

EXHIBIT A

**INNOVATION WORK PLAN
COUNTY CERTIFICATION**

County Name: Trinity County

County Mental Health Director	Project Lead
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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)

10/29/09
Date

MHST Coordinator
Title

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

County Name: Trinity
 Work Plan Name: Respite Support

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

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

There were two focus groups planned to invite input from stakeholders, especially consumers, and family members, as the Behavioral Health Agency prepared to create an integrated plan, including the Innovation component, for MHSA Resources for FY 2009/2010. Please see the attached flyers that were posted throughout the community on bulletin boards and also posted on the Agency Website. The two focus groups were held at the two consumer drop-in centers in Weaverville "Milestones" and Hayfork "Horizons". Both focus groups were facilitated by the Trinity County Behavioral Health director who was also providing MHSA coordination. The Milestones focus group was held on February 23, 2009, and the Horizons focus group was held on March 2, 2009. During each focus group a survey was distributed in order to gather further input from attendees. These questionnaires helped the agency to identify attendees as consumers, family members, versus just interested community members. The analysis gave the Department a better profile of who attended and what specifically they thought. A copy of these surveys is attached to this document and included is an analysis of those surveys.

In addition to these focus groups ideas for the Innovation plan were also discussed more informally at the monthly mental health advisory board meetings, the all staff meeting in February, and at the first Team Leadership meeting in March. Because the Innovation component of the MHSA is different from other Elements of the MHSA in that its primary focus is learning rather than service delivery, County personnel made sure that the attendees of both focus groups were made aware of this novel approach to plan development. During the focus groups consumers expressed concern regarding the County's limited crisis response, especially at night. The overarching concern of both focus groups was the County's lack of resources regarding crisis interventions. It was identified that development of another resource within the county was greatly needed but most attendees were unsure of how to fill this gap in services. Though the attendees identified a service that was lacking in the County, it was the Chief Probation Officer, who also is a long standing member of the Mental Health Advisory Board, who asked what the County may be able to learn from this new resource and a discussion ensued. It was determined that the County, due to budget cuts sometimes lacks the personnel needed to provide a comprehensive intervention for individuals who are in crisis but do not meet the criteria to be hospitalized. The

consumers present at both focus groups discussed the important and positive effect that the drop-in centers were having in the community. Not only were more people participating in the varied activities at the centers but peer providers were moving farther along in their own recovery. It was suggested that perhaps there was a way to combine a new crisis resource with the peer support that was already in place at both drop-in centers. When County personnel suggested the idea of a respite bed with linkages to the drop in centers, that would be available to individuals who did not require hospitalization but still were experiencing a significant crisis, the attendees of both focus groups agreed that this would effectively address their concerns. Consumers and County personnel agreed that consumers who used the respite bed were going to be encouraged to participate in activities at the drop-center and this would help the center continue to develop an enriching and inclusive environment. In general, it was determined that the respite bed would be the vehicle that would allow the learning question to be asked "would a reciprocal relationship between the drop-in center and the Respite Bed Project improve outcomes and quality of service?" It was hypothesized that utilization of peer support resources by the respite bed consumer could have a positive affect on outcomes, and also help the County to provide better quality of services.

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

The primary group of stakeholders that attended the focus groups were the consumer and family member group. There were other forums where the Innovation plan was discussed, so that stakeholders could also provide input and give feedback. The first Monday of every month, department heads of all human services organizations meet. It was at the March and April 2009 meetings where the Innovation Plan was discussed and ideas were generated. Present were Probation, the Sheriff, Health and Human Services, the local non-profit, Human Response Network, the County Administrative Office, and the local superintendent of county schools were all present. Similar to the concerns expressed at the focus groups the stakeholders present at the meeting were also concerned about a limited crisis response and acknowledged the need for creative approaches to bring an additional resource in the county. It was identified that individuals who did not meet the criteria for an out of county hospitalization but who were still experiencing a major crisis would greatly benefit from the intervention the respite bed would provide. The stakeholders agreed that this additional resource would fill a gap in available services that currently exists in Trinity County. The TCBHS representative informed the group that identifying a service was secondary to the learning question which is the focus of the Innovation component. The outcome of the two previous focus groups was discussed at this meeting and it was agreed that the "learning question" of "Will peer support and a reciprocal relationship between the Respite Bed Project and the consumer drop-in center improve quality of services and improve outcomes?" was relevant.

