Calaveras County Behavioral Health Services Mental Health Services Act Three-Year Plan

Fiscal Year 2014-15 through 2016-2017

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MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Calaveras

X Three-Year Program and Expenditure Plan
Annual Update
☐ Annual Revenue and Expenditure Report

LocalMental Health Director	County Auditor-Controller/City Financial Officer
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Local Mental Health Mailing Address: Calaveras County Behavioral Health Services 891 Mountain Ranch Road San Andreas, CA 95249	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report are true and correct to the best of my knowledge.

Brock Kolby,Ed.D., L.P.C.C. _____
Local Mental Health Director (Interim) (PRINT) Signature Date

I hereby certify that for the fiscal year ended June 30, 2014, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated_____ for the fiscal year ended June 30,_____. I further certify that for the fiscal year ended June 30,_____, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached report is true and correct to the best of my knowledge.

_____ _____
County Auditor Controller/City Financial Officer (PRINT) Signature Date

[1] Welfare and Institutions Code Sections 5847(b) (9) and 5899(a)

BACKGROUND

Calaveras County Snapshot

Home of the California Gold Rush and Jumping Frog, Mark Twain made Calaveras County California famous when he wrote the "Celebrated Jumping Frog of Calaveras County" in 1865. Calaveras is located 133 miles east of San Francisco and 69 miles south of Sacramento. Calaveras County is filled with natural and historic diversity.

Calaveras is a small rural county with rolling hills, robust vineyards, and a population of 44,515. Geography greatly impacts service needs, access, and resources. The county is over 1,000 square miles with more than 80% of residents living in unincorporated communities along the main travel corridors. Much of Calaveras is mountainous, accessed by two-lane roads with minimal public transportation to government agencies in the county seat of San Andreas.

County Demographics:

- 83% Caucasian
- 1.0% African American
- 1.8% American Indian/Alaska Native
- 1.4% Asian American
- 0.2% Hawaiian
- 10.8% Hispanic/Latino
- 3.4% Reporting 2 or More Races/Ethnicities
- 23.3% Over 65 Years Old
- 79.1% Homeownership Rate
- 10.4% Live Below the Poverty Level
- 18,618 Households
- 5,378 Veterans, 2008-2012
- $28,892 Per capita money income in the last 12 months
- $54,686 Median household income, 2008-2012

County Challenges:

- Calaveras County has a federal designation as a Mental Health Professional Shortage Area (MHPSA). These are areas with a shortage of clinical psychologists, clinical social workers, psychiatric nurse specialists, marriage and family therapists, and/or psychiatrists
- Remote areas face transportation challenges, leading to increased isolation for Calaveras residents
- Public transportation to obtain centrally-located services is often limited to 1-2 buses a day
- Small rural county increases the potential for stigma and delay in seeking mental health services
- In March 2014, unemployment rate in Calaveras County was 10.1%, higher than California at 8.1%
- A lack of vocational programs, community college, or university limits locally available training and higher education
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Sources: 2013 Calaveras County QuickFacts from US Census Bureau; Employment Development Department May 2013

BACKGROUND

Introduction

The Mental Health Services Act
In November 2004, California voters passed Proposition 63, the Mental Health Services Act, which became law on January 1, 2005. The Act imposed a one percent tax on personal income exceeding $1 million. These funds were designed to transform, expand and enhance the existing mental health system. The Mental Health Services Act has allowed Calaveras County Behavioral Health Services (BHS) to significantly improve services including the implementation of recovery–based approaches, improved outreach to underserved populations, and increased access. BHS has also been able to add prevention and early intervention programs, workforce, education and training initiatives and innovative approaches to providing programs to the public.

MHSA Legislative Changes:
In March of 2011 AB 100 was signed into law by the Governor and created immediate legislative changes to MHSA. Among other changes, AB 100 eliminated the State Department of Mental Health (DMH) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) from their respective review and approval of County MHSA plans and expenditures. It also replaced DMH with the "State" for the distribution of MHSA funds, and suspended the non-supplant requirement for FY 2011-12 due to the State's fiscal crisis. This allowed for $862 million dollars to be redirected to fund Early Periodic Screening, Diagnosis and Treatment (EPSDT), Medi-Cal Specialty Managed Care, and Education Related Mental Health for students.

On June 27, 2012, AB 1467, the trailer bill for the 2012-13 state budget was signed into law. This bill contained additional changes to state law, including amendments to MHSA. New language requires county Innovation (INN) plans to meet certain requirements, as adhered to in this Three-Year Plan. Additionally, the bill retains the provision that county INN plans be approved by the MHSOAC. The bill also clarifies that the three-year plans and annual updates are to be adopted by the county board of supervisors and submitted to the MHSOAC within 30 days after board adoption. Second, the bill requires that plans and updates include the following additional elements: 1)certification by the county mental health director to ensure county compliance with pertinent regulations, laws and statutes of the Act, including stakeholder engagement and non-supplantation requirements, and 2) certification by the county mental health director and the county auditor-controller that the county has complied with any fiscal accountability requirements, and all expenditures are consistent with the Act.

Purpose of MHSA Three-Year Plan
The intent of the MHSA Three-Year Plan is to provide the public a projection regarding each of the components within MHSA: Community Services and Supports (including Permanent Supportive Housing); Prevention and Early Intervention; Workforce/Education and Training; Innovation; and Capital Facilities and Technological Needs. In accordance with MHSA regulations, County Mental Health Departments are also required to submit a program and expenditure plan and update it on an annual basis, based on the estimates provided by the state and in accordance with established stakeholder engagement and planning requirements (Welfare & Institutions Code, Section 5847). This update provides a progress report of BHS MHSA activities for the previous year as well as an overview of current or proposed MHSA programs planned for the next three fiscal years.

BACKGROUND

Direction for Public Comment

Behavioral Health Services is pleased to announce the release of Calaveras County's Mental Health Services Act Three-Year Plan for FY 2014-15 through FY 2016-2017. This Plan is based on statutory requirements, a review of the community planning over the past several years, and extensive recent stakeholder input.

BHS requested comments on this Plan during a 30-day public review period between May 23 and June 25, 2014. A copy of the Plan was posted on the www.calaveras.networkofcare.org webpage and was made available at all Behavioral Health Services locations, and the Calaveras County Library. The Mental Health Advisory Board hosted a Public Hearing regarding this Three Year Plan on August 5, 2014 at 4:00 pm at the Calaveras Mental Health Clinic conference room, 891 Mountain Ranch Road, San Andreas, CA.

Any comments to the draft Three Year Plan were asked to be directed to Susan Sells, Mental Health Services Act Coordinator, via email at ssells@co.calaveras.ca.us or by calling 209-754-2810 during the 30-day public review period.

COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS

Public Comment Period: May 23 to June 25, 2014

Date of Public Hearing: June 25, 2014

The following is a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update per Title 9 of the California Code of Regulations, sections 3300 and 3315.

Community Program Planning
1. The Community Program Planning (CPP) Process for development of all components included in the annual update/report is described below; included are the methods used to obtain stakeholder input.

From February to May 2014, the Calaveras County Health and Human Services Agency, Behavioral Health Services (BHS) MHSA Program conducted a community program planning process to identify key mental health needs and ask for input specific to Calaveras County's current Mental Health Services Act programs and services as part of planning for the MHSA Three Year Plan FY 2014-15 through FY 2016-17.

BHS obtained input from one hundred and forty two individuals working and living in Calaveras County using focus groups, key informant interviews and surveys. For three and a half months, information was gathered and shared about current MHSA services, current unmet mental health needs for consumers, and families of consumers and providers of services, and suggestions for the best use for MHSA funds to support Calaveras residents in the next three years. Seventy-nine surveys were collected, along with nine focus groups and thirteen key informant interviews.

