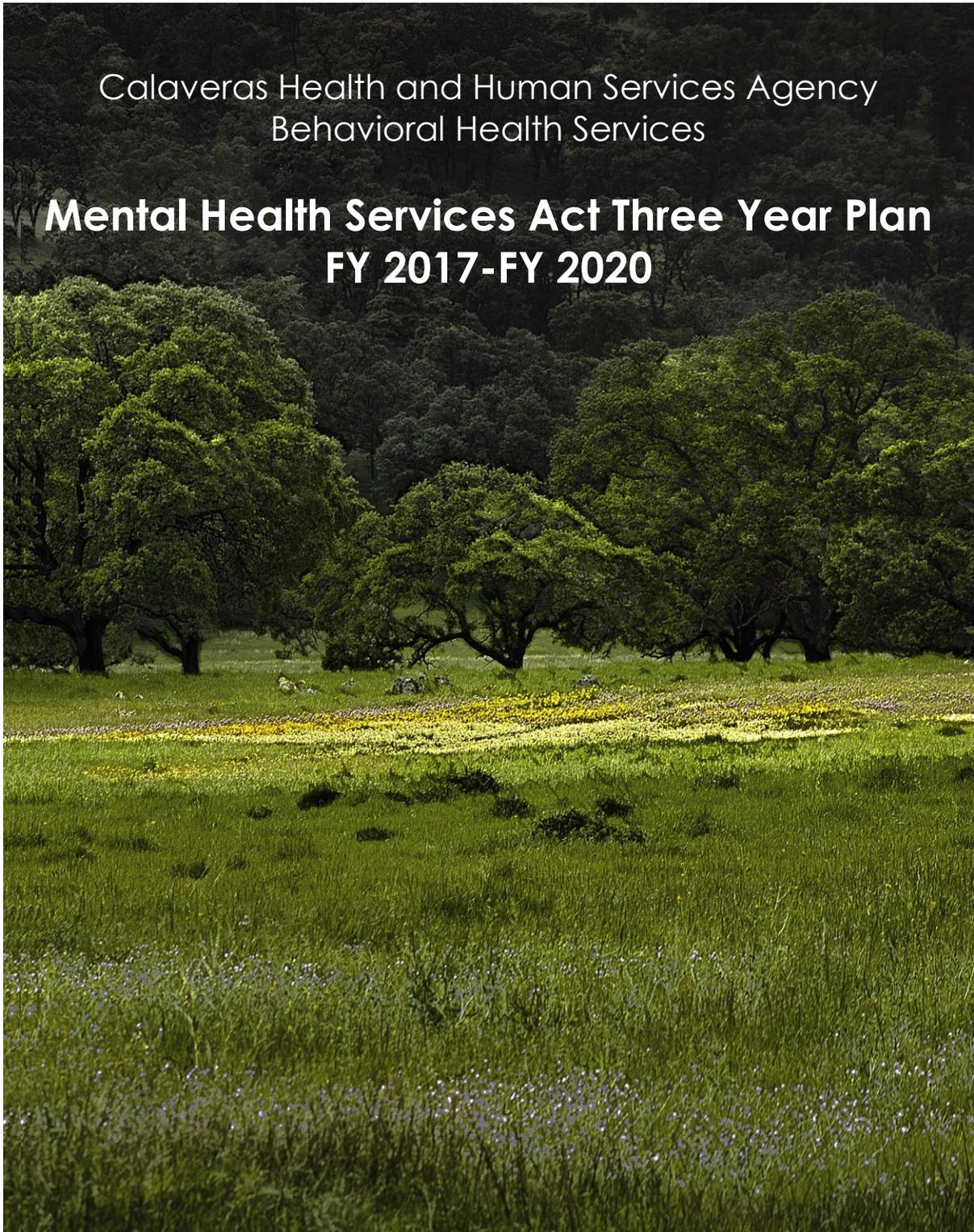


Calaveras Health and Human Services Agency  
Behavioral Health Services

**Mental Health Services Act Three Year Plan  
FY 2017-FY 2020**



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## BACKGROUND

### Calaveras County Snapshot



Calaveras is located 133 miles east of San Francisco and 69 miles south of Sacramento. Calaveras is a small rural county, with a population of 45,171. 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:

- 82.8% White alone, not Hispanic or Latino
- 0.8% African American
- 1.9% American Indian/Alaska Native
- 1.6% Asian American
- 0.2% Hawaiian
- 11.5% Hispanic/Latino
- 3.7% Reporting 2 or More Races
- 25.9% Over 65 Years Old
- 13.0% Live Below the Poverty Level
- 18,060 Households, 2011-2015
- 4,808 Veterans, 2011-2015
- \$29,553 Per capita money income in the last 12 months
- \$53,233 Median household income, 2011-2015

#### County Challenges:

- In September of 2015, the Butte Fire burned 70,760 acres and 900 homes and structures were destroyed.
- 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.
- Small rural county increases the potential for stigma and delay in seeking mental health services.
- Relative to the State of California, Calaveras County has a higher concentration of persons aged 65 and older (25.9% in Calaveras compared to 13.3% in the state overall).
- A lack of vocational programs, community college, or university limits locally available training and higher education.
- Factors that adversely affect low income residents living in Calaveras County include lack of affordable housing, food insecurity, and access to local medical and dental services.

Sources: 2016 Calaveras County QuickFacts from US Census Bureau; Calaveras Community Action Plan FY 2016-2017

## BACKGROUND

### Introduction

#### **The Mental Health Services Act**

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA), 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. MHSA has allowed Calaveras Health and Human Services Agency (CHHSA) Behavioral Health Services (BHS) to significantly improve services, including the implementation of recovery-based approaches, improved outreach to underserved populations, and increased access. CHHSA/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.

#### **Purpose of MHSA Three Year Plan**

The intent of the MHSA Three Year Plan is to provide the public a projection for Fiscal Year 2017/2018 – FY 2019-2020 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 required to submit a program and expenditure plan, updating 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 Three Year Plan provides a progress report of Calaveras Health and Human Services Agency/Behavioral Health Services (CHHSA/BHS) MHSA activities for the previous year, as well as an overview of current or proposed MHSA programs planned for Fiscal Years 2017/2018 through FY 2019-2020.

#### **Direction for Public Comment**

CHHSA/BHS is pleased to announce the release of Calaveras County's MHSA Three Year Plan for FY 2017-2018 – FY 2019-2020. This Plan is based on statutory requirements, a review of the community planning over the past several years, and recent stakeholder input.

CHHSA/BHS will request comments on this Plan during a 30-day public review period between June 15, 2017 and July 28, 2017. A copy of the Plan will be posted on both the Calaveras County CHHSA/BHS MHSA webpage (<http://www.mh.calaverasgov.us/MHSAProp63.aspx>) and the Network of Care webpage, [www.calaveras.networkofcare.org](http://www.calaveras.networkofcare.org), and will be made available at all BHS locations and the Calaveras County Library. The Mental Health Advisory Board will host a Public Hearing regarding this Three Year Plan on August 1, 2017 at 4:00 pm at the Calaveras County Mental Health Clinic conference room, 891 Mountain Ranch Road, San Andreas, CA.

