care. Clients who need physical health services would be referred and coordinated with physical health care as necessary by the pharmacist.

This Project would also include the pharmacist transitioning those MCBHS clients who are stable and receiving only medication services from a mental health home to a medical home (reverse integration). Those stable, "meds only" clients may have presenting physical health issues but are not receiving coordinated (or any) physical health care. This project proposes to transition these clients to a medical home. We will learn if this transition will relieve the problem of inadequate access for clients with more acute mental health needs due to an overburdened system. In addition, primary care patients who need specialized mental health services would be linked to MCBHS. We will establish a formal relationship between primary care physicians and staff for such referrals.

MCBHS will provide training to the primary care staff (including medical and support staff) on mental illnesses, stigma, etc. This will increase their knowledge about mental health issues and how to respond in a positive manner to our clients. Most training only occurs with the medical staff. MCBHS proposes to also train not only the medical staff but the support staff in Mental Health First Aid. Support staffs are usually the first people one encounters at a medical office. MCBHS would want to learn if this makes a positive difference on how our clients are treated and help to reduce stigma.

Mental Health First Aid is an evidenced-based program that builds mental health literacy, helping the public identify, understand and respond to signs of mental illness. It gives key skills to assist people with mental illness. Participants are introduced to risk factors and warning signs for mental health or substance use problems. They learn about evidenced-supported treatment and self-help strategies.

#### **Issue Project Addresses**

Statistics have shown that people with serious mental illnesses die, on average 25 years earlier than the general population. Often, there is little contact between psychiatric/mental health care and physical health care. The lack of inter-provider coordination and communication is seen as a barrier to the quality of health care. This was addressed in the President's New Freedom Commission Report. Further, the State Department of Mental Health's contract with the county states, "That the MHP shall work to ensure that services are coordinated with physical health care and other agencies used

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### Innovation Work Plan Narrative

by its beneficiaries. The MHP shall exchange information in an effective and timely manner..."

Numerous studies over the past 30 years have found high rates of physical health-related problems and death among individuals with serious mental health issues. According to the Bazelon Center for Mental Health Law, studies have shown that nearly half of people with serious mental health issues had at least one chronic illness severe enough to limit daily functioning. Adults with mental health issues were almost twice as likely to have multiple medical disorders as adults without a mental illness. Those that have co-occurring mental health and substance abuse disorders were the most likely to have medical problems.

#### Madera County Statistics

During an intake, clinicians ask clients if they have a primary care physician (PCP). If a client doesn't, they will make a referral for medical services. In reviewing charts, it has been noted that even though the client states they have a PCP, there is still little coordination between psychiatrists and the client's medical physician.

In examining 100 random mental health records of open MCBHS clients, the following statistics were discovered. Sixty-two percent of the clients had a documented Axis III diagnosis. An Axis III diagnosis indicates general medical conditions, e.g., diabetes, heart disease, etc., as told by the client to the clinician. Only 40% of these 100 clients had a primary care physician. There were only 22% of those 100 clients who had releases of information between MCBHS and the primary care physician. Only 3% of those 100 clients had any medical records in the chart indicating coordination of care with the primary care physician.

There appears to be a need for more collaboration between MCBHS and primary care. For these reasons our Innovation planning stakeholders indicated to us that promoting interagency collaboration in this area should be the essential purpose of this Innovations Project.

#### **Outcome to Create Positive Change**

This project will provide the following components which will assist us in learning if a pharmacist can provide linkage between primary care and behavioral health. This project will also assist in learning if a pharmacist can transition stable SMI from the mental health system to a medical home for on-going medication monitoring and attention to physical health needs. The overall outcome would be to create positive change in determining a new way to increase collaboration and mental and physical wellness.

#### **The Project is aligned with the MHSA General Standards in the following ways;**

This Innovation Project supports and is consistent with the general principles of the MHSA in the following ways;

1. Community Collaboration—the community was involved in the planning and development process of this project. Their input was appreciated and implemented in

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### Innovation Work Plan Narrative

the design of this project. This project supports interagency collaboration between a number of different service providers from the mental and physical health field. The community will continue to be involved through the dissemination of the findings of this project and any suggestions, etc. for its continuance and change.

Since this is a learning Project, MCBHS will ask the community as to how they would like to remain involved and collaborate with MCBHS on this Project. Those ideas and inputs will be sought through stakeholder meetings, questionnaires, etc., and implemented.

2. Cultural Competency—MCBHS staff and peer support staff will work with the primary care physicians and their staff in providing an understanding of client/family member culture as well as other cultural competency issues. Already the local Rural Health Clinic personnel located on the grounds of the Community Hospital in Madera has requested training on Mental Health First Aid for its staff. This evidenced-based program helps to reduce stigma and increases knowledge about mental health issues and how to intervene until appropriate help arrives. Madera County has clients and staff trained as presenters in this program.

In addition to this training, the PCP staff, including the support/clerical staff will receive training in client culture, etc. Clients/family members that wish to present on client/family member culture will be encouraged to do so. This will further the competency of the PCP staff on client/family member culture to help reduce stigma and put them more at ease when working with our clients.

The project will be evaluated with special attention given to diverse populations and will work to address their needs. A goal of this program is to determine which strategies are effective or ineffective for different age, ethnic and cultural groups and to inform this and other programs throughout the mental health system as to their effectiveness in hopes they can be replicated.

3. Client/Family Driven Mental Health System—this project includes the ongoing involvement clients and family members in roles such as, but not limited to, development and evaluation. Program development and implementation may depending on client/family member feedback, have certain strategies added or removed from the program and/or applied in other programs.

Clients and family members will be involved in all stages of programming, including needs assessment, resource development, implementation and evaluation. Since this is a learning Project, MCBHS will ask clients/family members as to how they would like to remain involved and collaborate with MCBHS on this Project.

4. Wellness, Recovery and Resilience Focus—this project increases resilience and promotes wellness and recovery for people with severe mental illness by providing a continuum of care. This continuum ranges from specialty mental health and recovery

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### **Innovation Work Plan Narrative**

services to medication and chronic disease management which will emphasize overall health and wellness.

5. **Integrated Service Experiences for Clients and their Families**—this project encourages and provides for access to a full range of services provided by multiple agencies, programs, etc., for clients. Clients will have access to multiple levels of care for their mental and physical health needs, e.g., access to mental health and physical health care. Referrals will be made for clients who need physical health services by staff and staff from the RHC will make referrals for mental health services of their primary care patients to the Project.

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### 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)

In reviewing the meta-analysis of Integration of Mental Health/Substance Abuse and Primary Care by the US Dept. of Health and Human Services, October 2008, (948 references/studies) the most common model of integration between mental health and primary care was done through either psychiatrists, clinical psychologists, mental health therapists, clinical nurses with behavioral health training and experience, or social workers. Many models incorporated a “care manager” acting as the communication link.

A pharmacist was mentioned as one of the providers involved in four of the 948 references/studies; *however, those four references/studies didn't focus on integrated care between a mental health agency, e.g., county mental health clinic and physical health or the population served didn't have a mental health condition.* The pharmacist did not play the role in linking clients from behavioral health to physical health services. The pharmacist only provided medication education and information. MCBHS is unaware of a model that provides the linking/transitioning by a pharmacist of stable SMI clients from a small, rural, county mental health provider to a physical health care home. This project proposes to enhance the role a pharmacist plays in the overall health and recovery of SMI clients through increased collaboration and communication.

In the meta-study by the US Dept. of Health and Human Services, the 948 references included the 16 studies mentioned in “Evaluating the Impact of Pharmacists in Mental Health: Discussion,” published in Medscape Today in 2003. The author of this article examined the 16 studies and found most of them to be poorly done and nonreplicable. Out of the 16 studies they referenced, only four were conducted in outpatient psychiatric clinics. Most of those four studies were about providing “case management services” which the author described as “drug monitoring and education.” Drug monitoring and education is not the linkage/transitioning of client's to physical health services which is being proposed in this Innovations Project.

The Finley et al, 2002 study from the “Evaluating the Impact of Pharmacists in Mental Health, Discussion”, stated that the pharmacist was the “case manager.” That study was conducted in a primary care Health Maintenance Organization (HMO) setting not in a small, rural, county mental health setting, such as Madera County Behavioral Health Services. Again, the “case management” services were providing drug monitoring and education to the private HMO physical health patients. Drug education and monitoring is not the linkage to physical health that is being proposed by this Project.

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### Innovation Work Plan Narrative

The second Finley study mentioned in the article, (2003) was the same. It had the pharmacist in a private HMO primary care setting not a small, rural, county mental health setting. The pharmacist only provided drug monitoring and education to the private, primary care HMO population. Both of those studies (2002, 2003) didn't have the pharmacist as a case manager *performing the linkage in referring mental health clients in a small, county mental health service to primary care* which is what is being proposed in this Innovations Project.

MCBHS' innovation project will use a pharmacist as the primary person in **linking** clients with mental health conditions to physical health. This is new and a change from the existing way mental health has tried to coordinate physical and mental health care/services in the past. This will allow our clients to have integrated care and a medical home.

Madera County wants to learn the following; will having a pharmacist coordinating physical and mental health care increase interagency collaboration?

Will MCBHS be able to;

- Promote interagency collaboration between community health centers and mental health in providing coordinated physical and mental health care?
  - Will there will be;
    - An increase the number of clients able to get physical health care after the linkage by the pharmacist?
    - An increase in clients who indicate that they felt more understood by primary care staff?
    - An increase in clients who indicated their primary care staff was more informed about their mental health issues?
    - An increase in the number of clients indicate they were more satisfied with the services they received from their primary care staff after being linked by the pharmacist?
  - Would primary care staff indicate they learned more about mental health issues and medications and are more comfortable with serving the SMI population?
- Transition stable SMI clients in the mental health system to a primary care medical home for medication monitoring, chronic disease management education and counseling and attention to physical health care needs?
  - Will MCBHS serve more unserved and underserved SMI due to stable SMI clients being transitioned to a medical home?

To properly measure the intended learning goals, outcome measures will be developed that focus on the impact of clients receiving coordinated medical and mental health services along with the transition to a medical home. Several measurement instruments

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### **Innovation Work Plan Narrative**

would be developed including pre and post surveys for clients and key primary care providers. Clients and family members would be involved in the development of the surveys and any other measurement tools.