Stakeholders involved in the community planning included:

- The Mental Health Advisory Board
- Mental Health Services Act Steering Committee consumers
- Living Room Wellness and Recovery Center staff and consumers
- NAMI Gold County consumers and their families
- Transitional Age Youth and Older Adults
- Underserved representatives including Spanish-speaking Latinos & Native Americans
- Current staff of BHS
- Current staff of Calaveras Health and Human Services Adult and Child Protective Services, Foster Care and CalWorks, as well as BHS Partner Agencies/Organizations, including Sheriff's Department, Probation, First 5 Calaveras, Calaveras County Office of Education, Veteran advocates, Senior Network, and the MACT Clinic.

Top concerns/priorities taken from both the key informant interviews, focus groups(142 persons) and community survey summaries(79 participants) are as follows:

What are critical mental health issues and barriers in Calaveras County?

- Transportation to services
- Education/training/information lacking about at-risk youth with mental health behavioral issues (trauma, PTSD, ADHD, sexualized behavior)
- Specialty courts needed (Mental Health Court, Veterans Court, Juvenile Drug Court)

In Calaveras County, what are the main issues resulting from untreated mental illness?

- Substance Abuse – 71%
- Homelessness – 46%
- Poor parenting skills – 40%

What are the priority mental health issues and how can Calaveras Behavioral Health Services best address these issues?

- Increased transitional-age youth and children services needed
- Integrated dual diagnosis and substance abuse services needed
- Outreach/in-home support services needed for isolated clients
- Housing needed for mentally ill residents
- Trauma education/training and services needed
- Training/Education/Information needed about how to understand mental health behavioral issues specific to at-risk youth for Calaveras Health and Human Services Agency staff, parents, foster parents and caregivers of foster youth, and educators
- Early intervention services needed for at-risk youth and caregivers
- Increase in case management and counseling services at BHS

Local Review Process

The methods below were used to circulate, for the purpose of public comment, the annual update or update.

30-Day Review Process:
This Three-Year Plan was posted for 30-day public review and comment, from May 23, 2014 to June 25, 2014.

Calaveras County utilized the following methods to ensure the posting is thoroughly publicized and available for public review:

- Posted an electronic copy on calaveras.networkofcare.org
- Provided hard-copies at the Behavioral Health Services front desks for public access
- Provided hard-copies to the Mental Health Services Act Steering Committee
- Submitted to local newspaper a press release and legal notice regarding the availability of the Three Year Plan and date of Public Hearing
- Provided hard-copies and an electronic copy to the Mental Health Advisory Board members
- Submitted a public announcement to the local cable station regarding the availability of the Three Year Plan and date of Public Hearing
- Provided information to the Mental Health Advisory Board and community members at the Public Hearing

Public Hearing:
The Mental Health Advisory Board hosted a Public Hearing for input on August 5, 2014 at 4:00 PM at the Calaveras Mental Health Clinic conference room, 891 Mountain Ranch Road, San Andreas, CA.

COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS

Review and Approval by the Board of Supervisors
As required by Welfare and Institutions Code Section 5847, the final plan and budget will be reviewed for approval by the Calaveras County Board of Supervisors in late August, 2014.

Circulation Methods:
Prior to the 30 day posting and Public Hearing, copies of the MHSA Three-Year Plan was made available to all stakeholders at the Calaveras County Behavioral Health Services locations, and the main branch of the Calaveras County Library.

Comments received during the 30 day public review period and during the Public Hearing were positive, with input and recommendations for the MHSA 3 Year Plan as follows:

Input:
#1 – Input:
Consumers living in isolated parts of Calaveras County are in great need of increased transportation services. The transportation services currently available need to be expanded to ensure consumers can participate in behavioral health services, as well as activities offered through the San Andreas based Wellness and Recovery Center.

Response:
A transportation committee will be formed to review and research both transportation needs as well as review resources available to meet the needs of the residents of Calaveras County.

#2- Input:
Current Supportive Employment services available to clients of Calaveras Behavioral Health Services needs to continue after the first contract year ends in March, 2015, and possibly expanded if needed to meet the needs of mentally ill residents.

Response:
Calaveras Behavioral Health Services will review the success of ARC's Supportive Employment Program's first contract year accomplishments– and continue with possible expansion for year Two (beginning April 2015).

ANNUAL REPORT ON MHSA
ACHIEVEMENTS & OUTCOMES

Welfare and Institutions Code Section 5848 states that Counties shall report on the achievement of performance outcomes related to Mental Health Services Act (MHSA) components including Community Services and Supports (CSS), which includes Permanent Supportive Housing, Prevention and Early Intervention (PEI), Innovation (INN), and one-time funds including Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CF/TN). Any changes to these components due to performance or funding should also be reflected in this report. Per Welfare and Institutions Code Section 5847, Counties shall also report on those served (see attached), and submit a budget that represents unspent funds from the current fiscal year and projected expenditures for the next fiscal year (*please beginning on Page 30 planned expenditures associated with each component of MHSA for Fiscal Year 2014-15 through 2016-17*).

Community Services and Supports (CSS)

Community Services and Supports (CSS):
Community Services and Supports (CSS) was the first component implemented as part of the Mental Health Services Act (MHSA) plan. There is an Adult System of Care (ASOC) and a Children's System of Care (CSOC) In Calaveras County Behavioral Health Services. CSS funds each system of care through Outreach and Engagement, System Development, and Full Service Partnership Services.

Outreach and Engagement and System Development services refer to activities that utilize a recovery and resiliency model that centers on the consumer, as well as target un-served and underserved mentally ill residents. In the Full Service Partnership program, individuals enroll in a voluntary program that provides a broad range of supports to accelerate their recovery.

Outreach and Engagement and System Development

Strategies include the provision of:

- Culturally appropriate treatment, wellness and recovery groups, and peer support
- Case Management including assistance with transportation, medical access, and community integration
- Additional services including crisis intervention/stabilization and family support/education needs
- Outreach and engagement to identify and link unserved populations in need of public mental health services

Eligible population for ASOC and CSOC services has not changed from the originally approved program. The population for ASOC includes transitional age youth, adults, older adult consumers, and the population for CSOC includes children and youth who are:

- Diagnosed with a serious mental illness or serious emotional/behavioral disorder
- Participating or willing to participate in public mental health services
- Underserved populations including Spanish-Speaking Latinos, Miwoks and Older Adults
- Ideally full-scope Medi-Cal recipients (for maximum county reimbursement)

- Not a parolee or incarcerated

Programs/Services/Activities:

1. Two Community Services Liaisons provides outreach and engagement services targeting the older adult population (55+). One of these positions is funded by MHSA. The purpose of these services is to reach out to those unserved or underserved older adults needing mental health services by focusing on identified needs, assisting with linkages to services, and reducing barriers to services. During March 2013 to February 2014 sixty-eight unduplicated older adults have been served with support services including senior peer counseling services, outreach, and information and referral support.

2. A Spanish speaking Community Health Assistant provides peer support group facilitation, case management, outreach, and information and referral specific to education, job/house seeking, and community resources to Latino/Hispanic families in Calaveras County. Outreach is provided to residents by focusing on identified needs, assisting with linkages to services and reducing stigma and barriers to services. During March 2013 to February 2014 fifty-eight unduplicated Latino/Hispanic residents of Calaveras County have been provided intensive support services.

3. A part-time Community Services Liaison provides peer support, outreach and engagement to transitional age youth at local schools. Services include support groups, information and referral for education, job/house seeking, and utilization of community resources such as CalWORKS, the Food Bank, health clinics, mental health services, websites and hotlines. During March 2013 to February 2014 twenty-three unduplicated transitional age youth between the ages of 15 and 24 have been provided support services.