Any comments regarding the Annual Update draft will be directed to Susan Sells, Mental Health Services Act Coordinator, via email at [ssells@co.calaveras.ca.us](mailto: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:** June 28, 2017 to July 31, 2017

**Date of Public Hearing:** August 1, 2017

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

### Community Program Planning

The Community Program Planning process for development of all components included in the three year plan report is described below; including the methods used to obtain stakeholder input.

The Community Program Planning process for the development of the MHSA Three Year Plan FY 2017/18 to FY 2019/2020 builds upon the current planning process (March through May 2017), and the planning process that we utilized for the development of the most recent MHSA FY 2016-2017 Annual Update; as well as past plans and annual updates. Over the past several years, these planning processes have been comprehensive and, since 2005, have included the input of diverse stakeholders through focus groups, stakeholder meetings, and surveys. It is estimated that over 1,800 stakeholders have participated in the planning process since 2005 (a twelve year time period). Components addressed by the planning process included Community Services and Supports (CSS); Prevention and Early Intervention (PEI); Innovation; Workforce Education and Training (WET); Capital Facilities/Technological Needs (CFTN); and Housing. In addition, we provided basic education regarding program planning and implementation; monitoring and evaluation; and fiscal and budget components.

For the planning process for this Three Year Plan, the HHS/BHS MHSA Coordinator conducted a community program planning for three months (March through May 2017). Information was gathered and shared about current MHSA services, current unmet mental health needs for consumers and families of consumers, and suggestions for the best use for MHSA funds to support Calaveras residents over the next three years if new MHSA funds become available. Focus groups were held at our MHSA Steering Committee (made up of twelve consumers that meet quarterly to review MHSA services), NAMI Gold Country, and Mental Health Advisory Board for the Calaveras Behavioral Health Services division of Health and Human Services Agency and the Senior Peer Counseling Program volunteers. Key informant surveys took place with a range of persons in leadership roles that represented agencies and services provided in Calaveras County. On a monthly basis, MHSA program activities were discussed at a number of different committee meetings, which allowed ongoing input from staff, stakeholders, and consumers.

We also reviewed 176 MHSA Assessment survey results from individuals working and living in Calaveras County. With this compiled information, we were able to determine the unique mental health needs of our community and continue MHSA programs and services that meet these needs. The combination of both focus groups and key informant interviews, and 176 surveys help to give a voice to a broad range of individuals across our community. This input continues to inform MHSA development, planning, and implementation of our ongoing three year plans and annual updates.

## COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

Stakeholders involved in the community planning include:

- The Mental Health Advisory Board
- Mental Health Services Act Steering Committee consumers
- Living Room Wellness Cabin consumers
- NAMI Gold County consumers and their families
- Underserved representatives including Spanish-speaking Latinos
- MACT Health Board, Inc., a tribal consortium providing Medical, and Dental services to American Indians and Alaskan Natives in Calaveras County
- Latino/Hispanic individuals and families
- Current staff of HHSA/BHS
- Senior Peer Counseling Program volunteers
- Calaveras County Sheriff Office
- Calaveras County Probation Department
- Calaveras County Office of Education
- Common Ground, providing services to older adults in Calaveras County
- County staff in leadership roles in Calaveras Health and Human Services:
- Behavioral Health Services including:
  - Adult and Child Protective Services/Social Services
  - Foster Care
  - Eligibility/CalWorks
  - Veterans Services Office
  - First 5 Calaveras

Top concerns/priorities taken from the 2017 community surveys, key informant interviews, and focus groups this year include:

### *The six top concerns resulting from untreated mental illness:*

- Substance Abuse
- Homelessness
- Isolation
- Poor parenting skills
- Unemployment and limited employment options for consumers

### *What are the most important current MHSA services currently provided?*

- Integrated Dual Diagnosis Services, including both treatment and peer run support groups
- Transportation Services to mental health appointments and community services
- Strengthening Families Program (providing community-based educational services and training for parents, grandparents, and caregivers with children or youth who are at-risk for mental health problems)
- Full Service Partnership comprehensive case management
- Crisis Intervention Training (which provides skills and resources to police officers and other public safety first responders in dealing with individuals experiencing a mental health crisis)

## COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

What new or expanded MHSA services should be considered if additional funds become available over the next three years?

- Provide supportive and subsidized housing for individuals and families with mental health illness
- Expand bi-lingual mental health outreach, prevention, intervention and treatment services
- Expand the Triage services for Sheriff Office
- Provide evidence based family therapy for juveniles/parents
- Provide mental health prevention/ intervention services targeting pre and post-natal patients at community health care clinics
- Provide services for mild to moderate patients with mental health issues at health care clinics
- Provide Lesbian, Gay, Bi-sexual, Transgender (LGBT) adult support groups in the community
- Strengthen older adult outreach services, including Senior Peer Counseling
- Provide mental health services targeting Native Americans /Alaskan Natives community at MACT clinic
- Provide parenting classes, outings, support groups for men and young fathers
- Provide weekend case managers for high risk FSP clients who are high utilizers of emergency room hospital services
- Expand/strengthen and sustain current MHSA services if new funds become available
- Expand trauma-informed education for professional staff and parents
- Integrate mental health services with primary care
- Provide mental health wellness prevention visits for youth at health care clinics
- Provide food at MHSA community events when possible
- Provide childcare so that parents can participate in MHSA activities
- Provide a mental health facility with full behavioral health services in lieu of incarceration
- Purchase a van, and then provide mental health outreach, intervention and treatment services to outlying isolated communities in Calaveras County

### Local Review Process

The methods below will be used to circulate, for the purpose of public comment, the MHSA Three Year Plan FY 2017/2018 to 2019/2020.

#### **30-Day Review Process:**

This Annual Update will be posted for 30-day public review and comment, from June 28, 2017 to July 31, 2017. Calaveras County will utilize the following methods to ensure the posting is publicized and available for public review:

- Post an electronic copy on both the Calaveras County HHSA/BHS MHSA webpage <http://www.mh.calaverasgov.us/MHSAProp63.aspx>, and the Network of Care webpage, [www.calaveras.networkofcare.org](http://www.calaveras.networkofcare.org)
- Provide hard copies at the HHSA/BHS front desks for public access
- Provide hard copies to the Mental Health Services Act Steering Committee
- Submit to local newspaper a legal notice regarding the availability of the Three Year Plan and date of Public Hearing
- Provide hard copies and an electronic copy to the Mental Health Advisory Board members

## COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

- Provide information to the Mental Health Advisory Board and community members at the Public Hearing

### **Public Hearing:**

The Mental Health Advisory Board will host a Public Hearing for input on August 1, 2017 at 4:00 PM at the Calaveras County Mental Health Clinic conference room, 891 Mountain Ranch Road, San Andreas, CA.

### **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 on August 22, 2017.

### **Circulation Methods:**

Prior to the 30-day posting and Public Hearing, copies of the MHSA Three Year Plan will be made available to all stakeholders at the Calaveras County Behavioral Health Services locations and the main branch of the Calaveras County Library. Also, an electronic copy will be posted on both the HHS/BHS MHSA webpage, <http://www.mh.calaverasgov.us/MHSAProp63.aspx>, and the Network of Care webpage, [www.calaveras.networkofcare.org](http://www.calaveras.networkofcare.org)

Comments received during the 30 day public review period and during the Public Hearing are as follows:

Question:

Answer:

-

Welfare and Institutions Code Section 5848 states that Counties shall report on the achievement of performance outcomes related to MHSA components, including Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), and one-time funds including Permanent Supportive Housing, 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, and submit a budget that represents unspent funds from the current fiscal year and projected expenditures for the next fiscal year (*Page 26 planned expenditures associated with each component of MHSA for Fiscal Years 2017-18 to FY 2019/2020*).