The focus groups held in February and March of 2009 were held at the drop-in centers in Weaverville and in Hayfork. The attendees were made up of consumers who regularly attend activities at the center as well as a few family members. The focus group held in Hayfork allowed individuals who are geographically isolated and who struggle with severe poverty to have a voice in the planning of Trinity County's proposed Innovation Project. Attendees at each focus group were representative of Trinity County's general population which is 89% Caucasian, 4.9% Native American, and 4% Latino of any race. There were eight attendees at the focus group held in February in Weaverville that largest community in Trinity County with a population total of 3500. Of these eight attendees 5 identified as Caucasian, 2 identified as Latino, and 1 identified as Other. The focus group held in March in Hayfork, the second largest community in Trinity County, had 6 attendees all of which identified as Caucasian. The percentage total for the attendees then is 78% Caucasian, 14% Latino, and 7% Other.

In addition to the focus groups and County meetings input was gathered in other ways as well. During conversations with the Nor Rel Muk Tribal liaison that Trinity County is contracting with in order to provide a cultural competency training, the Innovation plan was discussed. Trinity County has a small but active Native American population. During the discussions the tribal liaison identified the need for an added resource in the County and agreed that a respite bed would fill a gap in services currently available. The TCBHS representative explained the learning focus of the Innovation Plan. The tribal representative was aware of Milestones drop-in center and was aware of increased participation. The tribal liaison agreed that a bi-directional relationship between the drop-in center and the respite bed consumer would be an interesting project from which to learn, and it would also provide a service that was actively needed. The Nor Rel Muk Band is also using some Trinity County CSS Dollars to conduct a needs assessment for their Tribe. It was affirmed that Native Americans would always be given a priority for use of the Respite Bed since their group represented an "Underserved" Population. It was agreed that just as Trinity County could assist the Nor Rel Muk with their needs assessment, the Nor Rel Muk, by participating in Milestones and the Respite Bed Program could help the County learn more about our question of whether consumers in recovery could be instrumental in assisting other consumers when they are in crisis and need the respite bed.

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

There was a public hearing held on Wednesday September 23, 2009 held at 1450 Main Street in Weaverville. There were seven individuals in attendance including four members of the Mental Health Advisory Board. This public hearing followed a thirty day public comment period that began on August 20, 2009. Notifications were placed in a variety of locations in Weaverville and Hayfork; at the primary supermarkets in each community, the courthouse in Weaverville, the main TCBHS office, the TCBHS satellite clinic in Hayfork, at the drop-in centers located in both communities, and posted on the agency's website. Generally, the feedback was positive. One member of the Board was concerned that the open and reciprocal interaction between the drop-in center and the

board and care facility would have a negative impact on the residents of the home and become a "hang-out" for consumers from the drop-in center. He stated that this could potentially be very disruptive to the environment at the board and care home. The County's response to this Board member was to validate his concern and to assure him that the Respite Bed Project would be a structured program so as not to be a disruption but a helpful and beneficial resource. One member of the Board expressed great appreciation for the fact that there would be a reciprocal relationship between the drop-in center and the respite bed consumer. She agreed that the interaction would benefit both the individual utilizing the respite bed and the consumers providing peer support from the drop-in center. The consumer and family member representative on the Board stated that he felt the plan was "right on target", well organized, and shows a real effort by the County to include consumers and family members in the county mental health system. The Board voted to approve the plan to request Innovative MHSA Dollars to try an experiment in Trinity County to find out if the consumer drop in center in Weaverville might be able to assist in the delivery of respite bed services and in turn, by the Milestones Community providing this service, ultimately be able to help themselves in their own recovery. Trinity County is very fortunate to have as a member of the Advisory Board a full professor who teaches occupational therapy at San Jose State University. She has agreed to assist the Department in really framing this question throughout the project so that we can monitor just what we are learning, and how to capture the outcomes with data.

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Innovation Work Plan Narrative

Date: August 6, 2009

County: Trinity County

Work Plan #: Innovation #1

Work Plan Name: Respite Support

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).