4. Community Based Peer Support Services include the Living Room Wellness and Recovery Center and Drop in Day. A range of Peer Recovery support groups, home visits by Peer Support Specialists to isolated adults with mental illnesses, NAMI Gold County Connections Support Group and the NAMI Socialization Program are community based services available as part of Calaveras County's peer driven continuum of care. Services include:

    - *Living Room Wellness and Recovery Center,* a peer run center, is held weekly from Monday to Thursday from 9am to 4pm in San Andreas. This is the current site for assistance, socialization, peer-run support groups, education, resources, outreach to people in order to support recovery in a safe and caring place. A monthly average of eighty-five consumers (unduplicated) participated in the *Living Room* activities from April 2013 to March 2014**.**

    - *Drop-In Day* is held bi-weekly on Fridays from 10am to 2pm at the Mental Health Clinic in San Andreas, providing consumers education, resources and access to medication services with the psychiatrist on a drop-in basis. One hundred and seven consumers (unduplicated) participated in calendar year 2013.

    - *Dual Diagnosis, Walking for Your Health, Art Therapy, Poetry, Wellness Recovery Action Plan (WRAP), Women's Process, Depression, and NAMI Connections Recovery Support Group* are weekly peer run recovery support groups that have

been offered at the Living Room Wellness and Recovery Center over the last 12 months, with an average of 4 to 8 participants in each group.

- *NAMI Socialization Program* is a weekly peer run program sponsored by NAMI Gold Country that provides activities for consumers that include shopping, bowling, movies and pizza nights. These social activities help consumers avoid isolation and develop supportive relationships with peers. The program sponsored fifty activities with a weekly average of fifteen unduplicated consumers from March 2013 to February 2014.

5. *Garden to Families Program* connects consumers with volunteering opportunities at the local Food Bank. The Garden to Families Program strives to advance participants on the road to recovery by improving their emotional well-being and connection to the community, while also supporting them in the development of marketable job skills. Twenty-nine participants have participated in the Garden to Families program since FY 2010-11.The client outcomes data and the participant survey data showed a decrease in psychiatric hospitalization, decrease in involvement with criminal justice system, and an improvement in overall well-being. *Source Calaveras County Behavioral Health Services: Garden to Families Program Findings, LFA Group: Learning for Action, July 2012*

6. *Supportive Employment Program* provides job placement and job coaching to interested mental health consumers through a contract with the ARC of Amador and Calaveras. No outcome data is available at this time as this program started in March, 2014.

Full Service Partnerships Program

Strategies include the provision of:

- Culturally appropriate treatment, individual counseling, wellness and recovery groups, and peer support
- Personal Service Coordination including assistance with housing, transportation, medical access, education/employment opportunities, and social/community integration
- Additional services including Wellness Recovery Action Plan (WRAP) training/development, crisis intervention/stabilization, family support/education, and personal needs assessment
- After-hours support in the form of a Full Service Partnership Support Line
- Funds to cover non-mental health services and supports including food, clothing, housing subsidies, utility assistance, cell phones, medical expenses, substance abuse treatment costs, and other needs

Eligible population to be served includes children/youth, adult and older adult consumers who are:

- Currently homeless or at risk of homelessness
- Diagnosed with a serious mental illness
- Experienced a recent hospitalization or emergency intervention
- Currently participating in public mental health services
- Willing to partner in the program
- Not a parolee or incarcerated

ANNUAL REPORT ON MHSA
ACHIEVEMENTS & OUTCOMES

For the year (March 2013 to February 2014) eighteen unduplicated individuals have been enrolled and received FSP services. Since January 2012, a total of 62 consumers have received FSP services. Age demographics are as follows: 10% Child/Youth, 80% Adults, and 10% Older Adults. *Source: Data Collection and Reporting (DCR) System.*

Two Peer Support Specialist positions assist participants receiving services in BHS's Full Service Partnership (FSP) program. Peer Support Specialists provide peer recovery support, outreach and advocacy activities that include one on one mentoring, self-help support services, personal services coordination, telephone reassurance and consultation on a weekly basis, weekly home visits, facilitation of support groups, and ongoing linkages with community resources for clients in the FSP program.

MHSA Triage Personnel

In January 2014, Behavioral Health was awarded a competitive three year grant from the Mental Health Services Oversight and Accountability Commission (MHSOAC) to provide a crisis support *Sheriff Liaison* position at the new jail facility that will reduce the number of encounters between law enforcement and persons in mental health crisis. The *Sheriff Liaison* will be able to quickly respond to dispatchers' calls from officers throughout Calaveras County that are in need of immediate support while dealing with a mental health crisis, and will provide crisis stabilization services that may prevent the need for a psychiatric evaluation at the emergency room. Follow-up case management will reduce the incidence of ongoing crises, and will reduce the number of 911 repeat calls from individuals who need assistance. This new service will be available in the summer of 2014.

Permanent Supportive Housing

A one-time allocation to help finance and operate Permanent Supportive Housing is also funded under CSS. The MHSA Permanent Supportive Housing funds allocated to Calaveras County include up to $426,300 for housing acquisition and development and $213,200 for 20 years of operating cost subsidy. Per state guidelines, BHS assigned their housing allocation to CalHFA, to administer the housing loan, including distributing capital and operating funds to a qualified housing developer.

As it is anticipated that CalHFA will return MHSA Supportive Housing funds to Calaveras County in late December 2014 or early January 2015, Calaveras County intends to use these funds to purchase four to five apartments for severely mentally ill residents. On-call supportive services are required and will be funded by non-housing MHSA funds. BHS can be the direct provider of the on-call supportive services or may contract with another organization to provide these services.

ANNUAL REPORT ON MHSA
ACHIEVEMENTS & OUTCOMES

Prevention and Early Intervention (PEI)

The Prevention and Early Intervention (PEI) component of the MHSA Three-Year Plan funds three program areas that include Strengthening Families, Suicide Prevention and Stigma Reduction, and Training, Technical Assistance and Capacity Building.

Strengthening Families Program

The largest program, Strengthening Families, provides community-based educational services and training for parents, grandparents and caregivers struggling with children or youth who may be at-risk for mental health problems. Because the majority of adult mental illness begins in childhood, intervening early is a critical strategy with significant potential long-term impact. Half of all lifetime cases of mental health disorders are diagnosed by age fourteen, and three-fourths are diagnosed by age twenty-four. The average age of onset of anxiety disorders is eleven years. Because intervening early is essential, successful prevention strategies target high-risk infants, young children, adolescents, and their caregivers and educators. There is growing evidence that programs that enhance strengths of individuals, families, communities, and social systems contribute to decreased risk or severity of future mental illness.

First 5 Calaveras Strengthening Families Parenting Program

First 5 Calaveras is contracted to provide services to support strong families in local communities through the provision of community–based education and training for parents, including those struggling with children or youth who may be at-risk for mental health problems. Services include local educator and child care provider training, parenting seminars, parent workshops, coaching, counseling and counseling scholarships.

A sampling follows of what parents have shared that they learned from the recent parenting seminars:

- Effective anger and stress management tools
- Ways to handle violent behaviors
- How to successfully work with teenagers
- How to set new rules and follow-through
- Appropriate family rules
- Best ways to use time-out tools
- How to use positive reinforcement

An independent evaluation of the Parenting Program found that First 5 Calaveras met and exceeded the service expectations for parent support and education.
Findings include:

- Excellent participation through the different strategies to reach parents
- Parents reported learning new skills and putting them into practice
- Service provision geographically and culturally inclusive, and parent friendly
- Outcomes continue to be positive and measurable, with strong participant confidence in the skill of the facilitators and in their own learning outcomes.

ANNUAL REPORT ON MHSA
ACHIEVEMENTS & OUTCOMES

Since 2010, nine hundred and twenty-three parents and two hundred and forty eight children participated in the Strengthening Families Parenting Program, and a total of 39 local professionals were trained as trainers in the Strengthening Families curriculum. *Source: First 5 Calaveras Behavioral Health Services MHSA Parenting Support Program Evaluation Summaries for FY 2010-11, FY 2011-12 and FY 2012-13.*

The Grandparent Project

PEI Strengthening Families also funds the Grandparent Project, which is contracted to the Calaveras County Office of Education (CCOE) to provide educational support groups and individual support consultation to grandparents and other nonparent relatives raising children.

