

TEHAMA COUNTY
MHSA/CSS Annual Progress Report 2008
(Reporting Period - January 1, 2008 through December 31, 2008)

Program/Services Implementation

1) Tehama County's MHSA Community Services and Supports (CSS) plan has been approved since August 1, 2007. Since August 2007, we have been steadily implementing each of the work plans. In the Tehama County MHSA CCS plan there are 6 work plans. Specifically, these plans include: Access, Employment, Housing, Outreach, Transition Age Youth Full Service Partnership, and Older Adult Full Service Partnership.

A. Tehama County's MHSA CSS implementation activities are generally proceeding as described in the approved plan that was adopted in the MHSA Performance Contract/MHSA Agreement. There have been some ongoing delays in implementation of certain aspects due to unforeseen circumstances. For example, in the Access work plan, we continue to not be able to fully implement the Crisis Response program element. We are attempting to be able to respond to the local hospital when there is a mental health crisis. We were successful in eliminating the barriers to Mental Health clinicians being credentialed to provide services in the hospital. This was a lengthy process because it required the creation of a new Allied Health Professional category for licensed clinicians. County and hospital staff had numerous meetings, and additional information was presented by our Risk Management Legal Counsel to address all of the hospital's concerns. Our psychiatrist has been successfully credentialed, and the credentialing process is underway for all of our licensed clinicians. Law Enforcement, the hospital and Mental Health staff continue to work together on this issue. We have continued to respond to crisis situations by getting emergency privileges when necessary and to respond to crisis situations that are not at the hospital, but have not been able to fully implement the hospital response as indicated in the work plan.

In an attempt to improve our crisis response effectiveness, we participated in a collaborative training with law enforcement that provided information about evidence-based crisis interventions. We are following up with ongoing law enforcement briefings to address issues, and will be providing Crisis Intervention Team (CIT) training to all law enforcement in 2009.

Through the Access plan, we continue to increase provision of Spanish-speaking monolingual services, often for those individuals that do not have proof of citizenship and, as such, encounter difficulty in obtaining services.

An additional component of the Access work plan was a clinician providing services at primary health care clinics. The Health Services Agency was successful in obtaining a CMSP Behavioral Health Pilot Project grant to provide mental health and substance abuse services in a primary health care clinic. This has been very successful and we have continued to increase clinician time at the County Health Clinic. There is a clinician available 2 days a week and our bilingual therapist is also available as the need arises to work with monolingual clients at the health clinic. The professional

relationship between staff and location of a clinician at the clinic has enhanced coordinated medical, drug and alcohol, and mental health services for clients.

We continue to provide services at other sites per our Access plan. We provide services at schools, Drug and Alcohol Services, and Social Services. We continue to provide therapeutic groups for high-risk youth, and have added new therapeutic groups for these youth at several alternative high school sites and at one middle school site. These groups include a mental health component and a substance abuse component, and focus on developing coping skills and problem solving skills.

As part of the Access plan, we have increased our hours of operation for the Drop In Center to include Saturdays and this program is very well attended. We have continued to expand the level of drop in services during the week as well and added additional types of activities, including equine services.

Through the Access plan, we were able to remodel our waiting room to provide a more welcoming and inviting atmosphere. Our existing waiting room was very small and uncomfortable. The remodeled waiting room is more than double in size, with a more welcoming reception desk, and separate areas for a children's play area and a computer resource center for clients. With this remodel, we were also able to reorganize how staff obtain medical records, which has increased the overall effectiveness of the outpatient program. An unexpected side benefit of the children's play area is that it has allowed for therapeutic observations of children interacting with their caregivers and other children.

In addition, during 2008, we added a new component to our Access plan that was implemented late in the year. Specifically, we are utilizing an evidence-based program on our crisis response unit that focuses on addressing trauma and substance abuse. Staff have been trained in the evidence-based program, Seeking Safety, and have begun implementing the program. We changed the name of the facility to the Community Crisis Response Unit to begin changing the focus of the program there to be much more inclusive of anyone in crisis, rather than primarily focusing on individuals being evaluated for 5150 holds. This program has resulted in a more thorough clinical assessment of individual needs and a more individualized, in-depth after care plan as the result of implementation of the Seeking Safety interventions. Initial response by consumers and staff is very positive. Our hope is that by increasing crisis services in the current stressful environment, we will provide a valuable service to our community and increase access to ongoing services for individuals that are in need of treatment. We believe that this change is a very positive step towards an atmosphere of inclusion and acceptance, and will assist in very positive engagement of potential consumers, and ultimately improve long-term outcomes.