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### 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: 7/10—6/13  
MM/YY – MM/YY

This Project would be designed to operate over a three year period. This will give multiple opportunities for assessment and evaluation during this time period. It will allow for sufficient time for learning and adaptation to occur in a way to improve the outcomes of the program. An ongoing assessment process and time after the completion of the Project will allow for the final evaluation to be comprehensive. That evaluation would include input from stakeholders, clients, family members, etc.

Data would be gathered quarterly regarding the coordination of physical and mental health care. The project would be reviewed on an annual basis with a final comprehensive assessment after June 2013. This gives time for;

- The development of this new model,
- Development of measurement instruments and data,
- The ability to see what is and isn't working in this project,
- Modifications as necessary,
- Testing and retesting, etc.
- Enough data to determine if this approach works,
- Determination if this approach can be replicated by other counties.

Stakeholders, including clients and providers would be involved in the design of this project's assessment and surveyed as part of the evaluation process. This data would be submitted to the Department's Quality Management Committee which includes clients, providers and family members. In addition there will be specific outcome measures related to client and staff satisfaction and other health outcomes in both the primary care and mental health settings.

Data would be presented at the Mental Health Board Meetings, MHSA stakeholder meetings, to any primary care practice groups who wish to receive that information, etc. Data would also be presented at the wellness and recovery centers located in Madera and Oakhurst to clients and family members. The Project would also be written in articles

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### Innovation Work Plan Narrative

in the local English and Spanish newspapers and posted on the Department's website. During the review and assessment process, comments and perspectives of the various stakeholders would be sought and recorded.

6/10—Approval by the Oversight and Accountability Commission of this Innovation Plan

7/10—12/10 Contracts will be developed for the consulting pharmacist. Any forms necessary for monitoring/evaluation will be developed and implemented. Clients/family members and stakeholders input would be solicited for the development of outcome measures and measurement tools. That input would be incorporated into the Project's measurement system.

Data and linkages would initiate. Data would be examined on a quarterly basis regarding;

- Increased interagency collaboration regarding mental health clients getting physical health needs met
- Increase interagency collaboration regarding physical health clients being able to access mental health services
- MCBHS being able to serve more unserved and underserved SMI due to stable SMI clients being transitioned to a medical home

1/11—6/11 Data and linkages would continue. Data would be examined on a quarterly basis. Changes would be made to program as appropriate based on data and input. Additional training needs would be identified and provided. Stakeholders would be informed of results.

7/11—6/12 Data and linkages would continue. Data would be collected quarterly. Changes will be made to program as appropriate based on data and input. Additional training needs would be identified and provided. Stakeholders would be informed of results.

7/12—6/13 Data would be examined on a quarterly basis. Data would be examined regarding MCBHS being able to serve more unserved and underserved SMI due to stable SMI clients being transitioned to a medical home, the interagency collaboration and client's satisfaction with the Project. Changes will be made to program as appropriate based on data and input.

Additional training needs would be identified and provided. Stakeholders would be informed of results. MCBHS would have enough data to determine if this approach works and if it can be replicated by other counties. That information would be disseminated.

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### 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.

#### Review and Assessment

Stakeholders, including clients and providers would be involved in the design of this project's assessment and surveyed as part of the evaluation process. The design for the assessment of data would be submitted to the MCBHS' Department's Quality Management Committee which includes clients, providers and family members. There will be specific outcome measures developed related to client and staff satisfaction and other health outcomes in both the primary care and mental health settings.

In addition to the demographic data about the clients receiving services in this project, MCBHS would review and assess (but is not limited to) the following;

- Has there been improved communication and collaboration between mental health and primary care?
- Has this improved communication and collaboration resulted in improved outcomes for clients served by the medical home model of services?
- Has the collaboration;
  - Improved mental health outcomes due to integrated treatment and disease management support?
  - Increased the number of physical health clients referred for mental health services?
  - Increased staff satisfaction with both the primary care staff and mental health staff who are part of this Project?
  - Increased the number of mental health clients referred for physical health services?
- Other outcomes as indicated by stakeholders, clients, families, etc., during the review process.

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**Leveraging Resources (If Applicable)**

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

In development.

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INN—03

## EXHIBIT C

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### Innovation Work Plan Narrative

Date: 3-2-10

County: Madera

Work Plan Number: INN-03

Work Plan Name: Development of Model of Integrated Peer Support and Clinical Services in a Small, Rural County Mental Health System to Increase Access and Retention

#### **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**

Madera County Behavioral Health Services (MCBHS) traditionally has had low penetration and retention rates for unserved and underserved populations. During the Innovations planning process, clients, family members, stakeholders and the community stated an Innovations Project focusing on this issue would be appropriate. They wanted to assist MCBHS in this learning endeavor.

Madera County's Innovation Project wants to learn if having clients, family members and community advocates as equal partners in the development of a model of services in a new and different way, would make a difference in increasing the penetration and retention rates. MCBHS and its clients, family members, stakeholders, etc., will look at a new way to engage and retain clients and their families. Issues addressed would include examining the initial assessment process and treatment services. Would providing those services in a new and different way make a difference in future penetration and retention rates for mental health services? Would learning how to address this problem with an equal partnership between peer and family member staff and advocates with clinical assessment/treatment services staff achieve these results? Would this be true for unserved and underserved populations? Due to the low rates of service for these populations and feedback during the planning process from our clients, family members, stakeholders, community, etc., MCBHS selected "Increasing the Quality of Services, Including Better Outcomes" a the essential purpose for this project.

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### **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 MHS and Title 9, CCR, section 3320. (Suggested length – one page)

#### **Description of the Innovation Project**

This Project's approach will be new and different adaptation of a peer/family member support project. Could a new and different partnership between peer/family staff, community advocates and treatment staff improve quality outcomes by increasing penetration and retention rates for unserved and underserved populations? This Project would learn how to increase engagement and retention rates through this partnership. MCBHS wants to focus the learning portion of this Project on how a different model of peer and clinical team/services can create that positive change.

MCBHS wants to locate this Project which would include peer/family member staff and clinical staff at a newly proposed clinic site co-located with the Madera rural health clinic (RHC). The peer and clinical staff will work together to meet the needs of clients/family members in an integrated mental health and physical health setting. The rural health clinic is located on the grounds of the local hospital where crisis services are provided. The offices would be decorated in culturally appropriate ways to have the office look appropriate and familiar to ethnic populations. Training will be available for all RHC staff (including clerical and support staff) to increase their cultural competency and reduce stigma when working with patients who may have mental health issues. Clients and family members will take an active role as presenters and in the design of the training.

This project will employ a team of clients/family members, including a transition age youth (TAY). This team will be linguistically and culturally competent. Recovery principles would be emphasized. The ultimate goal is to increase quality. A secondary goal would be to increase access, utilization and retention of mental health resources/services. The end result of this Project would be a new model of services which works for increasing access and retention of unserved and underserved populations in a small, rural, county mental health program. The results would be shared with other counties.

#### **Issue Project Addresses**

Madera County Behavioral Health Services (MCBHS) has historically had problems regarding access (penetration) and retention of unserved and underserved populations, e.g., Latinos, older adults, etc., in services. The presented data will illustrate this point.

The penetration rate data below displays a comparison of totals vs. estimates of the prevalence of serious mental illness/serious emotional disturbance in Madera and California. The results were based on estimates of need for Mental Health Services

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developed by Charles Holzer from the University of Texas. These estimates represent "targets" and are compared across gender, race/ethnicity, and age to service data obtained through the State Department of Mental Health's Client and Service Information (CSI) data. It is important to remember that they are based on census data combined with estimates that were calculated by applying prediction weights. Due to the way census data is updated, the data in the tables should be viewed as "best available."

Retention rate data refers to service rates analyzed by race/ethnicity, gender and age. The charts for retention illustrate the total number of CSI clients served by the number of services. The state figures only reflect both Medi-Cal and non-Medi-Cal clients and services provided in the County Mental Health program. The County figures represent Medi-Cal data of clients who attend the behavioral health services at county-operated and county-contracted clinics. It does not reflect data of other Medi-Cal mental health providers which may be available to residents of the county.

Penetration Rates for Medi-Cal Beneficiaries (State ITWS data)<sup>1</sup>

Demographics	Penetration Rates %					
	Madera County			California		
Calendar Year	2006	2007	2008	2006	2007	2008
Total:	4.85	4.80	5.35	6.28	6.19	6.19
Age:						
0—5	0.65	0.83	0.88	1.23	1.31	1.40
6—17	6.14	5.95	6.96	7.69	7.71	7.81
18—59	6.60	6.69	7.19	8.93	8.70	8.56
60+	3.28	2.86	3.08	3.32	3.34	3.40
Gender:						
Males	4.87	4.77	5.55	5.77	6.88	6.90
Females	4.83	4.84	5.18	6.95	5.67	5.65
Race/Ethnicity:						
White/Caucasian	11.04	9.82	11.17	12.29	11.84	11.72
Latino/Hispanic	2.67	2.88	3.26	3.24	3.29	3.41
African American	9.40	9.50	10.53	10.20	9.94	10.10
Asian/Pac Islander	2.99	3.36	4.73	4.77	4.45	4.39
Native American	5.23	8.11	10.10	11.21	10.86	10.69
Other	7.31	9.27	8.28	7.98	9.56	8.96

<sup>1</sup> Penetration Rate Comparison from State Department of Mental Health Information Technology Web Services (ITWS) and External Quality Review Organization (EQRO) data

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**Innovation Work Plan Narrative**

Penetration Rates Compared to Medi-Cal Beneficiaries (from State ITWS data)

Demographics	Madera Medi-Cal Eligibles vs. Beneficiaries Served %					
	Calendar Year 2006		Calendar Year 2007		Calendar Year 2008	
	Medi-Cal Beneficiary Eligible	Medi-Cal Beneficiary Served	Medi-Cal Beneficiary Eligible	Medi-Cal Beneficiary Served	Medi-Cal Beneficiary Eligible	Medi-Cal Beneficiary Served
Race/Ethnicity:						
White/Caucasian	21.42	11.04	21.42	9.82	20.93	11.17
Latino/Hispanic	70.63	2.67	70.63	2.88	71.11	3.26
African American	3.04	9.40	3.04	9.50	3.07	10.53
Asian/Pac Islander	1.33	2.99	1.33	3.36	1.34	4.73
Native American	0.71	5.23	0.71	8.11	0.72	10.10
Other	2.87	7.31	2.87	9.27	2.83	8.28