The Calaveras County Office of Education's Grandparent Project provides four educational support groups as well as individual consultation to grandparents and other caregivers raising relative children to help identify children and youth with serious emotional or behavioral disorders. Groups are held in Angels Camp/Copperopolis, Murphys/Arnold, Valley Springs and West Point. Group counselors provide information and education on recognizing signs of emotional/behavioral disorders, feelings of isolation, grief and depression due to loss, parenting education, family reunification, special education, advocacy and legal issues, county resources, school system access, scholarships, and conflict resolution.

Over the last year, observations from program facilitators regarding the value of this program include:

- The participants were able to share their stories and receive support from other group members. One grandparent's sense of isolation was reduced.
- Multi-generational families are extremely stressful so supporting these grandparents/parents in stress management is so important.
- Grief support is critical…this brought many of our group together to talk.
- The strength and determination of these parents is beyond description.
- This group provides powerful support for each other in several areas. Two of the grandparents are caring for elderly parents as well as children.

For the last calendar year, 32 grandparents (unduplicated) have participated in the support groups and individual counseling. These participants are raising 17 children and 5 transitional age youth.

Suicide Prevention

MHSA PEI includes a significant emphasis on suicide prevention. Funding supports local training and education regarding the risk signs of suicide and the resources available for those in crisis, outreach and education at community events, and a public awareness campaign about the risk signs of suicide and the resources available to those in crisis.

Strategies implemented include:

Public Awareness Campaigns

- Educating the public about the risk signs of suicide and the resources available to those in crisis through *Know the Signs* suicide prevention education campaigns, fairs, training and seminars, as well as special events.

- The 4th Annual *Day of Hope* event was held on the Calaveras River Academy campus on May 9, 2014. BHS Community Service Liaison staff and a school counselor plan this annual event on campus with students and staff. Speakers share histories of mental health recovery and substance abuse recovery, and a *Question, Persuade, Refer (QPR)* Training is conducted each year for the entire student body, as well as staff. There is lunch, live music, sporting activities, as well as different booths and workshops available, including a resource booth for BHS. In the last four years an estimated fifty students, staff and community members attend this community event.

Training Gatekeepers

Gatekeeper training target a broad range of individuals, such as school staff, students and parents, employers, faith-based and spiritual leaders, community-based service staff, and natural community helpers. BHS staff is training gatekeepers using the *Question, Persuade, Refer (QPR)* method. Targeted individuals and groups have received training to help recognize and review risk, and intervene to prevent the immediate risk of suicide.

Since 2010 six hundred and eighty persons have been trained in the QPR method. Groups that have received the training include Calaveras River Academy, Calaveras High School Peer Mentor Class, Vallecito High School, Bret Harte High School Friday Night Live program, Calaveras Behavioral Health Services (BHS) staff, BHS Perinatal Group, BHS Men's Dual Diagnosis Group, BHS Senior Peer Counselors, BHS Substance Abuse Groups, Resource Connection Food Bank and Crisis Center staff, West Calaveras Rotary Club, Mark Twain Convalescent Hospital staff, Seniority Life Care Home Care staff, Area 12 Agency Commission on Aging staff, Greenhorn Creek Golf Course Advisory Board, and the MHSA Steering Committee.

<u>Mental Illness and Stigma Reduction</u>

MHSA PEI supports three community-wide educational trainings that address stigma reduction and mental illness:

- With a contract from Behavioral Health, NAMI Gold Country has implemented the stigma reduction program for the community titled "*In Our Own Voice*" facilitated by people living with mental illness. Presentations are provided by consumers to a range of community service organizations, churches, and service clubs, with personal testimonies shared about living with and overcoming the challenges posed by mental illness. Behavioral Health provides mileage reimbursements, outreach supplies, stipends and scheduling support for the three trained presenters. Since September 2013 fifty-four individuals from six agencies and groups have received an *In Our Own Voice* presentation.

- With a contract from Behavioral Health and California Mental Health Services Authority funds, the Calaveras County Office of Education will be providing *TETRIS* training (Training and Education through Recognition and Identification of Strategies) over the next two years to classified and non-classified school personnel in Calaveras County. This training provides teachers and school staff with tools to identify, recognize, refer, and support students with mental health needs. Since November 2013, seventy classified staff from three school districts and the Calaveras County Office of Education received TETRIS training.

- A local contractor for Behavioral Health has provided a range of *Mental Health First Aid* trainings to Calaveras residents, including county department staff, community agencies, churches, and schools in Calaveras County since July 2013. Participants receive an eight hour education course and learn a five-step plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social and self-help care. Since July 2013, forty-four individuals have been trained from the Senior Center, Calaveras High School Peer Mentor Class, Calaveras Baptist Church, and the Calaveras County Office of Education.

Training, Technical Assistance and Capacity Building Program

Three additional suicide prevention trainings have been provided in Calaveras County using the PEI Technical Assistance and Capacity Building funds:

- *Crisis Intervention Training (CIT)* – In August 2011and July 2013 – two three-day training were held for a total of forty nine individuals from thirteen Calaveras and Amador first-responder agencies (including staff from Law Enforcement, Probation, District Attorney, Red Cross, Fire Departments, and Behavioral Health). These trainings were designed to increase mental health knowledge and crisis intervention strategies in law enforcement organizations. Topics included suicide assessments and managing suicides in progress; what mental illness is (details of specific disorders such as post traumatic stress disorder); de-escalation techniques, the “suicide by cop” phenomenon, and the mental health of officers themselves.

- Starting in November 2010, BHS contracted with the Institute on Aging to provide trainings and a 24-hour *Friendship Line* telephone service for the elderly in Calaveras County. *Friendship Line* services target people sixty years of age and older who may be depressed, lonely, isolated, bereaved, anxious, abused, and/or suicidal. Currently, the California Mental Health Services Authority (CalMHSA), a statewide Joint Powers Authority that supports statewide MHSA prevention and early intervention projects and initiatives, contracts with the Institute on Aging to continue providing the 24-hour Friendship Line services to our community.

- *Assessing & Managing Suicide Risk Training* - In May 2012 training was held for twenty BHS clinicians, interns and case managers which provided core competencies on assessing suicide risk, planning treatment, and managing the ongoing care of the at-risk client.

Prevention and Early Intervention – number of persons served estimated 903 in FY 2012-13, Cost per Person $233

ANNUAL REPORT ON MHSA
ACHIEVEMENTS & OUTCOMES

Innovation (INN)

The purpose of the Innovation component of MHSA is to learn from a new practice and see if it increases access and/or improves services or collaboration in the community over a specific period of time (three to five years). If the program is effective and is sustainable through other available funding, BHS may implement the service ongoing through another MHSA funding component.

Over the last three years the Community Support Groups Innovation project has funded a variety of support groups in multiple communities. At the end of their three year cycle, BHS, with input from an outside evaluator, determines how successful each group is at improving emotional wellbeing for participants. Over the last three years the groups have targeted toward men, women, youth, veterans, Latinos, and Miwoks. Current Support groups in 2013 included common interest focuses such as Chronic Conditions: Living Well; Men's Support; Healing through Expressive Arts; Art and Self Discovery for Teens; How to Overcome Anxiety, Phobias and Panic Attacks; and Parents/Caregivers of Children Who Are Sexually Abused. Once the last of the community groups' three year cycles ends, an outcome evaluation will be completed for this project. A total of one hundred and nineteen residents of Calaveras have participated in eight support groups in FY 2013. Participants report high levels of satisfaction with the groups' subject matter and facilitators, and positive outcomes on their wellbeing as well. *Source: Calaveras County Behavioral Health Services: Support Group Survey Summary, LFA Group: Learning for Action, February 2013*

Innovation –number of persons served in FY 2012-13 totals 119; Cost per Person $542

BHS is planning to implement a new Innovation Project beginning in FY 2014-15 titled **"Integrated Dual Diagnosis Project,** which is described below.