The Employment work plan continues to be expanded. We have provided services in this work plan to 27 consumers. Services ranged from work experience, vocational rehab training, college enrollment, employment placement, etc. We have helped to facilitate placement of several clients in positions in businesses in town, continue to develop relationships with other businesses, are expanding our relationship with the

Department of Rehabilitation, and are establishing an excellent working relationship with the Job Training Center. We have established relationships with a pool company, a tire company, and the local cemetery. We have been able to refer transition age youth to the Job Training Center's summer employment program. We are working collaboratively with the Department of Rehabilitation to obtain training for clients. In addition, we have had a work experience program with consumers at Mental Health that is being expanded to include a full training program. This work experience program includes providing peer support at the Drop In Center, landscaping, moving clients, etc. One of the consumers we have assisted has been able to maintain employment, get off SSI, establish an effective budget, and will soon no longer have a payee. We have a Co-op contract with Department of Rehabilitation and Department of Mental Health for employment services and have two trainings planned for the spring of 2009, including a workshop to engage the business community.

As part of the Housing work plan, we continue to actively pursue the development of new housing opportunities with new landlords for up to 25 consumers. We were able to locate housing for 14 new consumers during 2007, and have been able to locate housing for 24 new consumers during the reporting period of January 1, 2008 through December 31, 2008. Ten of these consumers were Transition Age Youth Full Service Partnership (FSP) candidates or enrollees, and one was an Older Adult enrollee. We have been able to assist several consumers with moving into a new apartment complex in the community. We continue to utilize a local motel for short-term housing needs while we seek more permanent housing options for the consumers. We have utilized MHSA flexible funds to assist with this process as needed.

In the Community Outreach work plan, we were able to expand on new outreach activities for the Latino population. We arranged to provide outreach at a local migrant farm work facility in October 2007. There were approximately 80 men, six women and no children at the migrant camp initially, and then an additional 20 workers joined the group. They were at the camp for the olive harvest season. The workers expressed an interest in general health check-ups as well as general information on mental health issues. Several visits were made and we arranged for Public Health to participate and give flu vaccinations. We continued this outreach in 2008, and expanded the level of contact during the harvest season. We were able to do outreach weekly during the harvest season. We were able to outreach to 100 individuals during this process. We participated in the Bi-National Health Fair and Diabetes Workshop again this year. We combined the two activities to maximize our ability to reach out to the Latino community. The event includes free health screenings and outreach information to the community and surrounding areas that are hard to reach. The various health screenings included diabetes testing, and blood pressure checks, as well as information about oral cancer and mental health. 449 people attended the event, and at least 142 took Mental Health information from our booth.

In addition, the MHSA Outreach Coordinator has worked with several consumers to help them obtain citizenship. During this calendar year, we were able to assist 3 consumers in obtaining citizenship. Further, we have been able to increase services to Spanish-speaking clients, especially those that do not have citizenship or

resources. Specifically, we have provided monolingual services to 48 Spanish-speaking clients.

We have been able to significantly expand our clinical resources by developing a media and clinical workbook library. Topics include major mental health disorders, client and family perspective, best practices, etc. In addition we have provided therapeutic tools such as workbooks, games, etc. These tools are in English and Spanish where available. Our children's waiting room is also bilingual in decorations, activities and information.

We continue to make progress in developing a more collaborative relationship with the local tribal organizations. We had a training provided by the Indian Dispute Resolution, Inc. on July 30, 2008 to various agencies to assist us in how to expand our relationship with the Native Americans. We applied for and were accepted into the Healthy Natives Community Fellowship, which is a wonderful opportunity to look at ways to develop a more collaborative relationship, and develop healthy Native American communities. This consists of four (4) one-week-long fellowships, the first in January 2009. We hope to gain knowledge and skills that will assist us in developing relationships with the local Native American community. We have already been successful in engaging a local storyteller and have utilized techniques learned with our consumers and staff.

An additional component of Tehama County's Outreach work plan is to provide education to the community to decrease stigma and break down barriers to individuals accessing services. During our May is Mental Health Month activities, we were able to provide a virtual reality experience that simulated schizophrenia. 123 individuals participated in the experience, including family members, advisory board members, law enforcement, community members, mental health staff, and other agency staff. The response was very positive, and therefore NAMI was able to provide the machine again during the October Mental Health Week activities. We plan to continue to provide this service at least once a year.

Consumers have participated in providing education to the community at several different activities such as May is Mental Health Month, Cinco de Mayo, and Recovery Happens.