Retention Rates for All Medi-Cal Clients (from State ITWS data)

Number Services Approved per Beneficiary Served	Madera Overall %			State Overall %		
	2006	2007	2008	2006	2007	2008
Calendar Year						
1 service	12.63	9.86	9.16	8.53	8.76	9.04
2 services	7.51	9.05	7.23	6.22	6.42	6.51
3 services	6.53	6.39	5.34	5.29	5.28	5.46
4 services	5.06	5.04	4.87	4.95	4.92	5.03
5—15 services	32.99	30.77	31.60	32.14	32.56	32.14
> 15 services	35.27	38.89	41.80	42.87	42.05	41.83

Number Services Approved per Beneficiary Served	Madera Foster Care %			State Foster Care %		
	2006	2007	2008	2006	2007	2008
Calendar Year						
1 service	8.50	4.88	4.23	6.02	6.61	6.32
2 services	2.61	2.44	3.52	4.45	4.86	5.18
3 services	3.27	1.63	4.23	4.66	4.66	4.22
4 services	3.27	3.25	2.82	3.76	4.20	4.03
5—15 services	28.10	21.95	22.54	24.66	25.19	24.80
> 15 services	54.25	65.85	62.68	56.45	54.48	55.46

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### Innovation Work Plan Narrative

Number Services Approved per Beneficiary Served	Madera Transition Age Youth %			State Transition Age Youth %		
	2006	2007	2008	2006	2007	2008
Calendar Year	2006	2007	2008	2006	2007	2008
1 service	15.56	10.42	11.14	10.01	10.10	9.04
2 services	8.25	7.44	4.12	6.85	6.88	6.51
3 services	9.21	4.76	6.54	5.38	5.45	5.46
4 services	6.98	5.65	5.57	4.61	4.61	5.03
5—15 services	26.98	30.36	29.30	28.57	28.96	32.14
> 15 services	33.02	41.37	43.34	44.57	43.99	41.83

This Project is important to MCBHS. Providing appropriate care and supports to people and families experiencing mental illness so they recover is our primary purpose. This Project's goal would be to develop a new model of how peers and family members in an integrated treatment team can increase access and retention of unserved and underserved populations. This Project's approach will be a new and different adaptation of a peer/family member support project. MCBHS wants to focus the learning portion of this Project on elements needed to develop a new model, determine if it works, make refinements as necessary and share the model with other counties. The expected outcome of this project is how it can create positive change to improve the quality of services and increase the retention of the unserved and underserved populations receiving mental health services in a small, rural county mental health clinic.

#### General Standards Identified

This Innovation Project supports and is consistent with the general principles of the MHPA in the following ways;

1. Community Collaboration—this project was developed with community participation. It supports collaboration with clients who currently are or have been in the system. Their input was appreciated and implemented in the design of this project. The community, including primary care providers, representatives from underserved and unserved populations and other organizations will continue to be involved through the dissemination of its findings and continued input. They will review the findings; provide input on project design, goals, measurement tools, impact of the model, etc., for its continuance and change.

Since this is a learning Project, MCBHS will continue to ask the community as to how they would like to remain involved and collaborate with MCBHS on this Project. Those ideas and inputs will be sought through stakeholder meetings, questionnaires, etc., and implemented.

## EXHIBIT C

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### Innovation Work Plan Narrative

2. Cultural Competence—this project will pay attention to the needs of culturally diverse populations. They will provide input as to what is necessary to attract and retain individuals from different ethnic backgrounds to appropriate services. The peer and clinical staff will be trained to understand and effectively address the needs and values of the particular racial/ethnic, cultural and/or linguistic population or community. Their own personal experiences (should they choose to share) will also be incorporated in the training. This training will include the clinical and clerical support staff for this Project. MCBHS will seek to hire bilingual/bicultural peer/family member staff.

Rural health clinic staff (including professional and support staff) will be trained in Mental Health First Aid. This evidenced-based program demonstrates it reduces stigma and increases knowledge about mental health issues and how to intervene until appropriate help can arrive. Madera County has clients and staff trained as presenters of this program.

The project will be evaluated with special attention given to diverse populations and will work to address their needs. A goal of this program is to determine which strategies are effective or ineffective for different age, ethnic and cultural groups. This and other programs throughout the mental health system will be informed as to this Project's effectiveness in hopes it can be replicated.

3. Client/Family Member Driven Mental Health System—this project includes the ongoing involvement and engagement of peer/family member support staff to clients seeking services. People who will receive the peer/family member support for service engagement will have the role in identifying their needs, preferences, strengths. They will have a shared decision-making role in determining which follow-up services and supports are the most effective and helpful.

The families of children and youth will have a primary decision-making role in the care chosen for their own children. This includes the identification of needs, preferences and strengths. There will be a shared decision-making role in determining which services and supports that would be most effective and helpful for their children.

This project includes the ongoing involvement of clients and family members in roles such as, but not limited to, development and evaluation. Program development and implementation is driven by client need. Based upon feedback, certain strategies may be added or removed from the Project and/or applied in other programs. Clients and family members will be involved in all stages of programming, including need assessment, resource development, implementation and evaluation.

Since this is a learning Project, MCBHS will ask clients/family members as to how they would like to remain involved and collaborate with MCBHS on this Project.

4. Wellness, Recovery and Resilience Focus—The Peer/Family Support staff will demonstrate and focus on the possibilities of recovery and resiliency. They will

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### Innovation Work Plan Narrative

complement what is being provided by the clinical team. This project will increase resilience and will promote wellness and recovery for people with severe mental illness by providing a continuum of care. This continuum ranges from specialty mental health services to recovery oriented services, medication and chronic disease management which will emphasize overall health and wellness.

5. Integrated Service Experiences for Clients and their Families—this project encourages and provides for access to a full range of services provided by multiple agencies, programs, etc., for clients. Clients will have access to multiple levels of care for their mental and physical health needs, e.g., access to mental health and physical health care. Referrals will be made for clients who need physical health services by staff and staff from the RHC will make referrals for mental health services of their primary care patients to the Project.

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### 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)

Several randomized control trials have demonstrated the impact of services provided by peer employees on positive client outcomes. The evidence in support of their effectiveness however, has primarily emerged from descriptive studies. In examining the data on peer services in the mental health system, the meta-study Emerging Research Base of Peer-Run Support Programs examined 34 different meta-studies on peer-run support programs. The majority of the studies focused on the role support groups and vocational peer support programs. None of the studies mentioned in the 32 references had this proposed type of project of developing a model in partnership with clinical staff to engage clients to increase access and retention in treatment services. A search of the National Mental Health Consumer's Self-Help Clearinghouse website (US Dept. of Health and Human Services), again failed to find a program that had a model with its primary focus being to increase access and retention of unserved and underserved populations in a small, rural county-operated mental health system.

This Project's model of peer/clinical staff partnership will be new and different. MCBHS wants to focus the learning portion of this Project on how a new model of clinical/peer/family member partnership can increase access and retention for the unserved and underserved population of small rural county mental health service system. Through this project we will learn what elements are necessary for this. What does and doesn't make a difference? What impacts does this have on clients in receiving quality services, retention, access, etc? What impacts will this have on staff in the provision of services, working relationships, etc? Will this new model improve penetration and retention by adapting/modifying a peer service model for unserved and underserved populations? Through increasing penetration and retention rates for unserved and underserved populations, can this new model change the quality of mental health services?

When this Project has been completed, this information will be available to other county mental health systems as to how to develop new model of peer support and clinical services to increase access and retention of the unserved and underserved populations.

#### Madera County BHS Learning/Practice Change Goal

As part of this Project, MCBHS would examine the following;

- What elements are necessary to create a new and successful model of a peer/family member partnership in a small, rural county public mental health system?

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### Innovation Work Plan Narrative

- As a result, would there be an improvement in the quality of services including better outcomes?
  - Would this new model of peer and clinical staff result in an increase the access to services for clients and families, especially the unserved and underserved populations of a small, rural county?
  - Will penetration rates increase as a result of this new model?
  - Do any factors of this new model decreases recidivism rates in crisis services?
  - What factors of this model help to engage clients?
  - What factors help to retain clients, especially the unserved and underserved population in treatment?
  - Do these factors help to increase the retention rates for services?
  - Does this model decrease stigma about mental health services for a small, rural county behavioral health department?

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### 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: 7/10—6/13  
MM/YY – MM/YY

MCBHS would examine what does and doesn't work in this new model of partnership between peer and clinical staff. What elements would be necessary to create a model for other counties to use? The development of the measurement tools would include stakeholders, peer and clinical staff as well as clients and family members. Data would then be gathered regarding this project.

Data would be collected quarterly. The County would set up the project measurement based upon input from the stakeholders, clients, etc. Stakeholders, including clients and providers would be involved in the design of this project's assessment and surveyed as part of the evaluation process. This data would be submitted to the Department's Quality Management Committee which includes clients, providers and family members.

As data and feedback was obtained, the project would be refined and retested. The project would be reviewed on an annual basis with a final comprehensive assessment after June 2013. The proposed timeline for this project is three years. That allows time for;

- The new model development,
- Development of measurement instruments and data,
- The ability to see what in the model works and doesn't work
- Modification of the model as necessary,
- Testing/retesting the model, etc.

Data would be presented at the Mental Health Board Meeting as well as at the MHSA stakeholders meeting. Data would also be presented any primary care practice groups who wish to receive that information. Data would also be presented at the wellness and recovery centers located in Madera and Oakhurst to clients and family members. Data would also be written in articles annually about the project in the local English and Spanish newspapers and posted on the Department's website. During the review and assessment, comments and perspectives of the various stakeholders would be sought and recorded.

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### Innovation Work Plan Narrative

At the end of the Project, MCBHS would have enough data to determine if this approach works and if it can be replicated by other counties. That information would be disseminated.

#### **Timeframe**

6/10--Approval of Innovation Plan by the Oversight and Accountability Commission

7/10--10/10

During this period of time training for peer staff would be purchased on how to provide peer engagement and support to individuals and families. Training would also be developed and/or purchased on cultural competency issues in working with families and individuals. Training would also be purchased for clinical staff on recovery principles, working with peer staff as equal members of a team, short-term crisis resolution services and other clinical training as appropriate.