Describe which of the five essential purposes of Innovation is most relevant to your learning goal and why is this purpose a priority for your county.

The primary purpose of this proposed Innovation Project is to *increase access to services for Isolated Communities* by introducing and testing a new consumer-driven recovery and wellness approach for rural communities throughout California. The secondary purpose is to increase the quality of services, including better outcomes.

Throughout both the MHSA Three-year Community Planning Process and last year's FY 2012-13 MHSA Annual Update Planning Process, consumers and family members continue to raise concerns about the need for both dual-diagnosis consumer-driven, wellness and recovery support strategies, as well as integrated dual-diagnosis services in Calaveras County. Stakeholders indicate we need a solution to the problems and barriers that limit our rural county's ability to both *access* and fully integrate dual-diagnosis support and services to many of the county's most vulnerable residents – those with co-occurring mental health and substance use disorders. Stakeholders affirmed the challenges many consumers living in isolated areas have in accessing peer-run support groups and integrated mental health/substance abuse treatment services. They are often isolated with no transportation, and little social interaction. And, a recent review of our mental health records indicated that over 50% of our clients were

diagnosed with a co-occurring disorder, yet only 10% were referred to Substance Abuse Program for services. Issues faced by those with a dual diagnosis are more complicated; as those with this diagnosis are found to be less compliant with treatment, deal with an increasing severity of symptoms, and are at increased likelihood for relapse.

Calaveras County is a rural community in the California Sierra foothills, with a population of 44,515 with 80% residing in unincorporated areas along the main travel corridors and minimal public transportation services. Geography greatly impacts service needs, access, and resources. The unique needs of Calaveras County, given the population distributions, transportation and geographic barriers, require innovative solutions and changes.

Despite the barriers to supports and services in a small rural county, we also have unique strengths that urban communities do not have. Rural communities have a stronger sense of identity to family, friends, church and community, and these natural supports represent the greatest strength in rural communities. This project intends to integrate them as a resource into our rural system of integrated dual-diagnosis supports and services.

We hope to utilize these strengths to foster consumer participation in implementation of peer support to isolated communities, as well as create a stronger framework for integrated dual-diagnosis treatment and services.

***Innovation Project Description*:**
To strengthen the foundation of dual-diagnosis peer recovery, wellness and support in our rural community, and to bridge the service delivery gaps, it will be critical to build strong relationships as the core of person-to-person peer support. Our strategy is to develop and support six Dual Recovery Anonymous (DRA) weekly support groups that provide strong peer support to dual diagnosis consumers in isolated communities of Calaveras County which include West Point, Arnold, Mountain Ranch, Vallecito, Copperopolis, San Andreas, and Valley Springs. DRA is an independent, nonprofessional, peer-run, 12-step, self-help support group format for consumers with a dual-diagnosis disorder. These groups can be implemented in 12 to 15 sessions, and are based in behavioral, spiritual, and cognitive principles that form the core of 12-step fellowships such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).

The DRA group facilitators and members, who are selected for their lived experience and commitment to support their peers, will be encouraged to build a strong personal support network. The group members will share their personal experiences regarding the ways that they have learned to cope with their symptoms by applying the 12 steps in their daily lives. The six trained peer facilitators will receive referrals from Mental Health and Substance Abuse staff, as well as referrals from CPS, APS, CalWorks, Probation and other organizations that serve the community. The facilitator will be matched with the client, based on where the client lives in Calaveras.

Prior to launching the new peer support groups, the six DRA group facilitators will be provided extensive 50 hour training on how to facilitate DRA groups. Training will include learning the principles in the DRA manual; basic assessment abilities; listening and communication skill building; development of a Wellness, Recovery Action Plan (WRAP); an 8 hour Mental Health First Aid training; support on how to assist consumers in identification and access to

services/resources for which they qualify; and how to monitor for unusual behavioral changes. The group facilitators will also have the opportunity, if interested, to be certified in substance abuse issues through the California Association of Alcoholism and Drug Abuse Counselors (CADAAC). Facilitators will be provided participation stipends for their services.

Once training is completed and new groups have been implemented, the six facilitators will meet twice a month with a Behavioral Health Services (BHS) Integrated Dual Diagnosis Case Manager for ongoing peer support and professional consultation as needed. The ability to provide this critical level of quality training and consultation over the next five years by the Integrated Dual Diagnosis Case Manager will ensure the continued success and quality of the DRA peer-support group component of the Integrated Dual Diagnosis project.

If the consumer referred to the DRA Group is experiencing a situation requiring an urgent response or a crisis, BHS licensed clinicians and case managers from Behavioral Health Services will be contacted to assure a higher level of service is established or provide immediate intervention. Upon stabilization the clinician/case manager can provide a warm handoff to the trained DRA facilitator for ongoing peer support.

The Integrated Dual Diagnosis Case Manager will be responsible for the year-round volunteer recruitment, coordination of matches, daily support and oversight of volunteers, coordination of bi-weekly volunteer group consultations, coordination with referring parties and program updates and coordination with various agencies.

Contribution to Learning

Because the majority of current peer recovery and wellness research focuses on urban rather than rural models, we hope to learn whether our innovative peer-support approach can be an effective approach in a rural county. The heart of our Innovation Project addresses the learning goal “Can strategies to increase community support to isolated communities in Calaveras County through a rural self-help model increase access for support and services for dual diagnosis consumers?”

The overall learning goal of the new project is finding out how to move dual- diagnosis consumers from active drug and alcohol use to recovery/remission and help them stay in recovery model, using both an innovative rural self-help model along with creating a system of integrated dual-diagnosis supports and services.

The primary learning goals of this project that will include the identification of best rural practices are:

- Overall, to determine the best way to design, pilot, and evaluate a new approach to providing and supporting rural peer-run DRA support groups;
- To determine and provide the best training and support methods to ensure competent and skilled peer DRA facilitators;
- To determine if the ongoing training, peer support and consultation for the peer facilitators creates sustainable DRA support groups over the five year project period;
- To determine whether the overall Innovation Project increases the quality of services for consumers, resulting in measurable improvement in dual diagnosis outcomes;
- To determine that this project will be sustainable after the 5 year proposed project period; and

- To determine if this Innovative Project can be replicable for other small rural counties in California if successful in creating a new consumer-driven recovery and wellness peer-support model in Calaveras County.

Another important component to this project that will support our self-help model will be to integrate mental health and substance abuse services through the development and implementation of integrated treatment processes. This new service component is currently envisioned as follows: A newly formed Integrated Dual Diagnosis Treatment (IDDT) team will provide assessment, treatment, case management services, and peer-support for consumers with co-occurring serious mental illness and substance abuse/dependence disorders. This is a multidisciplinary team consisting of a mental health clinician, the lead case manager, a substance abuse counselor, and peer specialist staff. This team will work closely and consult with the BHS psychiatrist and clinical psychiatric nurse.

This component of the project will target both mentally ill consumers that have been assessed through our mental health services with a secondary diagnosis of substance use disorder, as well as non-violent mentally ill offenders involved in the legal system with substance abuse disorders who are continually cycled through the corrective systems in our community. Intensive treatment services will be provided to identified consumers of BHS's Mental Health and Substance Abuse Programs. These clients will be identified through Behavioral Health Services crisis intake and assessment, Calaveras County Sheriff through the Triage Sheriff Liaison and law enforcement officers in the field, the courts, jail, and probation systems.