- B. Transition Age Youth (TAY) FSP Work Plan - we anticipated there would be 10 TAY FSP by December 31, 2008 and 12 by 06/30/2009. As of 12/31/2008, we have served 24 potential enrollees and have fully enrolled 10, so we are meeting our anticipated goal. For the Older Adult FSP Work Plan, we anticipated eight by December 31, 2008 and 12 by June 30, 2009. We currently have served four consumers in this calendar year, and have fully enrolled two so we are not achieving our goal at this time.
- C. For the Access Work Plan, 100% of the anticipated consumers have received school-based services. Specifically, 125 new youth were served in the "Thinking Ground" program. 41 clients have received services at the primary health care clinic,

through the CMSP Behavioral Health Project, and MHSA. For the Employment Work Plan, our goal was to expand the current program by 20. 21 consumers participated in the job training or employment program, and an additional 36 received stipends for work experience through Mental Health. Of the 21 in the formal program, 10 were transition age youth. Therefore, we have exceeded our expansion projection for this work plan. Consumers either participated in work programs, job coaching, rehabilitation, or obtained employment by finding employment in the community, starting a training program in the community, or participating in our employment training program. In the Housing program, over 100% of the anticipated consumers received housing assistance in some manner. Specifically, 18 Transition Age Youth candidates, one Older Adult candidate, and five other consumers were served through the outreach program. Additionally, we provided temporary housing in local motels for five transition age youth, two older adults, and five adults through outreach.

- D. The major implementation challenge that Tehama County has encountered is being able to fully engage older adults into the Full Service Partnership. We have discovered that breaking down the barrier of stigma is more difficult than we anticipated. For example, we have attempted to engage several older adults that were in serious need of assistance and, in spite of ongoing engagement, they refuse to accept any services, or only accepted limited services for a very short period of time. Also, there is the complication of health related issues masking or obscuring mental health disorders. We provided outreach in a couple of cases where it was later learned through evaluation and record gathering that the symptoms being presented were medical in nature. Further, obtaining acceptable housing for older adults has proven to be a challenge as often they are in need of more assistance with activities of daily living, and are unable to live on their own. We have worked in collaboration with a care provider, and now have a new board and care facility that is open to taking older adults with mental health and medical issues. Another barrier has been the difficulty in obtaining privileges at the hospital so that we can engage older adults in that setting, and more fully collaborate with physical health care. This barrier is close to being resolved, as privileging packets are being processed at this time. Additionally, we have arranged for a mental health registered nurse to provide services in this program and we believe this will help to address the complications of the special medical complications for this population.

In general, moving in a new programmatic direction when traditional approaches are suffering budget shortfalls has been a huge systemic challenge.

- 2) Below is a very brief description of one example of a successful activity, strategy or program implemented through CSS funding and why we think it is an example of success.

- A. Community collaboration: We have been successful in developing a comprehensive protocol with law enforcement and the hospital regarding interactions with individuals in crisis. We were able to participate with law enforcement in a comprehensive training about working with individuals in crisis, where several evidence-based strategies were highlighted. As a result of that training, we had follow-up meetings, and have committed to providing comprehensive Crisis Intervention Team training to all law enforcement in Fiscal Year 2009-2010. In

addition, we have been regularly attending briefings with law enforcement agencies to break down barriers helping law enforcement and mental health working effectively together.

- B. **Cultural Competence:** Although we have continued to focus the majority of our cultural competency activities with the Latino populations, we have additionally concentrated on improving our collaboration and outreach to the Native American community. We provided training for the community facilitated by Indian Dispute Resolution Services, Inc., a company that focuses on resolving issues and building relationships between tribal nations and other communities. In addition, we applied for and were awarded participation in a yearlong fellowship through the Healthy Native Communities Fellowship (HNCF). The goal of this fellowship is to promote healthy Native American communities and provides a significant amount of resources around building collaborative relationships. Three staff (a substance abuse counselor, mental health rehabilitation specialist and the FSP supervisor) will attend four (4) weeklong retreats and implement what they learn on an ongoing basis in the community.
- C. **Client/Family Driven Mental Health System:** Tehama County had previously been unsuccessful in establishing a local National Alliance on Mentally Illness (NAMI) chapter for over 30 years. It was a strong belief that to successfully transform the mental health system, more advocacy and support groups needed to be available to consumers and their families. Therefore, Mental Health provided support to help establish the Tehama County chapter. The local NAMI chapter is now a reality, and is working very effectively, in collaboration with Mental Health to provide support to consumers and their families. Through NAMI, and with the support of MHSA, we have provided Peer to Peer training, Family to Family training, ongoing monthly support groups, and activities in the community. Additionally, we have expanded our Drop In Center, and it is now open on Saturdays as well. It is staffed by a consumer employee and a consumer trainee, and has excellent attendance. The consumers develop the programs/activities and provide a great peer support program. In addition, we have changed our service array, transitioning from an adult day rehabilitation program to a more individualized, intensive rehabilitation program. Thus, the Drop In Center has expanded its services during the week as well, increasing peer support groups on a daily basis.
- D. **Wellness/Recovery/Resiliency Focus:** Within our Drop In Center, we are focusing on wellness and recovery. In addition, we sponsored consumers or family members to attend the statewide NAMI conference, peer to peer training and family to family training. During the last part of this calendar year, we implemented an evidence-based treatment program on our crisis unit that is focused on building strengths or coping skills and resiliency factors.
- E. **Integrated services being seamless or coordinated so that all necessary services are easily accessible to clients and families:** During this calendar year, we have expanded our points of contact to accessing services by adding new sites, expanding how existing sites provide linkage, and by providing consumer support workers to mentor clients through the system as needed. We have our primary care clinic program fully established two days a week, and clients are able to access