## **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 Health and Human Services Agency/Behavioral Health Services. CSS funds each system of care through Outreach and Engagement, System Development, and Full Service Partnership Services (FSP).

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 in 2005. The population for ASOC includes transitional age adults (18+), adults, older adult consumers, and the population for CSOC includes children, youth, and transitional age 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. *Older Adult Outreach:* A Community Services Liaison continues to provide outreach and engagement services targeting the older adult population (55+). 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. In the last 12 months, 45 older adults (unduplicated) have been served with support services including outreach, information and referral, case management and Senior Peer Counseling Program services.

2. **Latino/Hispanic Outreach:** A Community Health Assistant provides peer support, case management, advocacy, outreach and engagement to Latino/Hispanic families in Calaveras County, as well as helps to better understand the mental health system. Services include support to parents participating in parenting support groups in Valley Springs and Angels Camp/Murphys each month, establishing and making referrals and consultations specific to education, job/house seeking, and community resources such as Cal-Works, Food Bank, health clinics and mental health services. Outreach is provided to residents by focusing on identified needs, assisting with linkages to services, and reducing stigma and barriers to services. In the last 12 months, 66 (unduplicated) Latino/Hispanic families of Calaveras County have been provided outreach, establishing and making referrals and consultations, providing case management support services, and staffing support groups in calendar year 2016.
3. **Peer Support Services** include the Living Room Wellness and Recovery Center, a range of Peer Recovery support groups and NAMI Gold County Socialization Program. All services are available as part of Calaveras County's peer driven continuum of care.

Services include:

- **Living Room Wellness and Recovery Cabin:** Since July, 2014 Behavioral Health Services has operated the Mental Health Wellness Cabin. This center is opened four days a week, Monday through Thursday, from 9am to 2pm, 146 West Saint Charles Street, San Andreas – and is the current site for socialization, providing education, resources, outreach and help to people in achieving recovery in a safe and caring place. In the last 12 months a total of 155 participants (unduplicated) have attended the Mental Health Wellness Cabin, with an average of 30 participants each day.
  - *Women's Group, Expressive Art, SAMI Dual Recovery Anonymous, Narcotics Anonymous, Guitar, 12 x 12 Book Study, Daily Living Skills with Wellness and Recovery Action Planning (WRAP), Let it Grow Gardening, So-So Sewing Group, Karaoke, NAMI Bingo, Movie Madness and Arts and Crafts* are weekly peer run recovery support groups that have been offered at the Living Room Wellness Cabin over the last 12 months, with an average of 6 to 8 participants in each group.
  - **NAMI Socialization Program:** The Socialization Program is a peer run program Implemented by NAMI Gold Country that provides activities for consumers that include shopping, bowling, movies, plays, picnics and pizza days. Behavioral Health provides NAMI a contract to cover cost of activities, and also provides transportation. In the last 12 months the NAMI program has provided weekly activities that have average 15 unduplicated consumers each week throughout the year.
4. **Supportive Employment Program:** For the last two years, and with a contract from Behavioral Health, the ARC of Amador and Calaveras has provided job placement and job coaching to

mental health consumers who are current or past BHS clients. ARC Employment Specialists meet interested consumers to identify skills and interests, assist with development of a resume and then matches client with available paid jobs in the community. Once employed, intensive on-site training and consultation is provided which focuses on building skills needed to meet employer productivity requirements, and learning behaviors and acceptance in the social environment of the job setting. As the worker's proficiency increases, the number of hours of assistance decreases throughout the process. Since December 2014, 20 consumers have received job coaching, and this year 2 have been placed in local jobs with job coaching provided ongoing.

5. **Full Service Partnerships (FSP):** The Full Service Partnership (FSP) program helps improve the lives of county residents living with severe mental illness and their families. FSP case management brings together a mix of services that are tailored to each individual's needs – from housing and employment support to 24-hour, 7-day a week service access during crisis periods. As of May 3, 2017, 56 consumers receive FSP services.

FSP Support Services include:

- Assignment of a single point of responsibility case manager
- Access team that provides 24/7 availability
- Linkages to, or provision of, supportive services defined by the client
- "Whatever-it-takes" commitment to progress on concrete recovery goals

Since November 2008, 119 individuals have received FSP services, and a total of 41 received a minimum of one year of FSP support.

Outcomes for these individuals include:

- 67% decrease in psychiatric hospitalization
- 84% decrease in number of days spent in a psychiatric hospital
- 62% decrease in the number of individuals experiencing incarceration
- 62% decrease in the number of days spent incarcerated
- 82% decrease in the number of individuals experiencing arrest

Breakdown by age:

- Child/Youth (ages 0 to 15) – 25%
- Transitional Age Youth (ages 16 to 25) – 24%
- Adult –(ages 26 to 59) - 44%
- Older Adult (age 60+) – 7%

**MHSA Triage Service:** In January 2014, Behavioral Health was awarded a Mental Health Services Oversight and Accountability Commission (MHSOAC) grant to provide a crisis support *Sheriff Liaison* position at the Sheriff Department that provides immediate crisis stabilization help to individuals in a mental health crisis and their families. In June, 2015 –a Triage Case Manager was hired as the Sheriff Liaison for BHS. She responds quickly to dispatchers' calls from officers throughout Calaveras County that are in need of immediate support, and provides the crisis stabilization services that may prevent the need for a psychiatric evaluation at the emergency room. This service reduces the incidence of ongoing crises, and reduces the number of 911 repeat calls from individuals who need assistance.

In February and April, 2016, and February, 2017 – BHS was asked to provide a presentation as part of a panel, along representatives from Dignity Health and Calaveras Sheriff Office for the California Behavioral Health Policy Forum conference and the Mental Health Services Oversight and Accountability to showcase this best practice rural model.

Since June, 2015, 384 unduplicated persons have been served by Triage Case Manager.

*Source: MHSOAC Quarterly Triage encounter report*

From FY 2014/15 to FY 2015/16:

- Decrease of 42% from 2014/2015 to FY 2015/2016 in mental health crisis evaluations at the Calaveras County Jail
- Decrease of 18% in mental health crisis evaluations completed at the Mark Twain Emergency Room
- Decrease of 7% of 5150s completed at Mark Twain Hospital

*Source: Anasazi and BHS hospitalization log records*

**MHSA Supportive Housing Component:** Calaveras Health and Human Services

Agency/Behavioral Health Services received one time MHSA housing funds totaling \$640,867 from the California Department of Health and Human Services (DHCS), pursuant to Proposition 63 (the Mental Health Services Act). Extensive community input was received specific to housing needs for severely mentally ill individuals residing in Calaveras County, and incorporated into the Three Year MHSA Program and Expenditure Plan for FY 2014-15 through 2016-17, which included authorizing the use of these housing funds for supportive housing costs targeting adults with serious mental illness who are homeless or at risk of homelessness. The MHSA Three Year Program and Expenditure Plan was approved by the Board of Supervisors on August 16, 2014.