7/10--10/10

Contract for payment for the adult and/or family member and Transition Age Youth Peer Support individuals would go to the Board of Supervisors, interviews held, individuals chosen and trained on the provision of peer support services, engagement and cultural competency issues. Clinical staff would be trained in the above mentioned issues.

Any MOU's/contracts with the primary care facilities, etc., would be developed and taken to the Board of Supervisors for approval.

11/10--12/10

Staff at the RHC would be introduced to the crisis/peer staff and assessment staff. RHC staff would be educated regarding the services provided and in Mental Health First Aid.

1/11--3/11

Data would be collected regarding outcomes and analyzed. Program changes made as appropriate to meet overall goals. Project staff training would be done as appropriate.

4/11--6/11

Model would continue to be examined to see if it improved overall access and retention of services, especially for unserved and underserved populations. Data would be collected regarding outcomes and analyzed. Results would be reported to local stakeholders as appropriate.

7/11--6/12

Data would be examined on a quarterly basis regarding satisfaction with services, access and retention rates. Changes to model as appropriate depending on results of data. Model further tested. Additional training needs would be identified and provided. Stakeholders would be informed of results.

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**Innovation Work Plan Narrative**

7/13—10/13

Results regarding the elements necessary for the success of the project would be disseminated.

## EXHIBIT C

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### 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.

#### **Review and Assessment**

Stakeholders, including clients and staff will be surveyed as part of the project evaluation development process. Additionally, since this project includes family engagement, there is an expectation of continual feedback from the families served. Data would be gathered regarding receiving peer and clinical outreach, engagement and supportive services. Data would be collected quarterly.

Clients/family members and stakeholders input would be solicited for the development of outcome measures and measurement tools. That input would be incorporated into the Project's measurement system.

Data that was collected would be utilized to determine what elements are necessary for peer/clinical partnerships. Peer and clinical staff, stakeholders, clients, etc., would be asked information as to what does and doesn't work in this model of services. What could be done to improve the model? Would they recommend this service to family, neighbors, etc.? Would they come back again if necessary? Representatives from unserved and underserved populations in the community would be asked as to how this Project was or wasn't working for their community. Were the populations served happy with the service? Would they come back again?

Data would be examined as to what this Project did to improve penetration and retention rates. Rates would be examined as to what they were prior to the Project and what they were during and after Project implementation. Ultimately, this data on retention and penetration as well as client satisfaction regarding the model, would all be used to determine if quality was improved for unserved and underserved clients in the system through increased penetration and retention rates. As part of this data review, clients, family members, stakeholders, etc., would review the findings and their comments would be solicited. Changes to the project would include their input.

The data would also be presented at the quarterly Quality Management Committee (QMC) meetings. These meetings in addition to MCBHS staff have clients, family members, private providers, etc., as a part of this committee. This committee's input would also be sought, recorded and included in the project.

During the annual write-up about the project that would be posted in the English and Spanish newspapers in Madera County. There would be a phone number and a hyperlink connection to MCBHS for the public's input for the review and assessment so their input can be included.

## EXHIBIT C

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### **Innovation Work Plan Narrative**

This data collection and review is core to the learning goal of this Project. This data would be included in the final report on this Project and available to other counties for their information/use.

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**Innovation Work Plan Narrative**

**Leveraging Resources (If Applicable)**

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

To be determined.

# EXHIBIT D

EXHIBIT D

INN—01

**EXHIBIT D**

**Innovation Work Plan Description  
(For Posting on DMH Website)**

County Name: Madera

Annual Number of Clients to Be Served (If Applicable)

Work Plan Name INN—01 Increase Access from Crisis Services

250 Total

Population to be Served (if applicable):

Clients/family members at Madera Community Hospital Emergency room who themselves or family members received crisis mental health services.

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

This Project will employ an integrated team of transition age youth (TAY) and adult/family support specialists to engage clients (and families) at initiation of mental health crisis services at the Hospital's Emergency Department. The team will provide engagement services at the ER or after the client is released from being hospitalized. Since there are not enough dollars in the Innovations allocation, we will be unable to provide the peer/family member support 24/7. If a client/family shows up in the ER during the hours that the peer/family support is unavailable, they will follow-up with the client/family as soon as possible on their next work day.

Engagement by client/family member support staff will be an important element of this Project. Madera County BHS's focus of their crisis services will no longer just be on medication management, assessment for lethality and grave disability (typical clinical crisis services). This Project will involve engagement of clients and family members by peer/family member support staff at the ER or after someone is released from an inpatient unit. This engagement will welcome clients and family members. It will emphasize recovery and resiliency. It will focus on clients taking an active role and the development of their own personal wellness and recovery plan.

Madera County Behavioral Health Services will learn whether peer and family engagement results in improved utilization of mental health services for clients that have their initial engagement at the emergency room. MCBHS will also learn whether or not having a TAY peer support specialist will make a positive difference in access for the youth and the TAY population.

Madera County BHS expects to find a new model for increasing access to services for individuals whose first point of contact is receiving crisis services in the ER or were hospitalized. Outreach by peer/family member staff (including TAY) at the emergency room, after being released from the emergency room or an inpatient facility will increase access to and utilization of mental health treatment services and in particular

## EXHIBIT D

### Innovation Work Plan Description (For Posting on DMH Website)

the youth and transition age youth populations (increase access).

#### Madera County BHS Learning/Practice Change Goal

1. Hypothesis—MCBHS will have peer/family member (including TAY) staff at the emergency room engaging clients/family members and will provide follow-up engagement if necessary, after the client leaves the ER (including after hospitalization). Will this engagement lead to an increased access and utilization of mental health services?
  - a. Goal/Outcome—Clients seen in the ER or who are hospitalized will access and utilize services at higher rates.
  - b. Goal/Outcome—Peer/Family member engagement services will be more successful with certain age, gender, cultural groups, etc., than the current referral process for ongoing services.
  - c. Goal/Outcome—Youth and TAY seen at the ER or who were hospitalized will access services at higher rates due to outreach and engagement by a TAY peer provider.
  - d. Goal/Outcome—TAY engagement services will be more successful in getting youth and TAY into services than the current referral process.
2. Hypothesis—can voluntary, recovery-oriented, peer driven services be successful in a general hospital emergency room?
  - a. Goal/Outcome—by providing peer/family services, there will be better recovery outcomes and access to treatment.
  - b. Goal/Outcome—by providing TAY peer services, there will be better recovery outcomes and access to treatment by the youth and TAY population.
  - c. Goal/Outcome—by providing peer/family services, there will be a change in the attitude of the ER staff towards recovery and mental health services. In particular there will be a change in the attitude towards youth and TAY recovery and mental health services.

EXHIBIT D

INN—02

## EXHIBIT D

### Innovation Work Plan Description (For Posting on DMH Website)

County Name: Madera

Annual Number of Clients to Be Served (If Applicable)

Work Plan Name INN—02 Linkage to Physical Health by Pharmacist and Reverse Integration from Mental Health to Physical Health 50 Total

Population to be Served (if applicable):

Madera County Behavioral Health Services (MCBHS) clients who are seriously and persistently mentally ill or have a serious emotional disturbance.

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

This project involves an innovative collaboration between the MCBHS' contracted pharmacist and local primary care providers. The pharmacist will work with the primary care physicians and MCBHS staff by linking and coordinating the MCBHS client's mental health and physical health care. Clients who need physical health services would be referred and coordinated with physical health care as necessary by the pharmacist.

This Project would also include the pharmacist transitioning those MCBHS clients who are stable and receiving only medication services from a mental health home to a medical home (reverse integration). Those stable, "meds only" clients may have presenting physical health issues but are not receiving coordinated (or any) physical health care. This project proposes to transition these clients to a medical home. We will learn if this transition will relieve the problem of inadequate access for clients with more acute mental health needs due to an overburdened system. In addition, primary care patients who need specialized mental health services would be linked to MCBHS. We will establish a formal relationship between primary care physicians and staff for such referrals.

MCBHS will provide training to the primary care staff (including medical and support staff) on mental illnesses, stigma, etc. This will increase their knowledge about mental health issues and how to respond in a positive manner to our clients. Most training only occurs with the medical staff. MCBHS proposes to also train not only the medical staff but the support staff in Mental Health First Aid. Support staffs are usually the first people one encounters at a medical office. MCBHS would want to learn if this makes a positive difference on how our clients are treated and help to reduce stigma.

Mental Health First Aid is an evidenced-based program that builds mental health literacy, helping the public identify, understand and respond to signs of mental illness. It gives key skills to assist people with mental illness. Participants are introduced to risk factors and warning signs for mental health or substance use problems. They

## EXHIBIT D

### Innovation Work Plan Description (For Posting on DMH Website)

learn about evidenced-supported treatment and self-help strategies.

Madera County wants to learn the following; will having a pharmacist coordinating physical and mental health care increase interagency collaboration?

Will MCBHS be able to;

- Promote interagency collaboration between community health centers and mental health in providing coordinated physical and mental health care?
  - Will there will be;
    - An increase the number of clients able to get physical health care after the linkage by the pharmacist?
    - An increase in clients who indicate that they felt more understood by primary care staff?
    - An increase in clients who indicated their primary care staff was more informed about their mental health issues?
    - An increase in the number of clients indicate they were more satisfied with the services they received from their primary care staff after being linked by the pharmacist?
  - Would primary care staff indicate they learned more about mental health issues and medications and are more comfortable with serving the SMI population?
- Transition stable SMI clients in the mental health system to a primary care medical home for medication monitoring, chronic disease management education and counseling and attention to physical health care needs?
  - Will MCBHS serve more unserved and underserved SMI due to stable SMI clients being transitioned to a medical home?

To properly measure the intended learning goals, outcome measures will be developed that focus on the impact of clients receiving coordinated medical and mental health services along with the transition to a medical home. Several measurement instruments would be developed including pre and post surveys for clients and key primary care providers. Clients and family members would be involved in the development of the surveys and any other measurement tools.

EXHIBIT D

INN—03

## EXHIBIT D

### Innovation Work Plan Description (For Posting on DMH Website)

County Name: Madera

Annual Number of Clients to Be Served (If Applicable)

Work Plan Name INN—03 Development of Model of Integrated Peer Support and Clinical Services in a Small, Rural County Mental Health System to Increase Access and Retention

300 Total

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Population to be Served (if applicable):

Madera County residents seeking initial behavioral health services.