services through this site. In addition, we have expanded the role of our crisis unit in assisting consumers and family members in accessing information and services. The consumer support workers are available to assist consumers and family members that are struggling with accessing services and obtaining support as needed. This can include accompanying consumers, helping family members get information, connecting with other resources, etc.

3) For the Full Service Partnership category only:

- a. SB 163 Wraparound (Welfare and Institutions Code, Section 18250) has been fully implemented in Tehama County for many years now, and therefore is not a part of MHSA. This provides necessary services to children.

4) For the General System Development category only, briefly describe how the implementation of General System Development programs have strengthened or changed the county's overall public mental health system:

Through MHSA funding, Tehama County has an MHSA coordinator and a bilingual bicultural educator to lead development and coordination of MHSA services. Co-location of mental health staff and medical clinic staff provides for the concurrent treatment of physical and mental health needs. The placement of staff in schools and other institutions is providing services to youth and their families in different formats than were available previously. Locating staff in the community is very important as transportation becomes an ever-increasing expense and public transportation is very basic in Tehama County. The remodel of our too-small and outdated lobby/reception area provides a children's area, computer banks for consumers and adequate space when waiting for services.

Efforts to Address Disparities:

- 1) Briefly describe one or two successful current efforts/strategies to address disparities in access and quality of services to unserved or underserved populations targeted in the CSS component of your Plan. If possible, include results of the efforts/strategy.

It is difficult for community members that are undocumented to receive services in general. We continue to make it a priority to serve these individuals. Currently, we provide counseling services to monolingual clients that are undocumented, utilizing MHSA CSS funds. The number of consumers has significantly increased (see numbers above). In addition, the MHSA Outreach Coordinator has actively assisted individuals in obtaining citizenship. Three consumers have successfully obtained citizenship this year. Much of the Latino outreach is done on a one-to-one basis, with successful results. As individuals trust that Mental Health is a safe place to come, the word spreads and others seek out the Outreach Coordinator and/or our bilingual therapist.

- 2) Briefly describe one challenge you faced in implementing efforts/strategies to overcome disparities, including where appropriate what you have done to overcome the challenge.

Tehama County has not had a strong link to our Native American community, however, with the support of a Native American student intern from Cal State Chico, we were able to make contact with the Indian Dispute Resolution Services, Inc. of Sacramento, California. We sponsored training by this organization to better educate staff in Native American culture and how to build mutual and lasting relationships to better serve Native Americans in Tehama County. In addition, we were successful in being granted an award to participate in the Healthy Native Communities Fellowship, and believe that this process will go a long way in breaking down the barriers that have led to the disparities in serving our Native American community.

- 3) No Native American organizations or tribal communities have been funded to provide services under MHSA. However, we did contract with Indian Dispute Resolution Services, Inc. to provide training in FY 2008, and were granted the award for the HNCF fellowship.
- 4) We have implemented cultural competence language into all of our contracts, but this was done prior to MHSA CSS implementation. We have changed some of our job descriptions to include emphasizing the importance of consumer or family experience in job qualifications.

Stakeholder Involvement

Tehama County has not made any significant changes regarding stakeholder involvement. We have continued to have regular meetings with the consumer group, the Mental Health Advisory Board, the Interagency Coordinating Council, and partners in the community. In addition, we regularly seek input from NAMI.

We have developed a more comprehensive steering committee that will begin meeting in January 2009.

4. Public Hearing and Review process

To be completed at a later date.

5. Technical Assistance and Other Support

Community Supports and Services funding is flexible funding where other fund sources fail. The future of flexible funding will only benefit our consumers if sustained in a consistent manner over time. Budget balancing acrobatics will not protect or secure the needs of our consumers. Mental health consumers have been first broken and last heard for 30 years. Proposition 63 funding is hope for underserved consumers and their families throughout the great state of California. Changing the systemic structure of funding or redefining formulas at this time is risky and not in the best interest of consumers or families we serve. Technical assistance needed is to remember what we have learned in

the few short years since proposition 63 passed. The voters of California in 2004 spoke for systemic change for consumers, not a budget balancing tax. Chronic pervasive illness needs, at the very least, secure and consistent long term funding to begin to meet consumer needs.