In January 2016, California Housing Finance Agency (CalHFA) returned all \$640,867 to Calaveras County for local administration of the housing funds. \$70,000 of the \$640,867 had already been set aside and currently in use to cover subsidized rental assistance over a three year period for severely mentally ill clients recently released from a residential care facility and needing housing support, leaving the remaining \$570,867 for the MHSA Transitional Supportive Housing Program. This program has been approved and will be implemented in July 1, 2017, and will provide high quality, safe, and affordable transitional supportive housing services for up to six (6) of the Program's target population, and to offer these participants on-site and off-site supportive services that will enable them to secure permanent housing and meet their personal goals. This program includes a master residential agreement for property management and supportive employment services, plus start-up remodeling costs to ensure the downstairs bedroom and bathroom are Americans with Disabilities Act (ADA) accessible, and creating a fourth bedroom upstairs.

## Prevention and Early Intervention (PEI)

The Prevention and Early Intervention (PEI) component of the MHSA Annual Update includes a range of program areas in these areas: Strengthening Families, Art Therapy, Youth Lesbian/Gay/Bi-Sexual/Transgender Support (LGBT), Veteran Services, and Suicide Prevention and Stigma Reduction trainings.

**First 5 Strengthening Families Program:** With a contract from CHHSA/ BHS, First 5 Calaveras' Strengthening Families Program continues to provide community-based educational services and training for parents, grandparents, and caregivers including those struggling with children or youth who may be at-risk for mental health problems. Services include local educators and child care providers training, parenting seminars, workshops, coaching, counseling and counseling scholarships.

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. Three-fourths of these youth 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.

An independent evaluation of the Strengthening Families program for FY 2015/2016 documented the following:

- 1) 360 unduplicated adults (parents/caregivers, educators and other service providers) attended at least one of 78 offerings focused on parenting/child development/difficult behaviors. 63% of adults attended more than one session. The parents attending had 720 (unduplicated) children, indirectly served.

Strategies identified by parents/caregivers:

*"Being calmer when dealing with meltdowns, tantrums, screaming, lying, stealing".*

*"I will try to praise my child for the positive things she does rather than focus on the negative.  
I will be less reactive to situations."*

- 2) Trainings were offered in English and Spanish and in many locations throughout the county, including isolated, outlying areas. All facilitators were highly qualified.

Parent/caregiver quote:

*"Awesome, Enlightening, Brings Hope!"*

- 3) Parent Cafés, a parent engagement strategy based on the research-based 5 Protective Factors, were piloted in 3 communities and 2 languages, and had positive repeat attendance and parent response.

Parent quote:  
*“I learned that there are a lot of other parents that are going through similar things like me.”*

- 4) West Point Elementary School was supported in its efforts to implement *Mindful Schools* campus wide, a neuroscience approach to teach skills to teachers and children that improve attention, emotional regulation, adaptability, compassion, calming and resilience. Disciplinary referrals were decreased six-fold.

*Quotes from teacher and student:*

*I have a different approach to kids and parents. I am more calm. I ask –  
“What led up to the situation?”*

*Mindfulness helps me when I go to bed and when I am mad. (Grade 2)*

- 5) 25 at-risk parents participated in up to 6 sessions each of Parent Coaching/Counseling with a licensed therapist. These parents had 54 children of all ages. 40% of the parents had a child with special needs, primarily behavioral issues. There was an increased demand for these services this year, possible due to better outreach.

The overall program evaluation shows that this parenting resource for Calaveras County families continues to meet and exceed the service expectations for parent support and education goals:

- There was excellent participation by parents and professionals. For all services offered in FY 15-16, 385 adults (unduplicated) participated (260 parents/caregivers, 99 educators, and 26 other service providers).
- Multiple-session strategies had good retention levels and many participants attended more than one workshop.
- The service provision was geographically and culturally inclusive, and parent-friendly.
- Outcomes continued to be positive and measurable with strong participant confidence in the skill of the facilitators and in their own learning outcomes. Participants reported learning new skills and putting them into practice.
- The program offerings did not remain static, but changed to meet identified community interests. The start-up of the Parent Café model and the intensive work done at West Point School to support Mindful Schools implementation are two examples of this willingness to support promising strategies.

Foster TIP Program: With a contract from CHHSA/BHS, First 5 Calaveras is targeting and supporting foster/kinship/adoptive parents by providing training that specifically meets the identified needs of adults raising at-risk foster children. The stipends provided help to defray transportation and child care costs in order to participate in program. In the last 12 months, 22 adults participated in the TIP Program, attending 122 hours of training and earning stipends.

Parent/caregiver quote:

*“Instead of reacting emotionally to a child, I regulate my stress and notice not their negative behavior, but the fact they are stressed. Talk to them about what is stressing them out. I pinpoint things they are doing right, and pay attention to what I am modeling.”*

Source: *First 5 Calaveras Behavioral Health Services MHS A Parenting Support Program Evaluation FY 2015/2016*

**The Grandparent Project:** The Calaveras County Office of Education’s *Grandparent Project* provides 6 educational support groups in the county as well as individual consultation to grandparents and other caregivers raising children who are relatives - 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, and 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.

Since January, 2016, 44 support groups have been held in the four areas of Calaveras County for 63 (unduplicated) grandparents, and other non-parent relatives raising 71 children, with 46 grandparents/caregivers participating in the four groups on a regular basis. A total of 35 referrals have been made to Behavioral Health services, and 134 referrals to community services including legal support, First 5 Strengthening Families (parenting support services) and Foster Training Incentive Program (TIP), Women’s Crisis Center, childcare resources, Food Bank, Catholic Charities Sparrow Project (for depression support), Child Protective Services (CPS), Sheriff’s Office, Court Appointed Special Advocates (CASA- trained court-appointed advocates who support and advocate for abused or neglected children), Calaveras Mentoring Program, Senior Center, Dental Program, Hospice-Grief Busters and Mind Matters.

Grandparent/Foster parent/caregiver quotes:

*“Love the speakers we have had. My husband and I have learned so much. What a great help for our family.”*

*“The friendships we have made with the other grandparents over the years will last forever - they have become like family.”*

*“Instead of reacting emotionally to a child, regulate MY stress & notice not their negative behavior, but the fact they are stressed. Talk to them about what is stressing them out. Pinpoint things they are doing right. Notice what I am modeling.”*

*“I appreciate the calls from the group leaders; they are caring and always seem to have ideas and resources for me and my family.”*

Source: *Behavioral Health MHS A Survey and Quarterly Narrative Data Report documentation*

**Youth Mentor Program:** With a three year contract from Behavioral Health Services, the Calaveras County Office of Education is matching foster children or children living with grandparents, between the ages of 6 and 18, with caring and qualified well-trained adult mentors.

Since September 2015, 11 foster youth have been matched successfully with a mentor in the Calaveras Youth Mentoring, and 5 more such mentees are on the waiting list. Evaluation of the Youth Mentoring program matches is accomplished through a survey that measures the strength of

connection the youth feels with the mentor and relationship using a research-validated measure (Youth Connectedness Survey). Additionally, interviews are held after three months and then one year of participation with the youth's mentor, foster parents, and teachers.