Trinity County's proposed Respite Support Project focuses on increasing the quality of services and outcomes. The primary learning goal of the Respite Support Project is to discover if emphasis on the Recovery Model and reciprocal interaction with Milestones drop-in center will increase the quality of service and improve outcomes for the individuals utilizing the respite bed. The project is based on Recovery Model Principles in that significant importance is placed on the needs and wishes of the consumer. During the community planning process focus group consumers were in favor of the project because it empowers the consumer to make decisions regarding his or her own treatment. Trinity County has determined that issues regarding appropriateness of service and quality of outcomes need to be addressed.

Because Trinity County is a rural frontier county resources and services are often limited, and consumers have been restricted in their choices of where they can receive mental health interventions. Currently, Trinity County has two options when providing an intervention for a consumer; outpatient services or hospitalization. In effect, because of fiscal constraints TCBHS will be relying on the strengths of consumers and family members to partner with the mental health system to fill an important service need. This project would not only fill in the substantial gap between the two but will give the County the invaluable opportunity to learn if utilizing the strengths of consumers and family members and integrating all of the MHS components will improve services and outcomes for consumers. While the consumer is utilizing the respite bed he or she has access to his or her family and other social supports. The TCBHS crisis worker will be able to link the consumer to resources within the community but will focus primarily on linking the respite bed client to services at Milestones drop-in center. This would be a bi-directional relationship; not only would the respite bed client be referred to services at Milestones, consumers from the center will be able to meet and work with the respite bed client to provide effectual peer counseling. This proposed strategy will move Trinity County more assertively in the direction of Recovery Model practice.

Innovation Work Plan Narrative

Project Description

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

The Respite Bed Project, in addition to meeting a critical service goal, is the ideal setting to test Trinity County's two key Innovation learning goals; peer-based recovery services coupled with the integration of four MHSA components. Referrals to the respite bed will be made by the TCBHS crisis worker. The individuals who are referred to the respite bed will be past their initial crisis but who are still fragile and in need of the additional support, care, and nurturing the Respite Bed Project can provide. The respite bed will be available to adults 18 years and older who have a significant need. During the crisis client's stay in the respite bed consumer staff from Milestones will provide peer counseling and support for the individual. This intensive support will be available to the respite bed client until he or she is stabilized, and with the assistance and recommendations of Milestones staff, be able to transition into peer-support groups at the drop-in center and/or into services at the county mental health agency. Ideally, consumer staff from Milestones will be able to follow-up with consumers who have recently left the respite bed. The consumer staff members will be able to continue to offer peer-support assist with paperwork, and to make individuals using the respite bed aware of other agencies/resources within the community.

Although involvement with the drop-in center will be encouraged and recommended, ultimately it will be the choice of the respite bed client whether or not to participate. The TCBHS crisis worker and the consumer staff from Milestones will assist the respite bed client to make plans regarding his or her own recovery. This will entail establishing goals that the respite bed client determines to be important to his or her own recovery. Focus will be placed on the individual and not on the mental health disorder. Consumer staff from Milestones will have an essential role in helping the respite bed client become knowledgeable about the Recovery Model and its basic tenets of empowerment, hope, as well as the value of relationships with family, friends, and community.

The Respite Support Project represents an integration of four MHSA components; CSS and Capital Facilities funding is being utilized to purchase the Board and Care Facility, WET dollars will be used to fund contracts with consumer providers who will provide peer services to the respite bed client, Technology funds have been utilized to purchase the Anasazi software that will be used to collect crisis client data and track outcomes. The Respite Support Project will also use Innovation funds for Trinity County to focus on its learning goal of discovering if emphasis on the Recovery Model and reciprocal relationships improve outcomes.

During the community planning process the stakeholders expressed that a local Board and Care Facility would be a benefit to the County. The Respite Bed Project was viewed as being on target and filling a need that has been previously unfulfilled. The

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stakeholders agreed that improvement of outcomes and services was an appropriate goal on which to base the proposed learning project. TCBHS will be in communication with other agencies within the county like the Human Response Network, the local acute care facility, the sheriff and probation departments and when appropriate the Nor Rel Muk tribal office. These agencies will be able to identify and refer individuals who may be in need of the services and supports that the respite bed will be able to provide.