A dual-diagnosis treatment team will be trained and formed that will use an IDDT model that includes state-wise interventions (stages of change, stages of treatment), access to comprehensive case management services, assertive/aggressive outreach, motivational interventions, substance abuse counseling, individual and group treatment, family psycho education, participation in DRA self-help groups, pharmacological treatment, and secondary interventions for treatment of non-responders. Consumers will continue to be able to access other behavioral health services such as group or individual counseling, case management, etc., but the Integrated Dual-Diagnosis Treatment Team would provide aggressive outreach and intensive case management to facilitate successful outcomes in treatment and peer recovery support.

IDDT Training will be offered to the treatment team and larger mental health and substance abuse staff as cross training will be important to the overall success of this project. In addition, it will be highly encouraged that the clinical staff engage in training over the next two years to be certified in substance abuse issues through the California Association of Alcoholism and Drug Abuse Counselors (CADAAC) or the International Certification and Reciprocity Consortium (IC&RC) certification programs. The Substance Abuse Program staff will receive the Mental Health First Aid training, and all team members will be trained in Motivational Interviewing. MHSA Workforce Education/Training (WET) funds, along with Substance Abuse and Mental Health Services Administration (SAMSHA) funds will be used for training costs.

Entry criteria into the program will be further developed with a criterion rating scale, but it will include the following basic components: a substance abuse diagnosis and a mental health diagnosis indicating moderate to severe mental illness. Additionally, a person who has been

psychiatrically hospitalized in the last year will be targeted for this project, as well as consumers with multiple mental health crises within a 2 month period.

The caseload for this team will be small in order to provide intensive treatment services. As people move into a maintenance mode, the caseload may increase to include both individuals who have successfully completed most treatment and are in recovery and new referrals. A separate billing unit will be created in the Anasazi electronic health record billing system to facilitate billed services and tracking of outcomes. Medi-Cal services will be billed for reimbursement when appropriate.

As a result of developing, implementing and evaluating this five year innovative IDDT project by strengthening our peer self-help recovery and wellness model and implementing best practice integrated dual-diagnosis treatment processes, it is our hope that a number of positive changes and learning outcomes will result, including:

- Consumers will actively be participating in the self-help DRA groups in six isolated areas of Calaveras County;
- A peer-support training and support program will be developed and in use for peer DRA facilitators;
- A significant reduction in relapse of substance abuse and mental health disorders will occur, and a reduction in arrests, incarcerations and hospitalizations.
- An increase in medication compliance, program attendance and significant progress in Wellness Recovery Action Plan (WRAP) and treatment plan goals and objectives will be documented; and
- An overall decrease in symptoms and improvement in the participants' quality of life.

If this Innovation Project is successful after five years, we feel strongly that we will meet a significant county mental health service need in Calaveras County.

MHSA General Standards

This project is consistent with the Mental Health Services Act General Standards in that it promotes peer-support group services in isolated areas of Calaveras County focused on wellness, recovery, and resiliency, as well as new integrated dual diagnosis services with peer support staff involvement.

Community Collaboration – Community stakeholder input has been the driving force in the planning and development of this project and will continue to be used in the testing, implementation and evaluation phases. Participants, consumers, family members, agencies, organizations such as Law Enforcement, Probation, and Health and Human Services, and non-profit service providers will continue to share information and resources in order to fulfill the goals of this integrated dual-diagnosis project. Also, this project utilizes the strength of a small rural community by engaging peers as mentors and friends in leadership roles as DRA support group facilitators, thereby ensuring critical linkages in isolated parts of our community.

Cultural Competence – This project will ensure cultural competence of volunteers and staff in carrying out the consumer/family driven services, and this will be incorporated into all aspects of program design and service delivery. At this time Calaveras has only one threshold language,

Spanish. BHS' Hispanic Community Health Assistant will be involved in review of DRA and dual diagnosis service material, and when needed translate into Spanish. Eleven peer staff will be involved in this project and include an Older Adult Peer Support Specialist, the two Full Service Partnership Peer Support Specialists, the Transitional Age Youth Peer Support Specialist, the Benefits Peer Support Specialist, the five BHS' Wellness and Recovery Center Peer Specialists, along with the Hispanic Community Health Assistant. These staff members will resource and provide referrals to the DRA facilitator group and the Integrated Dual Diagnosis Team. This Innovation Project is designed to develop processes that focus on the unique individual, including respecting and valuing individual needs. This would not be effective unless cultural and linguistic needs are incorporated.

Client and Family Driven –The foundation of this new and innovative rural service delivery model is driven by consumer and family involvement. Consumers, family members, and BHS' eleven Peer Support Specialists have all been involved in the planning process of this project and will continue to be involved in the continued planning, development, testing, implementation and evaluation phases of all aspects of this project. Peer Support Specialist staff will play a critical role in supporting and empowering consumers and will ensure that DRA support group participation is focused on each individual's wellness goals. All participation in the services provided will be voluntary.

Wellness, resiliency and recovery focus – This plan's intent is to increase resilience and promote recovery and wellness for consumers who are dually-diagnosed by creating DRA support groups in isolated areas of our community to ensure access to support and services. This project will provide targeted consumers with a continuum of care ranging from peer support recovery groups to a range of integrated dual-diagnosis services. The project promotes consumer well-being. Peer staff and volunteers will reinforce this message, promoting a recovery oriented environment, reducing stigma, and increasing the likelihood of participation by consumers in the project.

Integrated services experience – At its foundation, this project supports the integration of mental health and substance abuse peer-support and services for participants. Due to the design of this project participants and their families will have the access needed to peer support and integrated dual-diagnosis treatment services.

***Timeline*:**

Year 1

Month 1-3: Implementation Planning and Start Up

- Ensure project is fully staffed and DRA Volunteers are recruited
- Secure six locations to hold weekly DRA groups
- Train all staff and volunteers
- Develop specific measurable project goals, evaluation framework, indicators, measurement
- tools and data collection protocols
- Develop service delivery protocols and procedures

Month 5-12: Early Implementation

- Implementation of project activities
- Initial data collection
- Gradual increase in number and types of activities during this period
- Data collection of process measures

Year 2-5

- Project Operations – ensure project is fully implemented with ongoing evaluation activities
- Test additional strategies if process evaluation shows need for changes in project design
- During this timeframe, outcome data will be collected and analyzed and reported to project participants and community stakeholders.

Final 6 months of Year 5

Project evaluation will be completed, the results analyzed, and recommendations made to BHS as to whether and/or how to incorporate this project as an ongoing program, funded through MHSA Community Services and Supports component with additional Medi-Cal reimbursement. Aspects of the project that were not successful will be reviewed to assess impact on future Calaveras Innovation projects, as well as current BHS services. These results will be disseminated to the stakeholder community. This is expected to begin in Year 5 and will likely continue into Year 5, as we work with MHSOAC to determine how best to communicate results to other small rural counties in California.

***Evaluation*:**

Calaveras County is committed to learning from our Innovation project evaluation, and plans to share findings with stakeholders, including consumers, service providers, our local NAMI chapter, and the Calaveras County Board of Supervisors. We will use the evaluation findings to reflect on what is working well and what could be changed to improve our service to consumers. As we have done in the past, we plan to integrate successful aspects of the project into our ongoing services funded through CSS, and making adjustments as necessary to improve aspects of the project that did not work as well. We will publicize our findings about successes, and communicate widely about the availability of any resulting new ongoing programming through multiple means, including local newsletters reaching consumers and their families, our annual update, and in communications to CIMH.

We are partnering closely with evaluators from Learning for Action (LFA), an independent evaluation and capacity building firm with significant experience in evaluating MSHA-funded programs. LFA evaluators will provide support in ensuring the quality of our data collection instruments and processes, and will conduct analysis of data collected to ensure it addresses the project's learning goals and evaluation questions. Data sources will include: Dual Diagnosis Recovery Group records; peer group referral tracking; consumer surveys; consumer interviews or focus groups; peer facilitator surveys; peer facilitator interviews The tables below summarize the data sources we will use to assess progress toward each intended outcome relevant to the primary purpose (increased access) and secondary purpose (increased quality) of the Innovation Project.