Overall, all the foster youth participating in the Youth Mentor Program indicate a high level of both youth emotional engagement and youth centeredness (a measure of the degree to which the youth is experiencing a supportive relationship with their mentor), and the interviews of the mentors, teachers and caregivers report consistently that after 3 months, the mentees are "much better" in the categories of self-confidence, ability to express feelings, classroom behavior, academic performance, ability to make decisions, level of trust toward the mentor and other adults, and attitude toward the future.

*Source: Survey, interview and progress report documentation*

**Artistic Rural Therapy (ART) Program:** The Art Therapy Program contracts to provide art therapy workshops titled *Teen Art and Self Discovery* and *Healing through Expressive Arts* for at-risk youth and adults with mental illness. These workshops utilize a variety of artistic expression that results in new coping skills, management of emotions, and self-confidence skill building for at-risk youth and adults.

In the last 12 months weekly youth workshops have been held with an average of 6 to 8 participants, and 21 adult workshops have been held for an average of 8 to 10 adults since November, 2015.

Results from the 56 surveys completed in FY 2016/2017 as follows:

- 87% of ARTS participants report high levels of satisfaction with the groups' subject matter and facilitators.
- 73% convey improved emotional wellbeing after completion of the group sessions that includes better relationships with others, more involved in the community, better understanding of themselves, more confidence, increased hope for the future, interest in new things, closer to personal goals, and feel better about themselves.
- 100% would recommend these groups to others.

*Source: MHSA Survey and attendance rosters documentation*

**Breaking Down the Walls:** Calaveras County Office of Education, with a contract from CHHSA/BHS, implemented *Breaking Down the Walls*, a bullying prevention strategy, at both Toyon Middle School and Bret Harte High School. In *Breaking Down the Walls*, a pre-selected group of students is trained to become small group facilitators. Leaders were trained to facilitate important exercises and discussion throughout the program. Then, the entire student body is engaged through a school-wide assembly in which a dynamic speaker uses compelling stories, humor, and probing questions about how students see themselves on campus and how they interact with their peers and teachers on a daily basis. Over

*"After three months of friendship, the mentee reported to the Mentoring Program that "every day is a great day when I'm with my mentor." She feels like "[she] knows that [her mentor] will always be there to cheer her up." The mentor reported that her mentee is a very enjoyable friend."*

*"[My mentor] is there for me. He's fun and teaches me to do new things."*

*"After three months of friendship, the mentee reported that her mentor is "calm and relaxed," and that their friendship is "exciting." The mentor reported that she admired her mentee for being "thoughtful, sensitive, and always looking out for other people and animals."*

the next several days, close to 150 different students at each campus worked with facilitators and the trained student leaders in an all-day workshop. Together, students built a common sense of purpose and identity to improve compassion and respect on campus.

Breaking Down the Walls students' quotes:

*"It was a way of learning about others and how to treat everyone kindly."*  
*"Meeting new people and trying to learn you're not alone and there's always someone that you can talk to."*  
*"Getting to know people and start to understand people and learn you are not alone."*  
*"It will give you the strength to feel happy, connected, sad (when you need to be), and unforgettable."*  
*"To see your situation isn't unique and to learn about people that you once judged so that you no longer want to judge them."*  
*"It was about getting to know people and how your actions can affect them."*  
*"About coming together as a school and learning new things about each other, to be more friendly and kind."*  
*"Meeting new people and getting to know them, to stop bullying and labeling, and to be nicer."*  
*"Learning how to play fair and be nice and consider other people's feelings"*  
*"I would say it's about forgetting everyone's differences and bringing everyone together as one."*

*Source: Breaking Down the Walls survey documentation*

**Veteran Services:** Twice a month veterans are meeting informally to provide support when needed to veterans with stress, trauma and P Post Traumatic Stress Disorder (PTSD) symptoms.

"Veterans Night" was organized by a group of local veterans who are receiving support from a contracted clinician when helping skills are needed for this new service. Veterans across Calaveras County are invited to participate. Since September, 2015, 35 veterans (unduplicated) have participated in Veterans Night since September, 2015, with an average of 17 veterans at each event.

Women Who Love Veterans Support Group, facilitated by a local psychologist and two veteran volunteers, has been added in March 2017 to provide support to women whose spouses and family members of local veterans or active duty military are facing mental health challenges in adjustment to civilian life. Evaluation data for this new support group will be available over the next year.

*Source: Attendance rosters*

**LGBT Support:** With a contract from BHS, a local therapist provides bi-weekly community support group facilitation to youth identified as lesbian, gay, bisexual, and/or transgender (LGBT), in order to improve wellbeing, increase confidence/self-esteem, increase support network, and gain coping skills.

Starting in March, 2017 the support group was moved from Murphys' First Congregational United Church of Christ Church to both Bret Harte and Calaveras High Schools twice a month to ensure all high school youth attending public schools in Calaveras County can participate. 25 students have attended in the first month of implementation at the high schools.

Surveys completed in calendar year 2016:

- 87% very satisfied with support group facilitator
- 75% very satisfied with support group overall
- 63% state support group has improved emotional wellbeing
- 100% would recommend this group to others

Quotes regarding group facilitator:  
"He is a very good listener."  
"Encourages the teens to interact"  
"He's approachable"  
"It helped me think and figure things out"  
"Fun, cool 10 out of 10- like the facilitator"  
"Appreciate his passion and involvement"

Source: Attendance rosters and Survey documentation.

## **Suicide Prevention/Stigma Reduction Community Trainings**

Question Persuade and Refer (QPR): Gatekeeper training targets a broad range of individuals, such as school staff, students and parents, employers, faith-based and spiritual leaders, community-based service staff, individuals with mental illness and/or substance abuse problems and natural community helpers. Using Question, Persuade, and Refer (QPR), community trainers target individuals and groups for training to help recognize and review risk, and intervene to prevent the immediate risk of suicide. Two new contractors that work with Calaveras schools will provide QPR ongoing to school personnel and students beginning in July 2017.

Since 2010, 1072 persons have been trained in the QPR method, and groups receiving training include students, staff and parents in Calaveras and Bret Harte high schools and the Calaveras River Academy; FNL Mentoring youth; service clubs; service organizations including Resource Connection's Food Bank and Crisis Center staff and Area 12 Agency on Aging staff; two convalescent hospitals and home care staff; and Behavioral Health Services consumers, staff and volunteers including a range of Substance Abuse Program groups, Perinatal support groups, Spanish speaking support group in Murphys, a bipolar support group, and Senior Peer Counselors.

*Participant quotes:*  
"This training helps a lot towards understanding more about suicide and ways to help prevent it."  
"This was very educational."  
"It's truly terrifying how serious suicide is but I feel a lot better being better prepared"

Source: Behavioral Health MHSA survey and attendance roster documentation

Mental Health Crisis Training for School Personnel: Mandatory one day training has been held two years in a row (September 2015 and September 2016) for county-wide school based and other mental health staff in the PREPaRE Curriculum – which provides mental health professionals and other school crisis intervention team members with the knowledge necessary to meet the mental health needs of students and staff following school-associated crisis events. Overall, the PREPaRE training provided skill development as well as new opportunities for strengthened collaboration among schools, behavioral health, law enforcement and other county agencies. A list of recommendations was developed for programs and tools to enhance psychological safety in our schools and community.