A key element to Trinity County's Respite Support Project is to promote a reciprocal relationship with Milestones drop-in center and clients who utilize the respite bed resource. Consumer staff from Milestones will be interacting regularly with the respite bed client. This will establish a linkage with the drop-in center for individuals leaving the respite bed. It is hoped that the respite bed client will, as part of an after-care program, will participate in activities and peer-run support groups at the center. Because anyone who is in crisis can utilize the respite bed, and Trinity County intends to make every effort to provide services to those previously under-represented in the county mental health system e.g. members of the homeless population, Latinos, or Native Americans affiliated with the Wintu Tribe, it is anticipated that activities and services at the drop-in center would expand and become more relevant to more individuals. This will be an effective way for Trinity County to increase cultural competency. Trinity County is currently partnering with the Nor Rel Muk Tribe to conduct a needs assessment. With this partnership in place, tribal liaisons will be able to work with peer support staff to provide culturally sensitive assistance to individuals in the respite bed who identify as Native American. The Nor Rel Muk Tribal liaisons will be presenting a cultural sensitivity training to TCBHS staff in fiscal year 2009-10. This training will help staff and consumers involved in the Respite Bed Project develop cultural knowledge in order to provide appropriate support to Native Americans who may be using the respite bed. Because Native Americans make up approximately 4.9 % of the county population it is a goal of the County to increase Native American involvement at Milestones drop-in center. The Respite Bed Project will be another vehicle that facilitates this goal. Family members regularly participate in activities at Milestones. Family members, just like consumers, have the value of lived experience. Wisdom from this experience will make this new project more effective. The County anticipates that interested family members will be active in the Respite Support Project. Ideally they will be available to talk to and provide support for family members of the individual in crisis and using the respite bed. In effect, the project will work to educate the consumer in the respite bed about recovery and in conjunction family members can educate the family of the respite bed consumer about the value of the Recovery Model. A system outcome the County is working toward is the increased opportunity for persons in recovery at Milestones to assist peers and thus provide Milestones with a specific mission that promotes Recovery Principles in an integrated fashion throughout the delivery of client services. Milestones consumers will have ownership of this mission that will assist them to the next step of their own recovery.

Trinity County plans to monitor individual and global outcomes. The global outcomes will inform the County if the learning goal of improving services and outcomes by establishing a reciprocal relationship with the drop-in center and placing emphasis on the Recovery Model is being met. At this time, the County is in the process of developing a way to measure both individual and global outcomes for this project. The

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County expects to utilize Anasazi software with this task. Outlook Associates will be a contractor providing consultation about how to gather client data and generate reports that will allow us to develop a profile who might benefit most from the respite bed. Issues of substance abuse, homelessness, medical concerns, suicidality will be considered.

The Project will be presented to the consumers, family members, and consumer staff members who regularly participate at Milestones. The County predicts that there will be a few consumer staff members who would be very willing to undertake this project, and in the process assume leadership. The County will contact Donna Matthews from Working Well Together in order to consult with her on developing a workshop that will be offered at Milestones to formulate this new vision that will resonate with consumers and family members. A secondary gain for Milestones will be the realization of the goal of increasing pre-vocational and vocational activities at Milestones. County Mental Health views the drop-in center as a supportive environment where true recovery manifests in work opportunities.

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)

Trinity County has determined that the Respite Bed Project will facilitate the primary learning goal of discovering if emphasis on recovery and a reciprocal relationship with Milestones drop-in center will facilitate better quality of service and outcomes for consumers. The project will integrate four MHSA components; CSS, WET, Technology, and Innovation. Although, a crisis respite bed has been proven to be an effective intervention, Trinity County is approaching the idea of its respite bed program from a different direction. The Respite Bed Project will be the vehicle which allows the county to utilize consumer staff from Milestones as primary interventionists for the crisis client using the respite bed. Consumers and family members from the center will be able to educate the crisis client and family about the Recovery Model along with the key elements of empowerment, person centered, holistic, and the value of relationships. In addition, the consumer staff will work with the respite bed client to identify goals that are fundamental to his or her own personal recovery. The reciprocal relationship piece will be achieved after the crisis client has left the respite bed and is participating in activities at the drop-in center. Because the respite bed will be available to anyone in need of this resource and the county will make a concerted effort to provide services to those individuals who have been previously under-served in the county mental health system e.g. homeless individuals, Native Americans specifically those affiliated with the Wintu Tribe, and Latinos, as a result activities and services at Milestones will be broadened and become more relevant to more individuals. The County anticipates that this will increase cultural competency and sensitivity within the county mental health system.

