

MENTAL HEALTH SERVICES ACT

On November 2, 2004, the voters of California passed Proposition 63, the Mental Health Services Act (MHSA). MHSA provides significant additional funding for the delivery of mental health services within the State.

Our overall goal is to provide a program focused on recovery for individuals with mental health issues, maximizing their potential for successful independent living within the community. The following is a summary of what we hope to provide for Tehama County utilizing MHSA funds:

- 1) Housing was the number one issue identified during our planning process. Therefore, we are proposing the hiring of a Housing Specialist to assist our clients in finding and maintaining housing from supported housing to fully independent living. Our goal is to obtain permanent housing for mental health consumers. This specialist would initially provide assistance for overall housing needs, but in the second year, the focus would be on the populations we will be targeting for full service partnerships. Additionally, some of the funds will be used to provide temporary housing payment assistance.
- 2) Providing services in the outlying communities was identified as the second most important issue. We are proposing that we increase access by co-locating Mental Health services at one or more physical health care sites. It is our hope that this will make access easier for some people, and decrease the potential for the barrier of perceived stigma to keep people from accessing needed services. We are also exploring ways to increase services at school sites, using existing space. We plan to provide a clinician and a drug/alcohol counselor to do intervention groups at several school sites. (Co-location at physical health care was also listed as a need, placing sixth in importance.) In the initial stages of the planning process, it was thought that we could purchase used modular buildings, and place them on school sites. The Department of Education had identified 7 school sites willing to assist with this plan. Unfortunately, purchasing of sites will not be available until the Capital Outlay area of funding is released. It is our hope that we can proceed with this plan at that time. These buildings would also be available for our partners to use as needed, to increase outreach for various services.
- 3) Employment was the third most important issue identified during the planning process. We propose to hire a vocational specialist to assist our clients in finding and maintaining meaningful employment. The plan is to develop a vocational/educational program that is based on individualized need, including developing partnerships with Vocational Rehabilitation, Job Training Center, Cal-Works, etc. Stipends will be available for this training program. This specialist would also shift primary focus to our full partnership target populations in the second year.
- 4) Outreach and engagement ranked fourth in importance. During our survey process, we learned that many people lack knowledge about mental health issues in general, and especially do not know how to access services if needed. An additional issue is

how to effectively engage with hard-to-reach groups such as transition age youth, adolescents, or older adults. We are proposing to use Mental Health Services Act monies to provide staff to do more outreach in the community, to schools, organizations, and on an individual basis. We plan to incorporate the use of consumers in the recovery process as members of the outreach panels to provide a more personal perspective. In addition, participation on the panels will be part of a vocational training program for consumers, to facilitate practice in public speaking, which is a key skill in obtaining and maintaining employment. We are also proposing special training for staff in evidence-based practices, which focus on how to do outreach and treatment for populations that may not respond well to typical office-based services. Additional education about mental health was identified as an important part of outreach. We are proposing to establish resource centers at each of our sites, with computer access to housing resources, employment resources, recovery information, self-help resources, and general information about mental health diagnosis and treatment. This would involve a small remodeling project of our Walnut Street office in the waiting room area.

- 5) Mobile Crisis Response ranked fifth in areas of need. The plan proposes to increase on-call clinical staffing to be available to respond to the hospital to do onsite assessments. Often Law Enforcement personnel bring people in crisis to either the hospital or the Crisis Intervention Clinic, depending on the most urgent need. At times, it then becomes evident that the person needs to be transported to the other facility, and often the officers have to wait with the person while treatment is administered. If Mental Health can respond to the hospital to do an onsite assessment, this will allow for a more seamless approach to crisis intervention, and the person in crisis can receive more timely services, which is often critical to better outcomes.
- 6) The need for Tele-psychiatry was proposed in response to dissatisfaction with our current system of having temporary psychiatrists that come and go, and the negative impact this has on continuity of care for clients receiving the service. When we surveyed our existing clients, there was more interest in having another psychiatrist available onsite, and therefore, we are attempting to recruit for a permanent psychiatrist.
- 7) Dual diagnosis services were also addressed as an unmet need. We plan to include a drug and alcohol counselor to focus on prevention and treatment for youth and transition age youth. Dual diagnosis services will also be included in the full service partnership.
- 8) Workforce development will be pursued through special training for staff, focusing on evidenced based practices, and the recovery process.

- 9) Weekend services were also a request. We have put weekend Day Rehabilitation services in place already, and are including the expansion of our Drop-In Center on Saturdays as part of the Mental Health Services Act plan.
- 10) Full-Service Partnerships. Each county is required to identify target populations that are currently underserved, and develop a comprehensive plan that includes a wide-array of services for these populations. We plan to focus on transition age youth and older adults.