Since the trainings, three countywide Student Mental Health collaborative meetings have taken place. The collaborative includes school administrators and counselors, Special Education staff, county

mental health administrators and service providers, law enforcement, and agencies such as First 5 and The Resource Connection. The meetings have greatly improved communication among agencies working with youth who are in crisis, and have resulted in the creation of countywide crisis protocols for students at risk for suicide and students who may pose a threat to others. 16 school administrators, counselors, psychologists, teachers and BHS clinical staff received the training in September 2016, and 38 in September 2015.

100% of the participants at both trainings agreed or strongly agreed that every aspect of the two workshops met objectives of training. People most enjoyed the opportunity for countywide collaboration, the relevance and interactive nature of both workshops, the resources made available, and the presenters.

*Source: PREPaRE surveys and attendance roster documentation.*

*In Our Own Voice (IOOV)*: With a contract from Behavioral Health, NAMI Gold Country has implemented the stigma reduction program for Calaveras County titled “In Our Own Voice” by people living with mental illness. Presentations were held for Argonaut High School students at the two Argonaut High School freshman Health classes, Probation staff, Living Room participants and Perinatal Substance Abuse clients.

Since July 2015, 154 individuals from Behavioral Health Services staff, Mental Health Board, NAMI chapters in Calaveras and Amador, Probations Department, Argonaut High School, Living Room consumers, Resource Connection, Behavioral Health Perinatal Substance Abuse and Calaveras Health and Human Services staff have all received an *In Our Own Voice* presentation.

NAMI survey results from IOOV participants:

- 96% recovery from mental illness is possible
- 88% comfortable with working with someone who has a mental illness
- 70% symptoms of mental illness are separate from the person who has the illness
- 86% do not believe mental illness is anyone’s fault
- 88% this presentation was helpful
- 78% new information has been learned
- 92% would recommend this program to others

Quotes from participants when asked what they learned from the IOOV presentation:

*“Always reach out and encourage others to keep an open mind to personal mental health.”*

*“Be more understanding.”*

*“I have a different view of mentally ill people now.”*

*“To think before speaking and think before judging.”*

*“I learned to accept people with mental illness.”*

*“Continuing to talk openly about mental illness and try to break the stigma associated with mental illness.”*

*“I am hoping to get more of my family & friends on board with becoming better educated with mental illness.”*

*“Be more forgiving and less critical.”*

*“Continue to be open minded in acceptance, work towards making personal changes.”*

*Source: NAMI Survey and attendance roster documentation*

*Crisis De-escalation Training and Crisis Intervention Training (CIT):* A contractor from Yolo County provided four Crisis De-Escalation trainings in the last year - providing participants with an understanding of individuals in crisis that suffer from a mental illness, and how to de-escalate a potentially volatile situation that results in positive outcomes. At the same training, an instructor from San Francisco's Combat to Community organization provided insight and training on how to work with local veterans in crisis. 92 Sheriff Officers, Probation staff, Highway Patrol officers, Angels Camp Police Department officers, Veterans and social workers from Health and Human Services Agency have been trained.

A three-Day CIT Training provided skills and resources to police officers and other public safety first responders in dealing with individuals experiencing a mental health crisis. Training included lectures, role play, and demonstrations, and features experienced trainers from law enforcement, service providers, NAMI, consumers and family members. 32 participants, including Sheriff, Angels Police Department, Hwy Patrol officers, Probation officers, Fire fighters, BHS crisis case managers, Sierra Conservation chaplains, and five local Veterans received CIT Training on February 29, March 1 and March 2, 2016.

Of the 31 surveys completed results show the following:

- 93% rated very useful specific to the overview of mental illness provided
- 93% rated very useful specific to officer safety information provided
- 100% stated they would recommend this CIT Course to a co-worker
- 97% scored excellent – when rating the level of the facilitator's competency

Participants Quotes:

*"Great job"*

*"Thank you for your experience and your advocacy"*

*"Great interactions great content"*

*"Learned a lot from each presentation, all subject matter experts and presenters were great. Very good subject matter"*

*"I have never attended a more engaging training" "The information was all very helpful"*

*"As a county mental health worker, I appreciate the opportunity to see, hear, and learn about the impact of trauma on first responders from this perspective"*

*"Personal stories were amazing! They really brought home the reality of all the topics"*

Source: MHSA surveys and attendance roster documentation

*Mental Health First Aid (MHFA)/Youth Mental Health First Aid (YMHFA) Training:* Three local contractors for Behavioral Health provide Mental Health First Aid trainings to Calaveras residents. Participants receive an 8 hour education course, and learn a five 4-step plan encompassing the skills, resources and knowledge to help an individual in mental health related crisis connect with appropriate professional, peer, social and self-help care. 175 Calaveras High School Peer Mentors, Perinatal Substance Abuse BHS clients, HHSA Social Services/CalWorks staff, teachers and school administrative staff, county residents, Sheriff Office Jail and In-Home Support Services staff have received training since July, 2015.

In the last 12 months, three MHFA instructors trained 86 persons – below are the MHFA survey results after the course concluded:

- 94% -course goals and objectives were achieved
- 97% -course content was practical and easy to understand
- 98% -instructor demonstrated knowledge of material presented, and facilitated discussion in a clear and effective manner
- 95% -can now recognize the signs that someone may be dealing with a mental health problem or crisis
- 95% - would now offer a distressed person basic “first aid” level information and reassurance about mental health problems
- 92% - would now assist a person who may be dealing with a mental health problem or crisis to seek professional help
- 97% -would now recognize and correct misconceptions about mental health and mental illness
- 99% would recommend this course to others

Source: MHSA survey and attendance rosters

Participants Quotes:

*“Great information. Hoping to apply this in my daily work”*  
*“Extremely informative and insightful. This was an excellent course and I would recommend all public service employees should take.”*  
*“It is a course needed for all persons working with children and young adults. It is significant for educators to understand the signs in behaviors that they see. This would also benefit parents and should be offered when a pattern of behaviors arise, before concerns develop.”*  
*“The resources were worth coming in for, including the workbook. I am now confident to approach someone who may be in crisis.”*

**Kognito:** Calaveras County Office of Education, with a contract from CHHSA/BHS, provided *Kognito*, an online, on-demand, interactive Avatar training in how to support student mental health (as part of the county's "Eliminating Barriers to Learning" trainings) to all districts as an educational tool for their teachers and support staff. *Kognito's* suite of gatekeeper training programs use virtual role-play to increase the learners' comfort and competency to identify, approach and refer students showing signs of psychological distress, including anxiety, depression and suicidal ideation. In the last 12 months, 76 people have completed the training – 59 at the high school level, 13 at the middle school level, and 4 at the elementary level.

Source: CCOE progress report documentation

## 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, CHHSA/BHS may implement the service ongoing through another MHSA funding component

### **Integrated Dual Diagnosis Project:**

In 2016 the Integrated Dual Diagnosis Project trained and supported 3 peers and they ran weekly

support groups that provided peer support to dual diagnosis consumers suffering with substance abuse and mental illness and live in Calaveras County. The trained volunteers continue to meet monthly with the Integrated Treatment Services Case Manager for ongoing peer support and professional consultation.

Another important component to this project that supports this self-help model has been the integration of mental health and substance abuse services through the implementation of integrated clinical treatment processes. An Integrated Dual Diagnosis Treatment (IDDT) Team provides assessment, treatment, case management services and peer-support for consumers with co-occurring serious mental illness and substance abuse/dependence. This multidisciplinary team consists of the lead case manager, a substance abuse counselor, a clinician specialized in dual treatment and peer specialist staff - and consulting with the psychiatrist and psychiatric nurse.