Trinity County is currently working with Outlook Associates on how to develop a program using Anasazi software that will collect crisis client data and generate individual outcomes. The global outcomes that the county hopes to achieve will support the primary learning goal. These outcomes include but are not limited to:

- Did the methods the county used create a successful partnership with Milestones and the Respite Bed Project?
- Did the ownership and participation in this project contribute to the recovery of Milestones consumer staff?
- Did respite bed clients make steps toward their own recovery utilizing the Recovery Model?
- Did utilizing the Recovery Model instead of a more clinical approach shorten the respite clients stay in the respite bed?
- Were there more expanded recovery services and supports developed to meet the needs of more diverse client characteristics?

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- Did this project move Trinity County Mental Health more toward recovery oriented services?

Determining what outcomes will be measured and exactly how to effectively measure them is still in the planning phase and the County foresees that this will also be a work in progress.

Trinity County predicts that the outcomes from this project can be analyzed and presented to the Department of Mental Health, the Mental Health Advisory Board, the Local Board of Supervisors, as well as other small counties who may wish to replicate the project in some way.

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: 7/1/2009-6/30/2011

July 1, 2009-September 30, 2009

- *Present Respite Bed Project at Milestones monthly Board Meeting request input from members of how Milestones staff will run project
- *Consult with Donna Matthews @Working Well Together to organize a workshop to present to Milestones consumers and consumer staff members to get consumer buy in
- *Purchase and remodel of the home
- *Purchase of furnishings and household necessities and set-up
- *Distribution of Requests for Proposal to seek an operator
- *Development of Departmental Policy and Procedures to assist operation
- *Development of new Crisis Contact Log that will gather more in depth consumer Information

October 1, 2009-December 31, 2009

- *Milestones consumer staff to determine who will be providing support to crisis clients in the respite bed
- *Chose which global outcomes will be measured that best support the primary learning goal
- *Development of data tracking tool utilizing Anasazi software for individual and possibly global outcomes
- *Selection of Board and Care Operator and award of contract
- *Further development of Respite Bed Program Policy and Procedure

January 1, 2010

- *Opening of both programs; FSP Residential and Respite Bed Program
- *Milestones consumers and consumer staff members to be deployed to respite bed as needed
- *Milestones to expand activities and services to increase inclusiveness and relevancy
- *Beginning of reciprocal relationship between Milestones drop-in center and Respite Bed Program

March 1, 2010- September 30, 2010

- *Intensive attention to operational challenges to both programs
- *Initial data gathering and report building for both programs

October 1, 2010-June 30, 2011

- *Analysis of data collected to determine quality of care and outcomes
- *Analysis of fiscal data to determine efficiency and identify issues

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.

In order to effectively evaluate whether the County's primary learning goal of discovering if emphasis on the Recovery Model and a reciprocal relationship with Milestones drop-in center will facilitate better quality of service and outcomes for consumers who utilize the respite bed resource the County will have to establish measurable outcomes for individuals. Perhaps, more importantly, for this project it will be necessary for the global outcomes to be measured. The County is in the process of determining what global outcomes can be quantified and which of these will best support the learning goal.

Positive individual outcomes will include: reduced out of county hospitalizations, improved inter-personal relationships, a reduction of symptoms, as well as successful linkages to other community agencies, individuals who have utilized the respite bed resource become active participants at Milestones drop-in center. Trinity County intends to use Anasazi software to collect crisis client data and to generate reports regarding individual outcomes.