Anything short of long term funding will miss the opportunity for stakeholders and consumers to see our local mental health service division as a matriculated partner in coordinated services to county citizens. We have the opportunity to expand existing partnerships, initiate new partnerships or renew partnerships from the past and build a safety net between programs so consumers receive coordinated care. MHSA has the opportunity to build system change to improve access to multiple services concurrently within our agency and in concert with other agencies and programs. Flexibility in use of MHSA funds can provide service delivery where past funding failed or did not exist. MHSA funding can update buildings, office space, allow for contracts with outside agencies for additional services, and with blended funding bring multiple service providers together for better service to consumers while building better working partnerships between agencies. Multicultural issues and underserved populations, young and old have a renewed hope of consideration and provision of service.

Can our system incorporate change rapidly enough to take advantage of this golden opportunity of funding with flexibility in service delivery? Changing from the known to the new or unknown can be paralyzing to the individual and become taxing to the system. Individuals and the system need time and permission to make mistakes and find their way on this new path.

Ongoing technical support in the areas of systems change, multicultural understanding, long range technology planning, staff development and support, and engaging community in planning for the future seem basic for success. Even more fundamental is the need for a basic level of consistent funding over time. Without consistent and basic levels of funding the short and hopeful history of MHSA will be lost as personnel are lost, leave or loose hope for the consumers we serve. We must remember, in the eyes of the professionals that serve them, consumers see their future. What will they see?

EXHIBIT A

**COUNTY CERTIFICATION
MHSA FY 2009/10 ANNUAL UPDATE**

County Name: Tehama

County Mental Health Director	Project Lead
Name: Ann M. Houghtby, LMFT	Name: Steve Chamblin, LMFT
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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 Annual Update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (CCR), Title 9, Section 3410, Non-Supplant.

This Annual Update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft FY 09/10 Annual Update 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.

All documents in the attached FY 2009/10 Annual Update are true and correct.

Signature

Date

Title
Local Mental Health Director/Designee

EXHIBIT B

Description of Community Program Planning and Local Review Processes MHSA FY 2009/10 ANNUAL UPDATE

County Name: Tehama

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 FY 2009/10 Annual Update. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)

In Tehama County, we continue to seek the input of consumers, family members, community partners, and the general public on an ongoing basis. Input is requested on a monthly basis at NAMI meetings, consumer drop in meetings, MHSA steering committee meetings, Mental Health Advisory Board meetings, and quarterly or periodically at other interagency meetings. Also, we ask staff for input on an ongoing basis. In addition, we provide surveys/questionnaires to the general public at all outreach activities and surveys/questionnaires are always available at the Drop In Center as a method for ongoing input.

At least twice a year, the Mental Health Advisory Board has a large meeting with consumers to hear any concerns or suggestions for changes. These meetings are held in January and August. Consumers and family members are also always invited to the other Advisory Board meetings. The Mental Health Advisory Board conducts MHSA public hearings, and invites participation by consumers, family members, and the community.

During these meetings or through other methods such as the surveys, verbal reports, etc, it is the overall consensus that the current work plans are appropriate, but there is a preference that the Full Service Partnership age ranges be expanded to serve some adult consumers with extensive needs.

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

As stated in number One above, the following entities are involved in the Community Program Planning Process:

- A. National Alliance for the Mentally Ill (NAMI) - Tehama County chapter
- B. Consumer Drop In Center participants
- C. Mental Health Staff

EXHIBIT B

- D. MHSA Steering Committee: members include mental health staff, mental health consumers, Health Agency Executive Director (reports activities to the Interagency Coordination Council), and representatives from Public Health, Drug and Alcohol Services, law enforcement, First 5, Head Start, organizational providers, schools, hospital and other health care providers, Latino Outreach, NAMI and other providers of service. This committee is open to any member of the community that would like to join.
- E. Multi-Agency Treatment Team, Adult System of Care. This group is made up of mental health staff, law enforcement, social services, and hospital staff.
- F. Mental Health Advisory Board. This group is made up of consumers, family members, community members, and a Board of Supervisors representative.

3. Describe how the information provided by DMH and any additional information provided by the County regarding the implementation of the Community Services and Supports (CSS) component was shared with stakeholders.