In the last 12 months:

- 6 peers have been trained to provide weekly peer-support IDDT groups over the last year and a half. 2 groups have been transitioned to the Living Room in San Andreas twice a week in January, 2017, with an average of 8 to 12 participants.
- 35 BHS clients with substance abuse and mental illness are receiving integrated dual diagnosis clinical treatment.

Learning for Action (LFA) is conducting the evaluation of the Peer Support Groups component of the IDDT project, which will be completed by end of April, 2017. The evaluation includes analysis of survey data gathered from consumers that participated in the peer support groups and from the peers that facilitated the groups; focus group data gathered from one support group and from peer facilitators; attendance records; and notes from the ongoing training sessions led by staff.

Preliminary Consumer Support Group Participant Summary Results:

Program staff was able to collect surveys from 37 support group participants that attended support groups in four locations. Notable results include:

- 97% of consumer survey respondents said that the location of the support group was convenient for them.
- 67% reported that they were connected to “some” or “many” new services by their peer facilitator.
- 94% reported that their peer facilitator encouraged them to attend the support group.
- 91% reported that their peer facilitator made it easier for them to seek out other services they needed.
- 94% reported that their peer facilitator made it easier for them to participate in the group.
- 91% reported that they were “satisfied” or “very satisfied” with their peer support group.
- 97% reported that they would recommend the support group to others.

Consumer Support Group Participant

*“We are really close. The whole group when everybody is here. There's no judgement passed at all, it's awesome. It really is.”*

Consumer Support Group Participant

*“[The Peer Facilitator] helps you reach your goals. She does. She helps you until you reach the goal and helps to set a goal that isn't too much.”*

When reflecting on how they felt before coming to the support group and how they felt at the time they took the survey, consumer survey respondents reported the following:

- 73% said the hope they feel for the future is “a little better” or “much better” than before.

- 68% said their ability to reach their goals is “a little better” or “much better” than before.
- 68% said their clearness in thinking is “a little better” or “much better” than before.
- 65% said their interest in new things is “a little better” or “much better” than before.
- 60% said their quality of life is “a little better” or “much better” than before.

**Consumer Support Group Participant**

*We don't judge each other because we know we've been there. It's so easy to go right back. It's too easy to go back than it is... Let's put it this way. It's easier for me to walk backwards than it is for me to walk forwards. This group makes me walk forwards and not backwards.*

**Peer Facilitator Summary Results:**

Six peer facilitators submitted surveys and participated in a focus group. Results include:

- 100% of peer facilitators were “very satisfied” with the training they received to become a peer facilitator.
- 100% of peer facilitators were “very satisfied” with the support they received as a peer facilitator overall.
- 100% of peer facilitators would recommend being a support group facilitator to others.

**Peer Facilitator**  
*“The training was beyond what you could've imagined. It was excellent.”*

*Source: BHS staff case management and LFA evaluation reports that include facilitator and consumer surveys and focus group documentation.*

**Workforce Education and Training (WET)**

Since 2009, per the Workforce Education and Training (WET) component of the MHSA plan, CHHSA/BHS continues to sponsor a *Psychosocial Rehabilitation Certificate Program* at Columbia College for consumers, family members, and BHS staff of Calaveras County, with transportation services and books provided. Since 2009, 87 consumers, family members, and CHHSA/BHS staff have enrolled in the peer support classes to date and have received tuition assistance.

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 MHSA populations and therapeutic interventions, as well as the MHSA essential elements. Staff trainings in FY 2016/2017 included *Across Cultures Panel – Cultural Competency Training*, *Dyadic Developmental Psychotherapy Training* (4 days) and a mandatory, day-long training on *Law and Ethics*.

**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. CHHSA/BHS has the option to dedicate additional funds to Technology Needs or may continue to reserve its Capital Facilities funds for a future project.

Funds from CF/TN, with community input from MHSA Annual Updates and MHSA 3 Year Plans over the last four years, have been spent for CHHSA/BHS services and supports as follows:

- Anasazi, an electronic medical record and mental health service billing system, was purchased in 2012. Staff training continues with the electronic records system with a focus on assessments, use of electronic signature pads, document imaging, performance outcome tools for both adults and children, and additional modules to improve usability.

- Computers and internet services were purchased and implemented 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 areas.
- This year, funds for technological equipment for the Living Room Wellness and Recovery Center were allocated for staff and client computers, a printer, Comcast Wi-Fi, DVD players, television, a security system that includes video cameras and panic buttons, phones for both staff and consumers, and technology training in word/excel/PowerPoint.

In FY 2017/18, plans are to use the remaining one-time allocation of technology funds in the CF/TN budget for policy procedure software and license agreement, stand up computers and a new copy/printer.

### Significant Changes for FY 2016-2017

CHHSA/BHS is recommending to implement the following new programs under the Community Support and Services (CSS) and the Prevention and Early Intervention (PEI) Components in the next fiscal year, based on the input obtained through the community planning process for the MHSA Three Year Plan 2017-2018 through 2019-2020, and the MHSA Annual Update FY 2016-2017:

1. MACT Health Board, Inc., a tribal consortium providing Medical, and Dental services to American Indians and Alaskan Natives as well as Non-Native patients in Calaveras, will receive an MHSA funded contract to provide PEI mental health program services in this primary care setting to Native American patients, providing preventative mental health care (including *assessment and short-term therapeutic interventions*) one day a week by a licensed therapist. In addition, pregnant Native and Non-Native patients of the MACT Clinic will be targeted for education, support and treatment in order to reduce stress and maintain mental health in the mother and infant throughout pregnancy.
2. Through a Memorandum of Understanding (MOU) with the Calaveras County Health and Human Services Veterans Services Office, and with MHSA CSS funding, the Veterans Services Officer will supervise a part-time *Veterans Outreach Specialist* to provide outreach and engagement services to isolated veterans, arrange for veteran trainings, and provide information on mental health and community resources available to local veterans and their families. The Veterans Outreach Specialist will also strengthen and enhance the collaboration among community-based organizations serving veterans in Calaveras County, and ensure that these organizations are well informed about each other's services and thus better equipped to support local veterans.
3. Kevin Hines, a survivor suffering from Bipolar Disorder who jumped off the Golden Gate Bridge in 2000, will be providing a *Suicide Prevention and Recovery Presentation* on October 18<sup>th</sup>, at 6:00pm at the Bret Harte Theatre at no cost to the community, funded by the MHSA PEI component.
4. With MHSA PEI component funds, First 5 Strengthening Families is planning to provide a trauma focused training for local area professionals. The training will build upon the existing efforts to create a trauma-informed community, with the speaker and topic to be determined.
5. Calaveras County Office of Education, with a contract from CHHSA/BHS, will support the implementation of the *Sources of Strength* Program in Bret Harte High School. *Sources of Strength* is a strength-based comprehensive wellness program for high school youth that

focuses on suicide prevention but impacts other issues such as mental illness, substance abuse, and violence. The program is based on a relational connections model that uses teams of peer leaders mentored by adult advisors to change peer social norms about help seeking and encourages students to individually assess and develop strengths in their life.