Primary Purpose: *Increase access to services for isolated communities*	
Intended Outcome	**Evaluation Data Source**
Consumers will actively be participating in the peer run Dual Diagnosis Recovery groups in six isolated areas of Calaveras County	• Group attendance records • Referral records to establish link between peer outreach and group attendance • Consumer survey to assess the role of peers in: connecting consumers to services; reducing barriers for consumers' participation; enabling/encouraging ongoing participation; and influencing consumer attitudes about seeking and receiving services and expectations about and satisfaction with services • Interviews or focus group with consumers to explore how peers' involvement in outreach and group facilitation helped them participate, and what specific aspects of peers' approach were most valuable in engaging consumers
An ongoing peer-support training and support program will be created and in use for peer Dual Diagnosis Recovery facilitators	• Peer facilitator survey to assess how well peers felt their training and ongoing support prepared them for connecting isolated consumers to groups and other services, and for keeping those consumers engaged in services • Interviews or focus group with peer facilitators

Secondary Purpose: *Increase quality of services*	
Intended Outcome	**Evaluation Data Source**
A significant reduction in relapse of substance abuse and mental illness will occur, and a reduction in arrests, incarcerations and hospitalizations.	• CCBHS electronic health records and other administrative data comparing relapse and institutionalization rates for consumers prior to and after participating in peer groups for comparable time periods
An increase in medication compliance, program attendance and significant progress in WRAP and treatment plan goals and objectives that will be well documented	• Service utilization records and case notes for group participants using other behavioral health services (Anasazi)

An overall decrease in symptoms and improvement in the participants' quality of life.	• Consumer surveys to assess baseline and follow up symptoms as well as aspects of wellness and recovery proven in the literature to be linked to peer support, such as hope, resiliency, personal empowerment, sense of self, social connectedness, and the belief that life has meaning

The evaluation will also include periodic reflection through staff meetings and discussions as well as annual and/or end-of-project key informant interviews with staff members on the learning goals and on implications of project findings on program delivery, adjustment, expansion, and sustainability.

As described above, the evaluation will focus primarily on measuring the increase in access to services for isolated communities resulting from our Innovation project. The evaluation will also aim to answer questions about the increase in service quality that results from peer involvement in service delivery, and about the behavioral health and wellness outcomes participating consumers achieve.

Several aspects of the evaluation's design aim to establish a relationship between the peer-oriented elements of the project with the increase in consumers' access to behavioral health services:

- Peer facilitator surveys will include items assessing how well peers felt their training and ongoing support prepared them for connecting isolated consumers to groups and other services, and for keeping those consumers engaged in services.
- Qualitative data, such as interviews and/or focus groups with peer facilitators, will explore *how* their training and ongoing support prepared them for their role in this project, and what specific aspects were especially valuable in facilitating their success.
- Group attendance and consumer participation records, along with pre-existing CCBHS EHR data on users of behavioral health services, will establish how many previously disconnected consumers became and stayed engaged in groups and other services, and to what extent.
- Program records on referral sources will document the extent to which peers are responsible for connecting previously disconnected consumers to groups and/or other services.
- Consumer surveys conducted at baseline and follow up will assess changes in symptoms as well as aspects of wellness and recovery that have been proven in the literature to be linked to peer support, such as hope, resiliency, personal empowerment, sense of self, social connectedness, and the belief that life has meaning.
- Consumer surveys at follow up will also include items that assess the role of peers in: connecting consumers to services; reducing barriers for consumers' participation; enabling/encouraging ongoing participation; and influencing consumer attitudes about seeking and receiving services and expectations about and satisfaction with services.
- Qualitative data, such as interviews and/or focus groups with consumers, will explore *how* peers' involvement in outreach and group facilitation helped them participate, and what specific aspects of peers' approach were most valuable in engaging consumers.
- If possible, the evaluation will also include a retrospective analysis of consumer engagement, service utilization, and key outcomes using a historical comparison group of similar consumers in BHS' records (who did not have the opportunity to participate in peer groups) to assess the effect of the peer-led groups on behavioral health outcomes and ongoing engagement.

The evaluation aims to document and measure the process by which peers are recruited, trained, and supported to provide peer-led groups for adults with SMI and co-occurring substance use issues, and consumers' changes in access to and participation in services that result from the peers' efforts. The implementation of the evidence-based practice for treating dually-diagnosed consumers will not be the focus of the evaluation.

Budget:

See beginning of page 30 for budget projections for each fiscal year and the projected annual spending that is consistent with the activities described in the timeline above.

Workforce Education and Training (WET)

Calaveras County is federally designated as a Mental Health Professional Shortage Area (MHPSA). These are areas with a shortage of clinical psychologists, clinical social workers, psychiatric nurse specialists, marriage and family therapists, and/or psychiatrists. Licensed or licensed-eligible clinical positions face the most chronic shortages in Calaveras County. When a position is posted requiring a Master's degree there are considerably fewer qualified applicants compared to positions requiring a Bachelor's degree or less. It is extremely challenging to hire a psychiatrist when competing with much higher paying correctional institutions. Hiring qualified fiscal and management staff is also difficult.

Since 2009, per the Workforce Education and Training (WET) component of the MHSA plan, BHS has sponsored a *Psychosocial Rehabilitation Certificate Program* at Columbia College for consumers, family members, providers, and residents of both Calaveras and Tuolumne counties, with transportation services for consumers provided. A Community Service Liaison (CSL) continues to provide technical assistance and support to consumers currently enrolled in Psychosocial Rehabilitation Services certificated classes at Columbia. Since 2010 the fifty -five consumers, family members, and BHS staff have enrolled in the peer support classes to date and have received tuition assistance.

For calendar year 2014, the MHSA Education Incentive Program (EIP) was developed to provide educational reimbursement for education degrees, classes, certifications, trainings and courses that benefit managerial, administrative, fiscal, support staff, and direct service staff working with mentally ill clients. When receiving education assistance and/or a loan assumption award, an applicant agrees to a one year commitment of service to Behavioral Health for each year of educational support that results in a course or degree being successfully completed. Since January 2014 fourteen BHS staff have received education and training awards.

A *Rural Mental Health Masters in Social Work Program* at CSU Sacramento was established in 2009. Seven Calaveras CSU Sacramento MSW interns have received field placements.

Ongoing training has been provided to staff since 2010 through the online Relias Learning platform, monthly In-Service training sessions, and individual off-site training. Relias Learning curriculum covers target populations, therapeutic interventions, as well as the MHSA essential elements. In-Service topics in calendar year 2013 included a Consumer *In Our Own Voice* presentation, Family Panel, and Latino Cultural Competency training. A mandatory, day-long training on law and ethics is also provided each year.

Capital Facilities and Technological Needs (CF/TN)

The CF/TN Component of the MHSA Plan is a one-time allocation that consists of two parts: 1) Capital Facilities and 2) Technological Needs. BHS has the option to dedicate additional funds to Technology Needs or may continue to reserve its Capital Facilities funds for a future project.

One-time Capital Facilities and Technological Needs component funding has been used for BHS services and supports as follows:

- FY 2012-13 - Electronic Health Records (EHR) System – Anasazi (an advanced electronic medical record and mental health services billing system) was purchased. Implementation and staff training continues for the new system, with a focus this next year on assessments, use of electronic signature pads, document imaging, and performance outcome tools for both adults and children.

- In previous years, funds were used to purchase computers and internet services for consumer use at the Living Room and Drop-In Day, along with new computers, software upgrades for MHSA staff and GPS devices for drivers picking up clients in remote isolated areas of Calaveras County.