Global outcomes seem to be more subjective and less concrete than those for the individual. However, the County is currently working on measurable results that include but are not limited to the following questions:

- Did the methods the county used create a successful partnership with Milestones and the Respite Bed Project?
- Did the ownership and participation in this project contribute to the recovery of Milestones consumer staff?
- Did respite bed clients make steps toward their own recovery utilizing the Recovery Model?
- Did utilizing the Recovery Model instead of a more clinical approach shorten the respite clients stay in the respite bed?
- Were there more expanded recovery services and supports developed to meet the needs of more diverse client characteristics?
- Did this project move Trinity County mental health more toward recovery oriented services?

The County predicts that both establishing outcomes and being able to accurately measure them will be something that is "learned as we go" and during the process there is a significant likelihood that the County will discern more precise ways to gather and interpret results.

The Respite Bed Project will be subject to the review and assessment by the members

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of the Milestones Board, consumers and family members specifically those that participate at Milestones, the Mental Health Advisory Board, and the County Board of Supervisors, as well as representatives from various community agencies. The County expects valuable input, regarding the effectiveness of project, from all of the previously mentioned parties. The County will clearly explain the purpose and focus of this Innovation Project so that all interested individuals can assist the County with developing strategies that will better ass's outcomes.

Innovation Work Plan Narrative

Leveraging Resources (if applicable)

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

Trinity County's plan is innovative in that it combines the Capital Facilities, Realignment, Social Security, Innovation, CSS, and PATH funding streams. Trinity County's intention is to blend the above funding streams in a manner that allows us to create two new programs in Fiscal Year 2009/2010. First we will purchase a home using CSS and Capital Facilities revenues. We will establish a FSP Board and Care Facility for 5 Partners out of the CSS funding stream. Using the Capital Facilities funding stream we will create a Respite Bed Program for all adult consumers of the agency. In order to underwrite the bed, we will be using a variety of funding sources, to both offer the bed, and the support to the consumer at no cost. Trinity county is requesting the amount of 70,000 in total; 34,000 will be used for the cost of the bed; 6,000 will be dedicated for the purchase of computers and software for use laptop computers for crisis workers who are in the field and 30,000 will be utilized for technical support to help us generate the Anasazi information and reports. This is, for our County, breaking new ground, as persons who are in crisis and need immediate intervention, often do not have disposable resources available. They may have committed these resources to other housing situations that at least in the moment, are not working well for the consumer.

EXHIBIT D

Innovation Work Plan Description (For Posting on DMH Website)

County Name

Trinity County

Work Plan Name

Respite Support

Annual Number of Clients to Be Served (If Applicable)

_____ Total

Population to Be Served (if applicable):

Consumers of mental health services that live in Trinity County.

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

Trinity County has determined that the Respite Bed Project will facilitate the primary learning goal of discovering if emphasis on recovery and a reciprocal relationship with Milestones drop-in center will facilitate better quality of service and outcomes for consumers. Although, a crisis respite bed has been proven to be an effective intervention, Trinity County is approaching the idea of its respite bed program from a different direction. The Respite Bed Project will be the vehicle which allows the county to utilize consumer staff from Milestones as primary interventionists for the crisis client using the respite bed. Consumers from the center will educate the crisis client about the Recovery Model along with its key elements; empowerment, holistic, person-centered, and the value of relationships. The reciprocal relationship piece will be achieved after the crisis client has left the respite bed and is participating in activities at the drop-in center. In effect, because of fiscal constraints TCBHS will be relying on the strengths of consumers and family members to partner with the mental health system to fill an important gap. Consumer staff from Milestones will be interacting regularly with the respite bed client. This will establish a linkage with the drop-in center for individuals leaving the respite bed. It is hoped that the respite bed client, as part of an after-care program, will participate in activities and peer-run support groups at the center. Because anyone who is in crisis can utilize the respite bed, and Trinity County intends to make every effort to provide services to those previously under-represented in the county mental health system (homeless individuals, Latinos, and Native Americans) activities and services will be broadened and become more relevant to more individuals. Global outcomes will be measured that support the primary learning goal. This proposed plan will move Trinity County more assertively in the direction of Recovery Model practice.