Information from DMH and other related information regarding the implementation of the Community Services and Supports (CSS) component is shared in a variety of ways. Information is provided electronically and in hard copy to the steering committee and to the Mental Health Advisory Board chairperson. The annual progress report and the written new plans or updates are placed on either the Health Partnership website or the Tehama County Health Services Agency website. These reports are also sent electronically to a wide group through the Tehama County Health Partnership, are made available at all our sites, and are copied upon request. These routes for obtaining the information are noticed in the local newspaper.

4. Attach substantive comments received about the CSS implementation information and responses to those comments. Indicate if none received.

To be completed after 30-day review.

5. 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.

To be completed after 30-day review.

EXHIBIT C

Report on FY 2007/08 Community Services and Supports Activities MHSA FY 2009/10 ANNUAL UPDATE

County Name: Tehama

Provide a brief narrative description of progress in providing services through the MHSA Community Services and Supports (CSS) component to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities. (suggested length – one-half page)

Tehama County continues to make progress in providing services through the MHSA CSS component to unserved and underserved populations. Specifically, we have increased our outreach to the Latino and Native American communities in Tehama County.

We provide outreach at a large local migrant farm camp, providing mental health information, diabetes information, vaccinations, substance abuse information, flu shots, etc. We collaborate with Public Health and Drug and Alcohol in this activity and it has been very successful. In addition, we have increased the outreach activities for the Latino community in general, by having more health fairs. Further, we have increased our monolingual services for Spanish-speaking consumers and have assisted 3 individuals in obtaining citizenship.

Initially, we had difficulty actively engaging with our Native American community members. In an attempt to break down barriers, we arranged to have the Indian Dispute Resolution Services, Inc. provide training to our staff and other service providers about how to more effectively collaborate with the Native American community. In addition, we applied for and were awarded an opportunity to participate in a fellowship with the Healthy Native Communities Partnership. Three staff are attending four weeklong retreats over the year to obtain training on how to work with our Native American community with the focus on building healthy Native American communities. This fellowship also requires extensive work in the community in between retreats. Thus far, this opportunity has provided a great deal of very positive information and tools about how to look at our own strengths and areas to improve, and how to respectfully engage other communities/people. We have already increased our collaboration with the tribal community. We were able to engage a tribal elder to do Native American storytelling with our consumers and the Health Services Agency staff.

Mental Health Services Act—Work Plan Description (EXHIBIT D)



County Name

Tehama

Work Plan Title

Adult Full Service Partnership

Population to Be Served

In this Full Service Partnership (FSP), the focus is on adults, ages 26-59, that have initial contact through the crisis response system, with minimal or no support system, and who are at risk of homelessness or incarceration. Both genders and all ethnic groups will be served.

Work Plan Description

This is a new work plan for Tehama County. Through our crisis response activities, it has become clear that there is a need for more intensive wraparound services for those individuals that frequently seek crisis or emergency services, but continue to not fully engage in ongoing mental health services. We are currently able to transition the individuals that meet our previously approved FSP age groups (TAY and OA) into those FSPs, and children to the Tehama County Wraparound (SB 163) program to provide wraparound services, but the adults attempting to access these services do not have such an option. Therefore, we are proposing to implement an adult FSP that is specifically for those individuals that have contact through crisis or emergency venues.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

10 Total

Number of Clients By Funding Category

8 Full Service Partnerships

System Development

2 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

Tehama

Work Plan Title

Community Education and Latino Outreach Workplan

Population to Be Served

All age groups are served, with a focus on Latino outreach and outreach to the tribal communities.

Work Plan Description

The goals of Community Education and Latino Outreach are to 1) provide general educational materials to the public and bilingual materials for the Latino community, 2) provide bilingual/bicultural information/referral and crisis counseling and work directly with schools and community organizations during a crisis, 3) provide community panel presentations with consumers to reduce stigma, 4) create Recovery Resource Centers in the mental health centers waiting areas offering educational materials, including online and interactive programs, and 5) development of additional resources to outreach to adolescents and other hard-to-reach populations.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

650 Total

Number of Clients By Funding Category

0 Full Service Partnerships

 System Development

650 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

 Total

Number of Clients By Type of Prevention

 Early Intervention

 Indicated/Selected

 Universal

Mental Health Services Act—Work Plan Description (EXHIBIT D)



County Name

Tehama

Work Plan Title

Employment Workplan

Population to Be Served

Transition age youth, adults and older adults. Primary focus is on Full Service Partnership age groups.