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

This Project's approach will be new and different adaptation of a peer/family member support project. Could a new and different partnership between peer/family staff, community advocates and treatment staff improve quality outcomes by increasing penetration and retention rates for unserved and underserved populations? This Project would learn how to increase engagement and retention rates through this partnership. MCBHS wants to focus the learning portion of this Project on how a different model of peer and clinical team/services can create that positive change.

MCBHS wants to locate this Project which would include peer/family member staff and clinical staff at a newly proposed clinic site co-located with the Madera rural health clinic (RHC). The peer and clinical staff will work together to meet the needs of clients/family members in an integrated mental health and physical health setting. The rural health clinic is located on the grounds of the local hospital where crisis services are provided. The offices would be decorated in culturally appropriate ways to have the office look appropriate and familiar to ethnic populations. Training will be available for all RHC staff (including clerical and support staff) to increase their cultural competency and reduce stigma when working with patients who may have mental health issues. Clients and family members will take an active role as presenters and in the design of the training.

This project will employ a team of clients/family members, including a transition age youth (TAY). This team will be linguistically and culturally competent. Recovery principles would be emphasized. The ultimate goal is to increase quality. A secondary goal would be to increase access, utilization and retention of mental health resources/services. The end result of this Project would be a new model of services which works for increasing access and retention of unserved and underserved populations in a small, rural, county mental health program. The results would be shared with other counties.

## EXHIBIT D

### Innovation Work Plan Description (For Posting on DMH Website)

#### Madera County BHS Learning/Practice Change Goal

As part of this Project, MCBHS would examine the following;

- What elements are necessary to create a new and successful model of a peer/family member partnership in a small, rural county public mental health system?
- As a result, would there be an improvement in the quality of services including better outcomes?
  - Would this new model of peer and clinical staff result in an increase the access to services for clients and families, especially the unserved and underserved populations of a small, rural county?
  - Will penetration rates increase as a result of this new model?
  - Do any factors of this new model decreases recidivism rates in crisis services?
  - What factors of this model help to engage clients?
  - What factors help to retain clients, especially the unserved and underserved population in treatment?
  - Do these factors help to increase the retention rates for services?
  - Does this model decrease stigma about mental health services for a small, rural county behavioral health department?

# EXHIBIT E

INN BUDGET SUMMARY

County: Madera

Date: 3/4/2010

INN Programs		FY 10/11 Requested MHSAs Funding	Estimated MHSAs Funds by Age Group (if applicable)				
No.	Name		Children and Youth	Transition Age Youth	Adult	Older Adult	
<b>Previously Approved Programs</b>							
1.		\$0					
2.		\$0					
3.		\$0					
4.		\$0					
5.		\$0					
6.		\$0					
7.		\$0					
8.		\$0					
9.		\$0					
10.		\$0					
11.		\$0					
12.		\$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						#DIV/0!
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve	\$0					
<b>New Programs</b>							
1.	1 Increase Access into the System from Crisis Services	\$330,943	\$112,521	\$79,426	\$79,426	\$59,570	
2.	2 Linkage to Physical Health By Pharmacist & Reverse Integration from Mental Health to Physical Health	\$19,200		\$5,760	\$9,600	\$3,840	
3.	3 Development of Model of Integrated Peer Support & Clinical Service in a Small, Rural County Mental Health System to Increase Access and Retention	\$330,079	\$112,227	\$79,219	\$79,219	\$59,414	
4.		\$0					
5.		\$0					
6.	Subtotal: Programs	\$680,222	\$224,748	\$164,405	\$168,245	\$122,824	Percentage
7.	Plus up to 15% County Administration	\$106,053					16%
8.	Plus up to 10% Operating Reserve	\$68,022					8.7%
9.	Subtotal: New Programs/County Admin./Operating Reserve	\$854,297					
10.	<b>Total MHSAs Funds Requested for INN</b>	<b>\$922,319</b>					

Note: Previously Approved Programs that propose changes to essential purpose, learning goal, and/or funding as described in the Information Notice are considered New.

\$854,297

# EXHIBIT F

# EXHIBIT F

## ADMINISTRATION AND OPERATIONS

County: Madera

Date: 3/4/2010

Program/Project Name and #: INN Administration and Operation Saving

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. EXPENDITURES</b>				
<b>Community Services and Supports</b>				
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
<b>8. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Workforce Education and Training</b>				
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
<b>13. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Capital Facilities</b>				
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
<b>7. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Technological Needs</b>				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
<b>6. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Prevention and Early Intervention (PEI)</b>				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
<b>6. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

County: Madera

Date: 3/4/2010

Program/Project Name and #: INN Administration and Operation Saving

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>Innovation (INN)</b>				
1. Personnel	\$74,237			\$74,237
2. Operating Expenditures	\$31,816			\$31,816
3. Non-recurring Expenditures	\$68,022			\$68,022
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
<b>7. Total Proposed Expenditures</b>	<b>\$174,075</b>	<b>\$0</b>	<b>\$0</b>	<b>\$174,075</b>
<b>B. REVENUES</b>				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
<b>2. Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. TOTAL FUNDING REQUESTED</b>	<b>\$174,075</b>	<b>\$0</b>	<b>\$0</b>	<b>\$174,075</b>

\*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: Janet A. Mesiah

Telephone Number: 559/ 675- 7926

EXHIBIT F

INN—01

County: Madera

Date: 3/4/2010

Program/Project Name and #: #1 INN Increase Access into the System from Crisis Services

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. EXPENDITURES</b>				
<b>Community Services and Supports</b>				
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
<b>8. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Workforce Education and Training</b>				
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
<b>13. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Capital Facilities</b>				
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
<b>7. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Technological Needs</b>				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
<b>6. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Prevention and Early Intervention (PEI)</b>				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
<b>6. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

County: Madera

Date: 3/4/2010

Program/Project Name and #: #1 INN Increase Access into the System from Crisis Services

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>Innovation (INN)</b>				
1. Personnel	\$228,653			\$228,653
2. Operating Expenditures	\$84,790			\$84,790
3. Non-recurring Expenditures	\$17,500			\$17,500
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
<b>7. Total Proposed Expenditures</b>	<b>\$330,943</b>	<b>\$0</b>	<b>\$0</b>	<b>\$330,943</b>
<b>B. REVENUES</b>				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
<b>2. Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. TOTAL FUNDING REQUESTED</b>	<b>\$330,943</b>	<b>\$0</b>	<b>\$0</b>	<b>\$330,943</b>

\*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: Janet A. Mesiah

Telephone Number: 559/ 675- 7926

EXHIBIT F

INN—02

County: Madera

Date: 3/4/2010

Program/Project Name and #: Reverse Intergrationf from Mental Health to Physical Health

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. EXPENDITURES</b>				
<b>Community Services and Supports</b>				
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
<b>8. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Workforce Education and Training</b>				
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
<b>13. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Capital Facilities</b>				
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
<b>7. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Technological Needs</b>				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
<b>6. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Prevention and Early Intervention (PEI)</b>				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
<b>6. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

County: Madera

Date: 3/4/2010

Program/Project Name and #: Reverse Intergrationf from Mental Health to Physical Health

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>Innovation (INN)</b>				
1. Personnel				\$0
2. Operating Expenditures	\$19,200			\$19,200
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
<b>7. Total Proposed Expenditures</b>	<b>\$19,200</b>	<b>\$0</b>	<b>\$0</b>	<b>\$19,200</b>
<b>B. REVENUES</b>				
<b>1. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
<b>2. Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. TOTAL FUNDING REQUESTED</b>	<b>\$19,200</b>	<b>\$0</b>	<b>\$0</b>	<b>\$19,200</b>

\*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: Janet A. Mesiah

Telephone Number: 559/ 675- 7926

EXHIBIT F

INN—03

County: Madera

Date: 3/4/2010

Program/Project Name and #: #3 INN Development of Model of Intergrated Peer Support & Clinical Service in a Small, Rural County Mental Health System to Increase Access and Retention

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. EXPENDITURES</b>				
<b>Community Services and Supports</b>				
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
<b>8. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Workforce Education and Training</b>				
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
<b>13. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Capital Facilities</b>				
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
<b>7. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Technological Needs</b>				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
<b>6. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Prevention and Early Intervention (PEI)</b>				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
<b>6. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

County: Madera

Date: 3/4/2010

Program/Project Name and #: #3 INN Development of Model of Intergrated Peer Support & Clinical Service in a Small, Rural County Mental Health System to Increase Access and Retention

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>Innovation (INN)</b>				
1. Personnel	\$228,653			\$228,653
2. Operating Expenditures	\$83,926			\$83,926
3. Non-recurring Expenditures	\$17,500			\$17,500
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
<b>7. Total Proposed Expenditures</b>	<b>\$330,079</b>	<b>\$0</b>	<b>\$0</b>	<b>\$330,079</b>
<b>B. REVENUES</b>				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
<b>2. Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. TOTAL FUNDING REQUESTED</b>	<b>\$330,079</b>	<b>\$0</b>	<b>\$0</b>	<b>\$330,079</b>

\*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: Janet A. Mesiah

Telephone Number: 559/ 675- 7926

# ADDENDUMS



**MADERA COUNTY  
BEHAVIORAL HEALTH SERVICES  
Administration**

**JANICE MELTON, LCSW  
DIRECTOR OF BEHAVIORAL HEALTH SERVICES**

- MENTAL HEALTH DIRECTOR
- ALCOHOL/DRUG PROGRAM ADMINISTRATOR

**P.O. BOX 1288  
MADERA, CA 93639-1288  
PHONE (559) 675-7926  
FAX (559) 675-4999  
CONFIDENTIAL CLIENT INFORMATION FAX (559) 661-2818**

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**Anuncio de Revisión Pública de 30 días**

Marzo 4 - Abril 6, 2010

**Aviso de Audiencia Pública**

Abril 7, 2010 a las 11:30 AM

200 West 4th Street, Sala de Conferencias en el segundo piso  
Madera, CA 93637

Decreto de los Servicios de Salud Mental (MHSA, por sus siglas en ingles)  
Proyecto de Innovación y Plan de Gastos

El Departamento de Servicios de Salud Conductual del Condado de Madera esta anunciando un periodo de revisión y comentario publico para el Proyecto de Innovación. La propuesta de este proyecto también esta disponible en línea en [www.madera-county.com](http://www.madera-county.com). Una copia se puede pedir en la oficina de administración del departamento, 117 North R Street, en la ciudad de Madera o también puede llamar al teléfono (559) 675-7850 para pedir una copia.