EXHIBIT E

**Mental Health Services Act
Innovation Funding Request**

County: Trinity County

Date: 9/29/2009

Innovation Work Plans			FY 09/10 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
No	Name	Children, Youth,		Transition Age Youth	Adult	Older Adult	
1	1	Respite Support	70,000		23,100	46,900	
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26	Subtotal: Work Plans		\$70,000	\$0	\$23,100	\$46,900	\$0
27	Plus County Administration						
28	Plus Optional 10% Operating Reserve						
29	Total MHSA Funds Required for Innovation		\$70,000				

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Trinity

Fiscal Year: 2009/10

Work Plan #: Innovation

Work Plan Name: Respite Support

New Work Plan

Expansion

Months of Operation: 7/1/2009-6/30/2010

MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures				\$0
2. Operating Expenditures			64,000	\$64,000
3. Non-recurring expenditures	6,000			\$6,000
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$6,000	\$0	\$64,000	\$70,000
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. (insert source of revenue)				\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$6,000	\$0	\$64,000	\$70,000

Prepared by: M. O'Dear

Date: 9/29/2009

Telephone Number: 530-623-1838



**Trinity County
Behavioral Health Services**

Presents

Innovation

2009-10

This Mental Health Services Act (MHSA) project entails:

- *Respite Support that will utilize peer counseling*
- *Focus on Learning*
- *Increasing the Quality of Services – including Better Outcomes*

A Public Hearing is scheduled on:

Wednesday
September 23, 2009

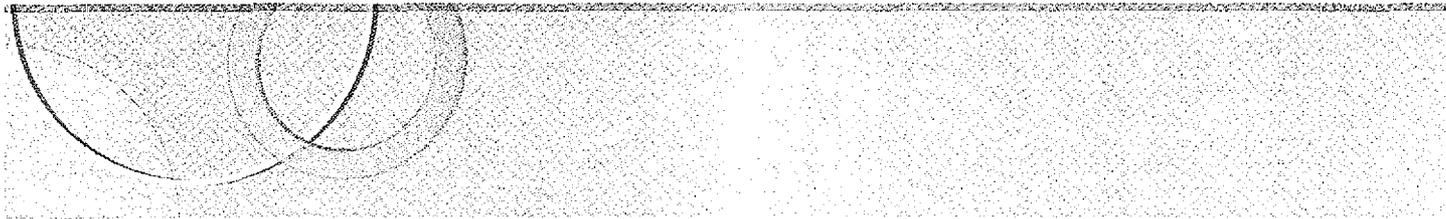
10:30 to 11:30am

TC BHS Conference Room
1450 Main Street ❖ Weaverville

All Interested Parties Are Invited to Attend!

For more information, please contact
Marlinda O'Dear, MHSA Coordinator ❖ 623-1362

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Trinity County Behavioral Health September 23, 2009

Today we are facilitating a public hearing for the last element of the Mental Health Services Act, known as Innovation.

The State requires that an Innovation project which a county may choose to do, must have some unique learning opportunity that may come about when the project is implemented. This outcome might be relevant to other public systems in different counties.

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- Trinity County has a total of \$70,000, per fiscal year for Innovation.
- The County had two focus groups last spring, and the idea of a respite bed was put forward to the community.
- The plan was fully embraced. The basic idea is that when the new Board and Care Home is opened, there will be six beds. Five will be dedicated to FSPs, and the sixth to a respite response.

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- The respite bed will be available to consumers who either are fragile due to a psychiatric crisis, or to a housing crisis.
- There will be a built in two week limit on usage.
- There will be no charge to consumers for using the bed.
- The TCBHS Crisis Team will be making the exclusive referrals to the program.

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- The bed will be paid for out of Innovation Dollars.
- The case management will be paid for by PATH, Medi-Cal and Realignment.
- The oversight for the bed will be the full responsibility of the contracted operator.

So, how does an Innovation Outcome happen with this MHSA Element?

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- The bed itself will cost approximately \$34,000, a year. This will have some variation depending upon the lowest bid from the Request For proposals.
- A second effort that the Innovation Dollars will pay for is to revamp our crisis log to gather improved data.
- Currently we keep a hard copy log of crisis contacts that is stored in Medical records. We hope to expand this document and include this in the Anasazi Software Program.