Work Plan Description

The goals of Project Employment are 1) to increase employment opportunities for mental health consumers, 2) to develop a training program (Recovery Training) for consumers to enable them to work in the mental health system and 3) to provide work experience/training to assist consumers in gaining skills needed to be successful in the workforce. Project Employment accomplishes these goals with the use of an Employment/Vocational Specialist. This person plays a key role in developing expanded employment opportunities for consumers. Through collaboration with other local resources, more jobs are identified and filled by mental health consumers. This Project seeks to add 10 jobs for consumers in 2009/2010 and to provide training to 30 consumers in 2009/2010.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

40 Total

Number of Clients By Funding Category

25 Full Service Partnerships

5 System Development

10 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal

Mental Health Services Act—Work Plan Description (EXHIBIT D)



County Name

Tehama

Work Plan Title

Housing Initiative Workplan

Population to Be Served

All age groups are served, but there is a focus on the Full Service Partnership age groups.

Work Plan Description

The goal of the Housing Initiative is to address the need for permanent, affordable housing for consumers in Tehama County. It includes the development and monitoring of new housing options for 10-15 additional consumers. Housing was the top priority within the community for adult consumers as well as transition-age youth. From a stable base of home, consumers can more effectively work toward other recovery goals, such as employment and education. Without it, life is more chaotic and unmanageable.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

20 Total

Number of Clients By Funding Category

15 Full Service Partnerships

_____ System Development

5 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients By Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal



Mental Health Services Act—Work Plan Description (EXHIBIT D)

County Name

Tehama

Work Plan Title

Older Adult Full Service Partnership Workplan

Population to Be Served

Age range is 59+.
This Workplan serves both genders and all ethnic groups (with monolingual services for Spanish-speaking consumers, as needed). The population generally has some involvement with adult protective services and physical health care providers.

Work Plan Description

The Older Adult Full Service Partnership (FSP) targets seriously mentally ill older adults who are either at risk of institutionalization and/or have medical conditions that require more support to live independently. The FSP is tailored to meet the unique needs of Older Adults. For the Older Adult FSP, we developed a seamless system of support between physical health care, social services and mental health. Also, there is collaboration with various community agencies and groups that have been involved with this population.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served
12 Total

Number of Clients By Funding Category
8 Full Service Partnerships
System Development
4 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served
Total

Number of Clients By Type of Prevention
Early Intervention
Indicated/Selected
Universal

Mental Health Services Act—Work Plan Description (EXHIBIT D)



County Name

Tehama

Work Plan Title

Project Access Workplan

Population to Be Served

All age groups, gender and ethnic groups are served in this workplan. An emphasis on children and transition age youth is present in working in schools and at substance abuse prevention groups, adults and older adults in primary health care clinics and the drop in center, and all age groups through the crisis response activities.

Work Plan Description

The goals of Project Access are 1) to improve access to crisis response services by adding a Crisis Response Team, 2) increasing the effectiveness of crisis response activities by utilizing an evidence-based intervention program, 3) improve access to our underserved populations by co-locating mental health staff at primary health care sites, 4) increase availability of weekend services through an expanded peer-run drop-in center, and expanding the peer led activities at the Drop In Center overall, 5) increase access to services in the school setting and other settings, such as substance abuse prevention groups, including prevention and intervention for mental health issues as well as issues related to substance abuse.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

225 Total

Number of Clients By Funding Category

25 Full Service Partnerships

System Development

200 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal

Mental Health Services Act—Work Plan Description (EXHIBIT D)



County Name

Tehama

Work Plan Title

Transition Age Youth Full Service Partnership Workplan

Population to Be Served

Age group to be served is 16-25. All ethnic groups and genders are served. There is a focus on youth that are transitioning out of the foster care system.

Work Plan Description

The Transition Age Youth (TAY) Full Service Partnership (FSP) targets the highest risk transition-age youth, in particular those at risk for substance abuse, homelessness, violence and gang activity, and involvement in the criminal justice system. Latino youth is also a focus of the FSP, as they represent a large proportion of the Latino community in need of intensive services. Foster youth aging out of youth services are another primary target group for this FSP due to their high risk of homelessness. For the TAY FSP, we utilize a seamless system of support between child and youth services with adult services. Also, there will be collaboration with various community agencies and groups that have been involved with this population.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

15 Total

Number of Clients By Funding Category

12 Full Service Partnerships

System Development

3 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal

EXHIBIT E – Summary Funding Request

FY 2009/10 Mental Health Services Act
Summary Funding Request

County: Tehama

Date: April 17, 2009

	MHS Component				
	CSS	CFTN	WET	PEI	Inn
A. FY 2009/10 Planning Estimates					
1. Published Planning Estimate ^{a/}	\$1,929,300				
2. Transfers ^{b/}					
3. Adjusted Planning Estimates	\$1,929,300		\$0	\$0	\$0
B. FY 2009/10 Funding Request					
1. Required Funding in FY 2009/10 ^{c/}	\$2,224,874				
2. Net Available Unspent Funds					
a. Unspent FY 2007/08 Funds ^{d/}					
b. Adjustment for FY 2008/09 ^{e/}					
c. Total Net Available Unspent Funds	\$0		\$0	\$0	\$0
3. Total FY 2009/10 Funding Request	\$2,224,874		\$0	\$0	\$0
C. Funding					
1. Unapproved FY 06/07 Planning Estimates					
2. Unapproved FY 07/08 Planning Estimates	\$45,574				
3. Unapproved FY 08/09 Planning Estimates	\$250,000				
4. Unapproved FY 09/10 Planning Estimates	\$1,929,300				
5. Total Funding^{f/}	\$2,224,874		\$0	\$0	\$0