Significant Changes for FY 2013/2014

BHS is recommending to implement new programs over the next three years, as funding allows, based on the input obtained through the community planning process for the MHSA Three-Year Plan:

Under the Prevention and Early Intervention Component, BHS plans to:

Provide two separate Crisis Intervention trainings for law enforcement and first responders. The first training will equip officers with an understanding of residents in crisis that suffer from a mental illness, and how to de-escalate a potentially volatile situation that results in positive outcomes. The second training offers an understanding of the veteran experience, and how to de-escalate a crisis. BHS has arranged for half day training for the Sheriff Department staff (40 officers) at the end of August 2014.

Support the Calaveras Youth Mentoring Program (CYMP) to recruit mentors and match foster care youth across Calaveras County. CYMP will target at least fifteen to twenty foster children or children living with grandparents, between the ages of six and sixteen, for matching with mentors over a three-year period, and will ensure they experience enduring friendships with caring adult mentors.

Support the First 5 Calaveras Strengthening Families program to target and support foster/kinship/adopt parents. Training will be given that will specifically meet the identified needs of foster/kinship/adoptive parents who are raising at-risk foster children. Participating parents will receive a stipend for each training or support group attended according to their individualized plan.

Creation of an Artistic Rural Therapy (ART) Program for both adults and teens with mental illness.

Provide SafeTALK suicide prevention training of trainers for two Veterans in order to provide ongoing training for Veterans and their families in Calaveras County.

Under the Innovation Component, BHS plans to:
Implement a MHSA Dual-Diagnosis project. This learning project would provide new

strategies/interventions to learn what works best for dual-diagnosis clients. The overall goal of the new project is to move clients with mental illness from active drug and alcohol use to recovery/remission and help them stay in recovery model. (See page 17 for project description).

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: Calaveras Date: 5/1/14

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2014/15 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,500,000	606,675	371,000	91,000	37,500	
2. Estimated New FY2014/15 Funding	1,926,924	481,731	126,771			
3. Transfer in FY2014/15[a/]	0			0	0	0
4. Access Local Prudent Reserve in FY2014/15	0	0				0
5. Estimated Available Funding for FY2014/15	3,426,924	1,088,406	497,771	91,000	37,500	
B. Estimated FY2014/15 MHSA Expenditures	2,008,712	386,992	205,766	43,395	37,500	
C. Estimated FY2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,418,212	701,414	292,005	47,605	0	
2. Estimated New FY2015/16 Funding	1,800,000	410,000	102,000			
3. Transfer in FY2015/16[a/]	0			0	0	0
4. Access Local Prudent Reserve in FY2015/16	0	0				0
5. Estimated Available Funding for FY2015/16	3,218,212	1,111,414	394,005	47,605	0	
D. Estimated FY2015/16 Expenditures	2,062,327	410,889	188,554	45,771	0	
E. Estimated FY2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,155,885	700,525	205,451	1,834	0	
2. Estimated New FY2016/17 Funding	1,850,000	425,000	108,000			
3. Transfer in FY2016/17[a/]	0			0	0	0
4. Access Local Prudent Reserve in FY2016/17	0	0				0
5. Estimated Available Funding for FY2016/17	3,005,885	1,125,525	313,451	1,834	0	
F. Estimated FY2016/17 Expenditures	2,116,085	444,912	204,410	1,834	0	
G. Estimated FY2016/17 Unspent Fund Balance	889,801	680,612	109,041	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	975,189
2. Contributions to the Local Prudent Reserve in FY 2014/15	0
3. Distributions from the Local Prudent Reserve in FY 2014/15	0
4. Estimated Local Prudent Reserve Balance on June 30, 2015	975,189
5. Contributions to the Local Prudent Reserve in FY 2015/16	0
6. Distributions from the Local Prudent Reserve in FY 2015/16	0
7. Estimated Local Prudent Reserve Balance on June 30, 2016	975,189
8. Contributions to the Local Prudent Reserve in FY 2016/17	0
9. Distributions from the Local Prudent Reserve in FY 2016/17	0
10. Estimated Local Prudent Reserve Balance on June 30, 2017	975,189

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Calaveras Date: 5/1/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children's System of Care (CSOC)	401,885	243,135	158,750			
2. Adult System of Care (ASOC)	620,834	539,584	81,250			
Non-FSP Programs						
1. CSOC System Development/Outreach	565,820	363,320	202,500			
2. ASOC System Development/Outreach	634,554	493,304	141,250			
3. Wellness and Recovery Center	145,000	145,000				
CSS Administration	224,369	224,369				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	2,592,462	2,008,712	583,750	0	0	0
FSP Programs as Percent of Total	50.9%					

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children's System of Care (CSOC)	409,213	249,213	160,000			
2. Adult System of Care (ASOC)	636,074	553,074	83,000			
Non-FSP Programs						
1. CSOC System Development/Outreach	577,403	372,403	205,000			
2. ASOC System Development/Outreach	660,637	515,637	145,000			
3. Wellness and Recovery Center	145,000	145,000				
CSS Administration	227,000	227,000				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	2,655,327	2,062,327	593,000	0	0	0
FSP Programs as Percent of Total	50.7%					

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children's System of Care (CSOC)	417,444	255,444	162,000			
2. Adult System of Care (ASOC)	651,900	566,900	85,000			
Non-FSP Programs						
1. CSOC System Development/Outreach	588,713	381,713	207,000			
2. ASOC System Development/Outreach	685,528	538,528	147,000			
3. Wellness and Recovery Center	145,000	145,000				
CSS Administration	228,500	228,500				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	2,717,085	2,116,085	601,000	0	0	0
FSP Programs as Percent of Total	50.5%					

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Calaveras Date: 5/1/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Suicide Prevention and Stigma Reduction	80,659	80,659				
2. Strengthening Families	217,030	217,030				
3. Artistic Rural Therapy Program	20,000	20,000				
PEI Administration	69,303	69,303				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	386,992	386,992	0	0	0	0

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Suicide Prevention and Stigma Reduction	100,824	100,824				
2. Strengthening Families	217,030	217,030				
3. Artistic Rural Therapy Program	22,000	22,000				
PEI Administration	71,036	71,036				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	410,889	410,889	0	0	0	0

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Suicide Prevention and Stigma Reduction	131,071	131,071				
2. Strengthening Families	217,030	217,030				
3. Artistic Rural Therapy Program	24,000	24,000				
PEI Administration	72,811	72,811				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	444,912	444,912	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Calaveras Date: 5/1/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Integrated Dual Diagnosis Treatment	120,000	120,000				
2. Community Support Groups	30,000	30,000				
INN Administration	55,766	55,766				
Total INN Program Estimated Expenditures	205,766	205,766	0	0	0	0

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Integrated Dual-Diagnosis Treatment	130,000	130,000				
INN Administration	58,554	58,554				
Total INN Program Estimated Expenditures	188,554	188,554	0	0	0	0

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Integrated Dual-Diagnosis Treatment	140,000	140,000				
INN Administration	64,410	64,410				
Total INN Program Estimated Expenditures	204,410	204,410	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Calaveras Date: 5/1/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Training	19,650	19,650				
2. Education	1,000	1,000				
3. Tuition Assistance	7,700	7,700				
WET Administration	15,045	15,045				
Total WET Program Estimated Expenditures	43,395	43,395	0	0	0	0

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Training	19,650	19,650				
2. Education	3,000	3,000				
3. Tuition Assistance	7,700	7,700				
WET Administration	15,421	15,421				
Total WET Program Estimated Expenditures	45,771	45,771	0	0	0	0

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Training	0					
2. Education	1,834	1,834				
3. Tuition Assistance	0					
WET Administration	0					
Total WET Program Estimated Expenditures	1,834	1,834	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Calaveras Date: 5/1/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
CFTN Programs - Technological Needs Projects						
11. Practice Management	37,500	37,500				
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	37,500	37,500	0	0	0	0

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0