El Departamento de Servicios de Salud Conductual pide aportaciones y recomendaciones durante el periodo de revisión pública que comenzara el día 4 de marzo y terminara el día 6 de abril. Comentarios substantivos serán resumidos e incorporados en el documento, según sea el caso. El departamento pide comentarios, sugerencias y preguntas antes de las 5 PM el día 7 de abril del 2010. Favor de mandar comentarios, sugerencias y preguntas a este domicilio:

Debbie C. DiNoto, LMFT  
Madera County Behavioral Health Services  
PO Box 1288  
Madera, CA 93639  
[ddinoto@kingsview.org](mailto:ddinoto@kingsview.org)

Una audiencia pública sobre este proyecto se llevara a cabo en el Consejo de Salud Mental el día 7 de abril, 2010, a las 11:00 de la mañana.



**MADERA COUNTY  
BEHAVIORAL HEALTH SERVICES  
Administration**

**JANICE MELTON, LCSW  
DIRECTOR OF BEHAVIORAL HEALTH SERVICES**

- MENTAL HEALTH DIRECTOR
- ALCOHOL/DRUG PROGRAM ADMINISTRATOR

**P.O. BOX 1288  
MADERA, CA 93639-1288  
PHONE (559) 675-7926  
FAX (559) 675-4999  
CONFIDENTIAL CLIENT INFORMATION FAX (559) 661-2818**

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**NOTICE OF 30—DAY PUBLIC REVIEW PERIOD**

March 4—April 6, 2010

**NOTICE OF PUBLIC HEARING**

April 7, 2010 at 11:30 AM

200 West 4th Street, Second Floor Conference Room  
Madera, California 93637

**MENTAL HEALTH SERVICES ACT (MHSA)  
INNOVATIONS PROJECT AND EXPENDITURE PLAN**

The Madera County Behavioral Health Services (BHS) Department is posting its Innovations Projects for public review and comment. The Project proposal can be viewed on the BHS website at [www.madera-county.com](http://www.madera-county.com). A copy of the Project proposal can be obtained at BHS Administration, 117 North R Street, Madera or by contacting BHS at (559) 675-7850.

BHS is seeking public and stakeholder input and feedback regarding the proposal during the 30-day period beginning March 4, 2010 and ending April 7, 2010. Substantive responses will be summarized and incorporated into the document as applicable. BHS invites and welcomes any comments, suggestions or questions prior to 5:00 PM, April 7, 2010, to:

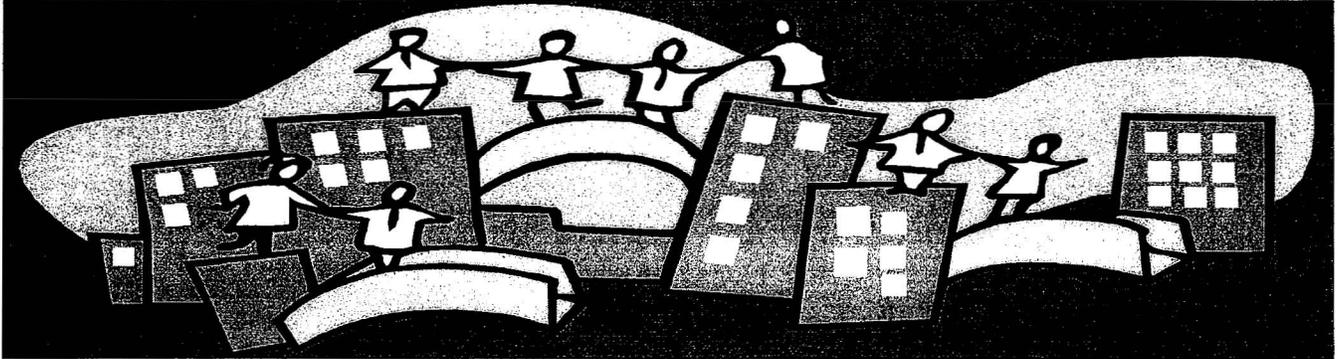
Debbie C. DiNoto, LMFT  
Madera County Behavioral Health Services  
PO Box 1288  
Madera, CA 93639  
(559) 675-7850  
[ddinoto@kingsview.org](mailto:ddinoto@kingsview.org)

A Public Hearing on the Project Proposal will be held at the Madera County Mental Health Board meeting to be held on April 7, 2010 at 11:30 AM.

**EL GRUPO  
DE  
ENFOQUE  
SE REUNIRÁ  
AQUÍ**



# MENTAL HEALTH SERVICES ACT STAKEHOLDER STEERING COMMITTEE CONSUMER AND FAMILY MEMBER



Topics for these meetings include ideas and thoughts on innovative services.

Meeting will be held on Wednesday, January 13, 2010 from 3:00—4:00p.m.  
at

Hope House  
117 North R Street  
Madera, CA 93637  
(559) 664-9021

For more information please contact:  
Debbie DiNoto  
(559) 675-7850

**Consumers and Family Members...we need your help!**  
We will be discussing the community mental health needs and what services will be used to meet those needs.

## **\*\*\*Anuncio Público\*\*\***

### **El Departamento de Servicios de Salud Conductual del Condado de Madera pide el apoyo de la comunidad**

El Departamento de Servicios de Salud Conductual del Condado de Madera pide el apoyo de la comunidad para el proyecto de Innovación. Los fondos para este proyecto vienen del Decreto de los Servicios de Salud Mental (MHSA, por sus siglas en inglés), también conocida como la Proposición 63, que fue aprobada por los votantes de California en Noviembre de 2004. La proposición ofrece una oportunidad única para destinar fondos a la ampliación de los recursos de prevención y tratamiento de salud mental dirigido a niños, jóvenes en etapa de transición, adultos, personas mayores y sus familias. Los fondos provienen de un impuesto del 1% sobre las personas con ingresos mayores de un millón de dólares anuales.

El Departamento acogerá con agrado el apoyo del público y de compañías que tengan experiencia, interés o competencia en el tema. El Departamento llevará a cabo actividades para la planificación y apoyo del público para las siguientes ideas para el proyecto de Innovación:

1. Como responder a las personas que estan sufriendo de una enfermedad mental
2. Como prevenir la enfermedad mental mediante una prevención suficientemente precoz como para que la condición no acabe por incapacitar a la persona.

El Departamento pide el apoyo de la comunidad y se les pide que participen en una encuesta. La encuesta esta disponible en línea en la pagina Web <http://www.madera-county.com/behavioralhealth/services.html>.

Para preguntas o más información, por favor póngase en contacto con Salvador Cervantes (559) 675-7850.

## **Madera County Behavioral Health Seeks Your Input**

Madera County Behavioral Health Services is currently seeking input for its Innovation Project. The funding for this project comes from the Mental Health Services Act (MHSA), also known as Proposition 63, which was passed by California voters in 2004. MHSA provides increased funding, personnel and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults, and families. The funds come from a one-percent tax on individuals who earn more than one million dollars annually.

There are several components of the MHSA. Madera County Behavioral Health Services is currently seeking input from the community for its Innovation Project. MHSA states that the Innovation Project must include one or more of the following purposes:

- Increase access to underserved populations (e.g., Latinos, Older Adults, Youth, etc.)
- Increase the quality of services, including better outcomes
- Promote interagency collaboration (e.g., with health care clinics, social services, etc.)
- Increase access to services

MHSA also requires that Innovation Projects contribute to learning rather than provide services as a primary focus. It is important that Projects do the following:

- Introduce new mental health practices/approaches, including prevention and early intervention that have not been done before in Madera County.
- Make a change to an existing mental health practice/approach, including adaptation for a new setting or community, or
- Introduce 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 context or setting.

Madera County Behavioral Health Services is developing an Innovation Project plan to address the needs identified in its 2005 and 2008 planning process. This plan will include ways to respond to those experiencing mental health issues in a supportive manner, how to provide early mental health intervention, and how to prevent mental illness from progressing.

Madera County Behavioral Health Services would like to hear your thoughts about its Innovation Project plan. We invite you to participate in completing an on-line survey, which you may access at <http://www.madera-county.com/behavioralhealth/services.html>. If you do not have internet access or would like more information, please call Salvador Cervantes at (559) 675-7850.

## **Madera County Behavioral Health Seeks Your Input**

Madera County Behavioral Health Services is currently seeking input for its Innovation Project. The funding for this project comes from the Mental Health Services Act (MHSA), also known as Proposition 63, which was passed by California voters in 2004. MHSA provides increased funding, personnel and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults, and families. The funds come from a one-percent tax on individuals who earn more than one million dollars annually.

There are several components of the MHSA. Madera County Behavioral Health Services is currently seeking input from the community for its Innovation Project in response to the needs identified in its 2005 and 2008 planning process. This plan will include ways to respond to those experiencing mental health issues in a supportive manner, how to provide early mental health intervention, and how to prevent mental illness from progressing.

Madera County Behavioral Health Services would like to hear your thoughts about its Innovation Project plan. We invite you to participate in completing an on-line survey, which you may access at <http://www.madera-county.com/behavioralhealth/services.html>. If you do not have internet access or would like more information, please call Salvador Cervantes at (559) 675-7850.

The Mental Health Services Act states that the Innovation Projects must include one or more of the following purposes:

a. Increase access to underserved populations, e.g., Latinos, Older Adults, Youth, etc.	b. Increase the quality of services including better outcomes
c. Promote interagency collaboration, e.g., with health care clinics, social services, etc.	d. Increase access to services

The Mental Health Services Act also states that the Innovation Projects as one ***that contributes to learning*** rather than a primary focus on providing a service. It is important that the Project does the following;

- Introduces new mental health practices/approaches including prevention and early intervention that have not been done before in Madera County.
- Makes a change to an existing mental health practice/approach including adaptation for a new setting or community, or
- 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.

In addition to the requirement to contribute to learning, the Project must be aligned with the General Standards identified in the Mental Health Services Act when applicable.