a/ Published in DMH Information Notices

b/ CSS funds may be transferred to CFTN, WET and Prudent Reserve up to the limits specified in WIC 5892b.

c/ From Total Required Funding line of Exhibit E for each component

d/ From FY 2007/08 MHS Revenue and Expenditure Report

e/ Adjustments for FY 2008/09 additional expenditures and/or lower revenues than budgeted

f/ Must equal line B.3., Total FY 2009/10 Funding Request, for each component

EXHIBIT F1(a)

Community Services and Supports New Work Plan Narrative FY 2009/10 Annual Update Mental Health Services Act

County: Tehama

Instructions: Utilizing the following format please provide brief responses. Existing Work Plans that have been previously approved do not need to be included here. List a Work Plan Number and Title. Note: A brief narrative description of the proposed Work Plan and the population to be served as well as the annual number of clients estimated to be served are included as Exhibit D.

a) **Work Plan Number:** 7 **Title:** Adult Full Service Partnership

b) **Explanation of how the New Work Plan relates to the priorities identified in the Community Planning Process.**

Through our ongoing planning process, it has been noted that there is a definite need for Full Service Partnership (FSP) type services for high-risk adults (ages 26-59). When the Community Services and Supports (CSS) plan was initially developed, there was not an identified need for a FSP for this population, as Tehama County had an AB 2034 program that appeared to meet the ongoing needs for this population. This program was eliminated through State funding cuts and Tehama County worked hard to transition those individuals appropriately to other services. Through our existing CSS plan, we have been able to assist some adults through our Housing Initiative Work Plan and our Employment Work Plan. However, as we have continued to increase our crisis response activities through the Project Access Workplan, it has become evident that there are adults that routinely access emergency or crisis services, but continue to not fully engage other services available to them, and these individuals are often homeless and at high risk of incarceration or experiencing ongoing crisis situations. It is believed that the implementation of a Full Service Partnership will help address the needs of this population.

c) **A description of how the proposed Work Plan relates to the General Standards (Title 9, CCR, Section 3320) of the MHSA.**

This work plan meets the general standards of MHSA, as it will serve adults with serious mental health needs that are at risk of homelessness, incarceration, and hospitalization. Further, this work plan will focus on engaging those individuals that fail to access ongoing mental health services on their own, whether it is due to the stigma associated, lack of trust of service providers, lack of financial resources, or other factors. This work plan will utilize appropriate engagement strategies to eliminate these barriers to service. This work plan will include community collaboration with emergency responders, law enforcement, health care providers, social services, and other service providers. We will provide services that are

EXHIBIT F1(a)

client and family driven, and integrate these services with other services that may be provided. In addition, this work plan will provide culturally competent and sensitive services and engagement activities.

d) For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.

Funds used for housing expenditures will be through flexible funding as needed to assist consumers in obtaining housing.

EXHIBIT F1(b) – CSS Projected Revenues and Expenditures for New Work Plans

**FY 2009/10 Mental Health Services Act
Community Services and Supports Projected Revenues and Expenditures for New Work Plans**

County: Tehama Fiscal Year: 2009/10
 Work Plan # 7
 Work Plan Name Adult FSP
 Months of Operation July 2009-June 2010

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing	\$45,000			\$45,000
b. Other Supports	\$37,899			\$37,899
2. General System Development Housing	\$0			\$0
3. Personnel Expenditures	\$102,812			\$102,812
4. Operating Expenditures	\$35,900			\$35,900
5. Estimated Total Expenditures when service provider is not known	\$0			\$0
6. Non-recurring expenditures	\$25,000			\$25,000
7. Total Proposed Work Plan Expenditures	\$246,611	\$0	\$0	\$246,611
B. Revenues				
1. New Revenues				
a. Medi-Cal (FFP only)	\$35,000			\$35,000
b. State General Funds	\$0			\$0
c. Other Revenue	\$0			\$0
2. Total Revenues	\$35,000	\$0	\$0	\$35,000
C. Total Funding Requirements	\$211,611	\$0	\$0	\$211,611

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Date 4/17/2009