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- Areas where we want to gather additional data include: Homelessness; Substance Use; Incidence of Psychosis; Employment; Suicidality and Involvement in the judicial system.
- The County will contract with an IS Company to assist us in generating a report that will speak to the prevalence of the above mentioned conditions, and how these impact on the success of the consumer using the respite bed.

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- What is really potentially new about this effort is the desire for peer support from Milestones for the respite bed.
- Our learning question is, "Does peer support improve outcomes for the consumer using the respite bed?"
- A second question is "Will service to persons using the respite bed assist members from Milestones in their own recovery?"

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- TCBHS has had discussions with the Oversight and Accountability Commission concerning this Innovation Project.
- They have given the county positive feedback that this appears to be an exciting learning effort.
- The fact is that the public mental health system needs assistance from our consumers to create better outcomes.

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- The focus of today's hearing is to determine community feedback concerning this project.
- All feedback will be recorded and included in the final plan submitted to the Oversight and Accountability Commission.
- Suggestions that can be immediately woven into the project will be.
- Thank you for your participation and input.
- Community input is critical to the success of this project.

Innovation Plan for fiscal year 2009/2010
Community Public Hearing
September 23, 2009

Stakeholder Questionnaire

The following questions will assist the TCBHS Staff to know the profile of the community members who have so willingly given us input. Both the State Department of Mental Health, and the Mental Health Services Act Oversight and Accountability Commission will require this information from Trinity County.

Please answer the questions by your best hunch of how you identify yourself with the general community. All individual responses will be kept confidential, although we will develop a report itemizing who comprised the overall public hearing group. We will address general themes.

1. Your Name:
(optional) _____
2. Your Gender: Male _____
Female _____
3. Which age group is closest to the one you are: (Mark the age group that applies to you)
 - Children and Youth 1-16 _____
 - Transitional Age Youth 17-24 _____
 - Adult 25-59 _____
 - Older Adult 60 - 100 _____
4. What community do you live in?

5. Your Ethnicity: (The one you most identify with)

- a. White Caucasian_____
- b. Spanish / Latino_____
- c. Native American_____
- d. African American_____
- e. Pacific Islander_____
- f. Asian_____
- g. Other_____

6. Do you speak another language besides English?

Yes_____

No_____

If yes, what Language do you speak?

7. Do you identify yourself as: Gay, Lesbian, Bisexual or Transgender?

Yes_____

No_____

8. Do you think of yourself as either a client in recovery or a client who has fully recovered?

Yes_____

No_____

9. Do you think of yourself as a Family Member of a person who has received mental health services?

Yes_____

No_____

Are you currently employed?

Yes_____No_____

10. If you are employed, circle the best description:
- a. An employee of the Public Mental Health System?
 - b. A Health Care Provider?
 - c. A member of a profession that helps persons with mental illness like Social Services or other non-profit?
 - d. Other; Please describe:

11. In terms of the new *Innovation Money*, do you support the concept of first creating a respite residential bed that clients can use when they are too fragile to go home, but don't need to be in a hospital?

12. Do you like the concept of consumers from Milestones who have completed the Leadership Course being involved in the respite bed program by providing peer support to the consumer using the respite bed? Would you be interested in learning more about this project, possibly with the idea of becoming a respite bed peer counselor who will receive a stipend for their efforts?

Address: _____

E Mail _____

Phone or Cell _____

Do you have other thoughts or ideas about this Respite Bed Project? _____

Total # of Surveys Collected	
7	

General Information

Gender	
Male	Female
3	4

Age		
0-24	25-59	60+
1	5	1

Location		
Weaverville	Lewiston	Junction City
3	1	1
Douglas City	Trinity Center	
1	1	

Language (Other than English)	
Spanish	
2	

Employment	
Public Mental Health	
3	

Social Services	
1	

Unemployed / Retired	
3	

Do you identify yourself as one of the following:	
Client in Recovery / Recovered	
2	

Family Member of Client	
5	

Innovation Money		
Do you support:		
The concept of creating a residential respite bed that clients can use when they are too fragile to go home, but don't need a hospital?		
Yes	No	Unsure
7		

Consumers from Milestones providing peer support to consumers using the respite bed?		
Yes	No	Unsure
4	1	1

** Some surveys were incomplete*

**May identify as more than one category*