These General Standards are:

- Community Collaboration—Initiates, supports and expands collaboration and linkages, especially connections with systems, organizations, healers and practitioners not traditionally defined as part of mental health care
- Cultural Competence—Demonstrates cultural competency and capacity to reduce disparities in access to mental health services and to improve outcomes
- Client Driven Mental Health System—Includes the ongoing involvement of clients (and participants in prevention programs) in roles such as, but not limited to, implementation, staffing, evaluation and dissemination
- Family Driven Mental Health System—Includes the ongoing involvement of family members in roles such as, but not limited to, implementation, staffing, evaluation and dissemination
- Wellness, Recovery and Resilience Focus—Increases resilience and/or promotes recovery and wellness
- Integrated Service Experience—Encourages and provides for access to a full range of services provided by multiple agencies, programs and funding sources for clients and family members

- Integrated Service Experience—Encourages and provides for access to a full range of services provided by multiple agencies, programs and funding sources for clients and family members

The major mental health issues for the County of Madera were identified through the Mental Health Services Act (MHSA) planning process in 2005 as the following;

- Homelessness
- Isolation
- Criminal Justice/Juvenile Justice involvement/incarceration
- Inability to obtain employment
- Out of home placements/Institutionalization
- Inability to obtain employment
- Involuntary Treatment/Hospitalization
- Transportation

During the 2008 Prevention/Early Intervention, Housing and Workforce, Education and Training and Innovation community planning process, there were additional needs identified. Those needs included the following;

- Obtaining basic education about mental illness
- How to respond to those experiencing mental health issues in a supportive manner
- Reduce stigma against mental illness
- Reduce isolation
- Provide early intervention
- Prevention of mental illness or from the illness progressing
- An entry point to obtain employment within the mental health system
- Utilizing existing persons in the community as a resource for those individuals reluctant to seek services in a traditional setting

In response to the MHSA Planning process, Madera County Behavioral Health Services is developing a plan to address the following above items;

- How to respond to those experiencing mental health issues in a supportive manner
- Provide early intervention
- Prevention of mental illness or from the illness progressing

Please let us know if the issues described are still relevant and if you agree or disagree with the direction Madera County Behavioral Health Services is planning for its Innovation Project. You can complete a questionnaire at

You are also welcome to call Salvador Cervantes at (559) 675-7850 with your comments and questions.

## Mental Health Services Act

Proposition 63  
Passed by California voters in  
2004

## What is the Mental Health Services Act?

- Legislation (proposition 63) that was passed by the voters
  - Taxes millionaires at 1% for mental health services and programs

## Components of MHSA

- Legislation had several components that have been implemented incrementally
  - CSS—Community Services and Supports
  - PEI—Prevention/Early Intervention Services
  - Housing
  - WET—Workforce, Education and Training
  - Cap/Tech—Capital Facilities and Technology
  - Innovations

## Innovation Projects

- Must include one or more of the following purposes:
  - Increase access to underserved populations, e.g., Latinos, Older Adults, Youth, etc.
  - Increase the quality of services including better outcomes
  - Promote interagency collaboration, e.g., with health care clinics, social services, etc.
  - Increase access to services
- The MHSA states that the Innovation Projects must
  - **Contribute to learning** rather than a primary focus on providing a service.

## What Innovations Must Do

- Important that the Project does the following
  - Introduces new practices/approaches
    - That have not been done before in Madera County
  - Makes a change to an existing mental health practice/approach
    - Including adaptation for a new setting or community, or
  - 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

## Mental Health Services Act

Proposition 63  
Passed by California voters in 2004

## What is the Mental Health Services Act?

- Legislation (proposition 63) that was passed by the voters
  - Taxes millionaires at 1% for mental health services and programs

## Components of MHSA

- Legislation had several components that have been implemented incrementally
  - CSS—Community Services and Supports
  - PEI—Prevention/Early Intervention Services
  - Housing
  - WET—Workforce, Education and Training
  - Cap/Tech—Capital Facilities and Technology
  - Innovations

## Innovation Projects

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## General Standards of MHSA

- Project must be aligned with the General Standards (when applicable);
  - Community Collaboration
  - Cultural Competence
  - Client Driven Mental Health System
  - Family Driven Mental Health
  - Wellness, Recovery and Resilience Focus
  - Integrated Service Experience

### CSS Planning Process in 2005

- The major mental health issues for the County of Madera identified were
  - Homelessness
  - Isolation
  - Criminal Justice/Juvenile Justice involvement/incarceration
  - Inability to obtain employment
  - Out of home placements/Institutionalization
  - Involuntary Treatment/Hospitalization
  - Transportation

### PEI/WET/Housing/Cap Tech and Innovations Planning 2008

- Needs identified in 2005 remained the same
- Additional needs identified
  - Obtain education about mental illness
  - How to respond to those experiencing mental health issues
  - Reduce stigma
  - Reduce isolation
  - Provide early intervention
  - Prevention of mental illness or from the illness progressing
  - Obtain employment within the mental health system
  - Utilize persons in the community as a resource for those individuals reluctant to seek services in a traditional setting

### Focus of Madera's Innovation Project

- How to respond to those experiencing mental health issues in a supportive manner
- Provide early intervention
- Prevention of mental illness or from the illness progressing

### Research for Innovations Project—01

- On average small rural hospitals have 99 emergency room (ER) visits per week
  - 9.4% were mental health related
    - 30% involve mental health as a primary diagnosis
    - 70% mental health problem is secondary to the reason for the ER visit—Muskie School of Public Service 2005

### Research For Innovations Project—001

- Four-fold increase in patients treated for mental health/substance abuse in FQHC's between 1998—2003
- FQHC's had 1.4 million visits for depression in 2004
  - Third most common presentation after diabetes and hypertension—DMMA: The Care Continuum Alliance—2008

### Research for Innovations Project—001

- Looked at people who came into ER who were not currently open to MCBHS
  - Looked at 3 month period of time
  - 173 total cases
  - 62 brought in by law enforcement on a 5150
  - 66 had a positive tox screen
  - Most people brought in between 8 AM—5 PM (71)
  - Second most popular time is between 5 PM—10 PM (34)

### Research for Innovations Project—001

- Madera Statistics continued
  - Most common presenting problems are;
    - Depression (88)
    - Anxiety (55)
    - Anger (16)
  - For those experiencing catastrophic life events, the most common presenting problems were;
    - Disruptions in personal relationships and/or support systems (42)
    - Disruption in living arrangements (14)
  - 46 people out of 173 hospitalized at a psychiatric facility

### Research for Innovations Project—001

- Madera Statistics continued
  - Age statistics
    - 0—15 25 15%
    - 16—17 9 5%
    - 18—24 32 19%
    - 25—59 91 54%
    - 60+ 12 7%
  - Total number of children and youth—20%
  - Total number of children/youth/TAY—24%
  - Two of the children and youth were at ER more than one time during this time period (total 169 individuals for 173 visits)

### Focus of Madera BHS INN Project 001

- Innovations Project 001—Provide Expanded Crisis Intervention Services
  - Provide crisis assessments and crisis management services for those entering Madera Community Hospital Emergency Room
  - Provide pro-active crisis management services
    - Short term visits to teach coping skills through crisis management plans
    - Follows SAMHSA best practice guidelines for mental health crisis services 2009.
    - Peer Support is available

### Research for INN Project 002

- People with mental illnesses die, on average, 25 years earlier than the general population
- Behavioral health conditions are not uncommon among Medicaid beneficiaries, and are often complicated by co-morbid physical conditions.

### Research for INN Project 002

- Blending Behavioral Health into Primary Care—American College of Mental Health Administration 2007
  - Brief four or fewer 15 minute visits in tandem with the PCP
    - Decrease in medical utilization
      - 28% for Medicaid patients
      - 20% decrease for commercial insurance
      - 27% decrease in psychiatry visits
      - 34% decrease in psychotherapy sessions
      - 48% decrease in crisis visits

### Research for INN Project 002

- Emphasis on prevention and self-help approaches
- Management of psychosocial aspects of chronic and acute diseases
- Application of behavioral principles to address lifestyle and health risk issues
- Not long-term therapy but short-term prevention strategies

### Proposal for INN Project 002

- Innovations Project 002—Pharmacist Linkage
  - MCBHS staff have difficulty getting primary care to respond to requests for coordination of care
  - MCBHS will have pharmacist link with primary care for clients who are on psychiatric medications and may have chronic physical health conditions.

### Proposal for INN Project 002

- Innovations Project 2—Pharmacist Linkage
  - New opportunities:
    - Coordinating medical visits/consultation between MCBHS and primary care for patients with chronic medical conditions like diabetes, heart disease, etc.
    - MCBHS will provide short-term intervention/prevention mental health services for people with chronic medical conditions that are seen in primary care
    - Psychiatrist is available to primary care for consultation on medications and psychiatric conditions

### Concerns Regarding Integration

- Difficulties in sharing information about patients
  - HIPAA allows for sharing of information to provide coordinated treatment
- “Turf issues”—there are different practice cultures
  - MCBHS is willing to provide training for all staff (including clerical and support staff) on MH issues/concerns

### Concerns Regarding Integration

- Stigma
  - MCBHS is willing to provide training for all staff (including clerical and support staff) on MH issues/concerns
  - MH staff will be available to answer questions/concerns and talk with patients
  - Psychiatric staff/consultation will be available for RHC staff/physicians
- Reimbursement Issues
  - MH will provide consultation and will be able to bill for assessments/services if patient is referred
- Space issues?

### Research for INN Project 003

- MCBHS has low service penetration rate and retention rate for Latinos
- There may be limited follow-up with treatment recommendations
  - Research shows that this may also be true with physical health for this population
- Research shows that by providing culturally sensitive staff/bilingual—bicultural staff has helped
  - Need to be able to listen to story
  - Can't always be done in physical health due to need to see people

### Innovations Project—003

- MCBHS would provide peer staff to welcome BHS clients to services to see if that would help retention
- Peer support and short-term services available
  - Services culturally appropriate for population
  - Focus on wellness aspect for clients
- If assessments for services were done not at the mental health clinic,
  - would people access services?

Innovations Project—003

- Would like to have assessment clinical staff and peer staff co-located with proposed Innovations Project—001 staff
  - See if people will come in for treatment
  - See if different location will reduce stigma for services
  - See if coordination with RHC will allow for assistance with PCP's for consultation services and better outcomes for diseases that have a MH component
  - See if peer support helps with retention and follow-through of services

# 1. Encuesta de Innovación del Departamento de Salud Mental del Condado de Made...

## 1. Yo soy

- Hombre
- Mujer
- Otro(a)

## 2. Yo soy

- Un cliente de el departamento de salud mental
- Un familiar de un cliente de el Departamento de Salud Mental
- Otro
- Yo trabajo para el Departamento de Salud Mental
- Yo trabajo para otro departamento del Condado de Madera
- Un miembro de la comunidad interesado
- Un proveedor de servicios de salud
- Un miembro de una organización religiosa
- Un empleado de las escuelas

## 3. Mi edad es

- Menos de 18 años
- 18 a 25 años
- 26 a 69 años
- 60 años de edad o mayor

## 4. Mi etnicidad es

- Latino
- Otro(a)

**5. Los resultados que encontramos durante el proceso de planificación de MHSA que se llevaron a cabo en el 2005 fueron los siguientes:**

- **Personas sin hogar**
- **Aislamiento**
- **Encarcelamiento**
- **Dificultad buscando empleo**
- **Colocación afuera del hogar o en una institución**
- **Tratamientos y/o hospitalizaciones involuntarias**
- **Transportación**

**¿Usted piensa que estos resultados todavía tienen relevancia?**

Si

No

**6. Durante el proceso de planificación para los componentes de Prevención e Intervención Precoz, Viviendas, Educación y Formación de la Mano de Obra y de Innovación, encontramos las siguientes necesidades:**

- **Obtener una educación básica sobre la salud mental**
- **Como responder cuando una persona esta sufriendo de una enfermedad mental**
- **Como reducir el estigma contra las personas que sufren de una enfermedad mental**
- **Como reducir el aislamiento**
- **Como proveer servicios de intervención**
- **Como prevenir que las enfermedades de la mente se progresen**
- **Como obtener trabajo dentro de el sistema de salud mental**
- **Como utilizar personas de confianza como un recurso para aquellas personas que no querrán buscar ayuda en una clínica de salud mental**

**¿Usted piensa que estos resultados todavía tienen relevancia?**

Si

No

**7. Con respecto a la pregunta anterior, el Departamento de Salud Mental esta desarrollando un plan para responder a las necesidades anteriores. Este plan incluye como:**

- responder a las personas que están sufriendo de una enfermedad mental
- proveer intervención precoz
- prevenir que las enfermedades de la mente se progresen

**¿Usted esta de acuerdo que estos planes de innovación responderían a las necesidades listadas en la pregunta anterior?**

Si

No

**8. ¿Si no esta de acuerdo, usted piensa que el departamento de salud mental debería enfocarse en otras áreas que serian más importantes? Si es así, por favor explique sus sugerencias.**

# Innovation

1. I am a

		Response Percent	Response Count
Male		33.3%	25
Female		66.7%	50
Other		0.0%	0
<b>answered question</b>			<b>75</b>
<b>skipped question</b>			<b>3</b>

2. I am a

		Response Percent	Response Count
Client		12.8%	10
Family Member		2.6%	2
<b>Work for Madera County Behavioral Health Services</b>		<b>29.5%</b>	<b>23</b>
Work for another agency within Madera County of Madera		23.1%	18
Interested community member		17.9%	14
Health care provider		7.7%	6
Member of the faith based community		14.1%	11
School personnel		1.3%	1
Other (please specify)		5.1%	4
<b>answered question</b>			<b>78</b>
<b>skipped question</b>			<b>0</b>

**3. My age is**

		Response Percent	Response Count
Under 18 years		0.0%	0
18-25 years	<input type="checkbox"/>	2.6%	2
<b>26-59 years</b>	<input checked="" type="checkbox"/>	<b>87.0%</b>	<b>67</b>
60+ years	<input type="checkbox"/>	10.4%	8
<b>answered question</b>			<b>77</b>
<b>skipped question</b>			<b>1</b>

**4. What is your ethnicity?**

		Response Percent	Response Count
Latino	<input checked="" type="checkbox"/>	42.3%	33
African American	<input type="checkbox"/>	2.6%	2
<b>Caucasian/White</b>	<input checked="" type="checkbox"/>	<b>46.2%</b>	<b>36</b>
Asian/Pacific Islander	<input type="checkbox"/>	5.1%	4
American Indian/Native American	<input type="checkbox"/>	3.8%	3
Other (please specify)	<input type="checkbox"/>	3.8%	3
<b>answered question</b>			<b>78</b>
<b>skipped question</b>			<b>0</b>

5. The major mental health issues for the County of Madera were identified through the Mental Health Services Act (MHSA) planning process in 2005 as the following; - Homelessness - Isolation - Criminal Justice/Juvenile Justice involvement/incarceration - Inability to obtain employment - Out of home placements/Institutionalization - Involuntary Treatment/Hospitalization - Transportation Do you find these issues to remain relevant?

		Response Percent	Response Count
Yes	<input checked="" type="checkbox"/>	98.7%	75
No	<input type="checkbox"/>	1.3%	1
<i>answered question</i>			<b>76</b>
<i>skipped question</i>			<b>2</b>

6. During the 2008 Prevention/Early Intervention, Housing and Workforce, Education and Training and Innovation community planning process, there were additional needs identified. Those needs included the following; - Obtaining basic education about mental illness - How to respond to those experiencing mental health issues in a supportive manner - Reduce stigma against mental illness - Reduce isolation - Provide early intervention - Prevention of mental illness or from the illness progressing - An entry point to obtain employment within the mental health system - Utilizing existing persons in the community as a resource for those individuals reluctant to seek services in a traditional setting Do you see these issues as still being relevant?

		Response Percent	Response Count
Yes	<input checked="" type="checkbox"/>	92.1%	70
No	<input type="checkbox"/>	7.9%	6
<i>answered question</i>			<b>76</b>
<i>skipped question</i>			<b>2</b>

7. In response to the MHSa Planning process stated in Question #6, Madera County Behavioral Health Services is developing a plan to address the following above items; a. How to respond to those experiencing mental health issues in a supportive manner b. Provide early intervention c. Prevention of mental illness or from the illness progressing Do you agree or disagree with an Innovations Project which will be developed to address the issues stated above?

		Response Percent	Response Count
Agree	<input checked="" type="checkbox"/>	94.7%	72
Disagree	<input type="checkbox"/>	5.3%	4
<i>answered question</i>			76
<i>skipped question</i>			2

8. If you disagree, do you think there are areas Madera County Behavioral Health should focus on that would be more important? If so, please describe those areas below.

	Response Count
	19
<i>answered question</i>	19
<i>skipped question</i>	59



**Department of Behavioral Health Services  
Community Stakeholder Focus Groups/Key Informant Interviews 2010**

<b>Date focus group conducted</b>	<b>Attendee #</b>	<b>Group</b>	<b>Staff Person Conducting Focus Group</b>
1/21/10	2	Madera Unified Special Education Coordinator	Debbie DiNoto
No response to emails, letters or phone calls		North Fork Tribal TANF	Debbie DiNoto
No response to emails, letters or phone calls		Nora and Associates (Latina Business Women's Association)	Salvatore Cervantes, Marizela Torkildsen
1/12/10	8	Migrant Farm Workers	Marizela Torkildsen
1/15/10	50	Adult Outpatient FSP Services, MHSA Services, LPS services, Courts, Intensive Services, AOD services	Larry Penner
1/15/10	1	City of Madera Police Department	Debbie DiNoto
1/15/10	1	Center for Independent Living Program Coordinator	Larry Penner
1/15/10	10	MHSA Children and Youth Full Service Partnership Team (therapists, case workers, supervisor)	Larry Penner
1/15/10	1	Chowchilla Police Department	Shawn Daly
1/15/10	3	Ready, Set, Go Program (At Risk TAY) and Workforce Development Office (WIB) (All ages)	Larry Penner Marizela Torkildsen
1/25/10	4	Department of Social Services	Debbie DiNoto

1/15/10	7	Shunamite House (shelter for homeless women)	Marizela Torkildsen
1/15/10	20	Mountain Wellness and Recovery Center, Oakhurst (clients and family members)	Morrissa Holzman
1/20/10	1	Housing Authority of the City of Madera	Debbie DiNoto
1/20/10	1	Madera County Probation	Shawn Daly
1/20/10	3	Madera County Department of Corrections	Debbie DiNoto Larry Penner
1/27/10	1	Madera County Sheriff's Office	Larry Penner
Requested written material and link to questionnaires	1	Fresno Madera Area Agency on Aging	Larry Penner
No response to emails, phone calls nor letters		Centro Binacional Para El Desarrollo Indigena Oaxaqueno	Marizela Torkildsen
Requested written material and link to questionnaires	1	First 5 of Madera County	Larry Penner
Requested written material and link to questionnaires	1	Lesbian, Gay, Bisexual, Transgender, Questioning	Larry Penner
1/19/10	3	Picayune Rancheria of the Chukchansi Indians	Debbie DiNoto Larry Penner
1/19/10	3	Community Action Partnership of Madera County	Marizela Torkildsen
Requested written material and link to questionnaires	1	Head Pastor and Believers Church	Shawn Daly
Requested written material and link to questionnaires	1	Madera County Healthy Families Taskforce	Larry Penner

1/21/10	6	Family Members of Transition Age Youth being served in the system (included Spanish speaking Family Members)	Marizela Torkildsen
1/8/10, 1/12/10 2/12/10	6	Madera County Behavioral Health Services Management	Debbie DiNoto
1/25/10, 2/22/10	6	Madera Community Hospital	Debbie DiNoto
1/13/10	10	Adult/Older Adult Consumer Focus Group	Larry Penner Debbie DiNoto
1/13/10	3	Madera County Public Health Services (Administration and Direct Services)	Marizela Torkildsen
2/3/10, 3/3/10	11	Madera County Behavioral Health Services Mental Health Board	Debbie DiNoto
Requested written material and link to questionnaires	1	State Center Community College District - North Centers (Administration and Counseling Services)	Debbie DiNoto
Requested written material and link to questionnaires	1	Chowchilla School District	Debbie DiNoto
Interagency Youth Services Council	30	Madera School District Administration, Sheriff's Office, Probation, Public Health, Department of Social Services, Madera Police Dept., Madera Superior Court, First Five, Public Member at Large, Madera County District Attorney's Office, Madera County's Public Defender's Office, Madera Community Hospital, Children's Hospital of Central California Inc., Juvenile Justice, Department of Corrections, etc.	Debbie DiNoto
	<b>Total 198</b>		