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act  
Funding Summary**

County: Calaveras

Date: 6/21/17

	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
<b>A. Estimated FY 2017/18 Funding</b>						975,189
1. Estimated Unspent Funds from Prior Fiscal Years	4,584,578	1,200,000	339,000	45,000	45,000	
2. Estimated New FY2017/18 Funding	2,150,000	568,000	145,000			
3. Transfer in FY2017/18a/	0			0	0	0
4. Access Local Prudent Reserve in FY2017/18	0	0				0
5. Estimated Available Funding for FY2017/18	6,734,578	1,768,000	484,000	45,000	45,000	
<b>B. Estimated FY2017/18 MHSA Expenditures</b>	2,150,000	698,950	186,000	45,000	45,000	
<b>C. Estimated FY2018/19 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	4,584,578	1,069,050	298,000	0	0	
2. Estimated New FY2018/19 Funding	2,193,000	579,000	145,000			
3. Transfer in FY2018/19a/	0			0	0	0
4. Access Local Prudent Reserve in FY2018/19	0	0				0
5. Estimated Available Funding for FY2018/19	6,777,578	1,648,050	443,000	0	0	
<b>D. Estimated FY2018/19 Expenditures</b>	2,193,000	703,210	194,000	0	0	
<b>E. Estimated FY2019/20 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	4,584,578	944,840	249,000	0	0	
2. Estimated New FY2019/20 Funding	2,236,000	591,000	145,000			
3. Transfer in FY2019/20a/	0			0	0	0
4. Access Local Prudent Reserve in FY2019/20	0	0				0
5. Estimated Available Funding for FY2019/20	6,820,578	1,535,840	394,000	0	0	
<b>F. Estimated FY2019/20 Expenditures</b>	2,236,860	705,447	203,000	0	0	
<b>G. Estimated FY2019/20 Unspent Fund Balance</b>	4,583,718	830,394	191,000	0	0	

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2017	975,189
2. Contributions to the Local Prudent Reserve in FY 2017/18	0
3. Distributions from the Local Prudent Reserve in FY 2017/18	0
4. Estimated Local Prudent Reserve Balance on June 30, 2018	975,189
5. Contributions to the Local Prudent Reserve in FY 2018/19	0
6. Distributions from the Local Prudent Reserve in FY 2018/19	0
7. Estimated Local Prudent Reserve Balance on June 30, 2019	975,189
8. Contributions to the Local Prudent Reserve in FY 2018/19	0
9. Distributions from the Local Prudent Reserve in FY 2018/19	0
10. Estimated Local Prudent Reserve Balance on June 30, 2020	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 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act  
Community Services and Supports (CSS) Component Worksheet**

County: Calaveras

Date: 6/21/17

	<b>Fiscal Year 2017/18</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CSS Funding</b>	<b>Estimated Medi Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>FSP Programs</b>						
1. Children's System of Care (CSOC)	590,000	359,000	231,000			
2. Adult System of Care (ASOC)	525,000	419,000	106,000			
<b>Non-FSP Programs</b>						
1. CSOC System Development/Outreach	580,000	282,000	298,000			
2. ASOC System Development/Outreach	537,000	422,000	115,000			
3. Wellness and Recovery Center	186,000	186,000	0			
<b>CSS Administration</b>	482,000	482,000				
<b>CSS MHSA Housing Program Assigned Funds</b>	180,000	0				180,000
<b>Total CSS Program Estimated Expenditures</b>	3,080,000	2,150,000	750,000	0	0	180,000
<b>FSP Programs as Percent of Total</b>	51.9%					

	<b>Fiscal Year 2018/19</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CSS Funding</b>	<b>Estimated Medi Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>FSP Programs</b>						
1. Children's System of Care (CSOC)	597,180	366,180	231,000			
2. Adult System of Care (ASOC)	533,380	427,380	106,000			
<b>Non-FSP Programs</b>						
1. CSOC System Development/Outreach	585,640	287,640	298,000			
2. ASOC System Development/Outreach	545,440	430,440	115,000			
3. Wellness and Recovery Center	189,720	189,720	0			
<b>CSS Administration</b>	491,640	491,640				
<b>CSS MHSA Housing Program Assigned Funds</b>	180,000	0				180,000
<b>Total CSS Program Estimated Expenditures</b>	3,123,000	2,193,000	750,000	0	0	180,000
<b>FSP Programs as Percent of Total</b>	51.6%					

	<b>Fiscal Year 2019/20</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CSS Funding</b>	<b>Estimated Medi Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>FSP Programs</b>						
1. Children's System of Care (CSOC)	604,504	373,504	231,000			
2. Adult System of Care (ASOC)	541,928	435,928	106,000			
<b>Non-FSP Programs</b>						
1. CSOC System Development/Outreach	591,393	293,393	298,000			
2. ASOC System Development/Outreach	554,049	439,049	115,000			
3. Wellness and Recovery Center	193,514	193,514	0			
<b>CSS Administration</b>	501,473	501,473				
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	2,986,860	2,236,860	750,000	0	0	0
<b>FSP Programs as Percent of Total</b>	51.3%					

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act  
Prevention and Early Intervention (PEI) Component Worksheet**

County: Calaveras

Date: 6/21/17

	<b>Fiscal Year 2017/18</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated PEI Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>PEI Programs - Prevention</b>						
1. Suicide Prevention and Stigma Reduction	343,750	343,750				
2. Strengthening Families	250,000	250,000				
3. Artistic Rural Therapy Program	20,000	20,000				
<b>PEI Administration</b>	85,200	85,200				
<b>PEI Assigned Funds</b>	0					
<b>Total PEI Program Estimated Expenditures</b>	698,950	698,950	0	0	0	0

	<b>Fiscal Year 2018/19</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>		<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>PEI Programs - Prevention</b>						
1. Suicide Prevention and Stigma Reduction	353,750	353,750				
2. Strengthening Families	240,000	240,000				
3. Artistic Rural Therapy Program	20,000	20,000				
<b>PEI Administration</b>	89,460	89,460				
<b>PEI Assigned Funds</b>	0					
<b>Total PEI Program Estimated Expenditures</b>	703,210	703,210	0	0	0	0

	<b>Fiscal Year 2019/20</b>					
	<b>A</b>		<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated PEI Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>PEI Progr:</b> Enter the estimated Local Prudent Reserve balance on June 30, 2017. The rest of the cells are automatically calculated.						
1. Suicide Prevention and Stigma Reduction	353,750	353,750				
2. Strengthening Families	240,000	240,000				
3. Artistic Rural Therapy Program	20,000	20,000				
<b>PEI Administration</b>	91,697	91,697				
<b>PEI Assigned Funds</b>	0					
<b>Total PEI Program Estimated Expenditures</b>	705,447	705,447	0	0	0	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act  
Innovations (INN) Component Worksheet**

County: Calaveras

Date: 6/21/17

	<b>Fiscal Year 2017/18</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>INN Programs</b>						
1. Integrated Treatment Services	225,000	161,000	64,000			
<b>INN Administration</b>	25,000	25,000				
<b>Total INN Program Estimated Expenditures</b>	250,000	186,000	64,000	0	0	0

	<b>Fiscal Year 2018/19</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>INN Programs</b>						
1. Integrated Treatment Services	230,000	166,000	64,000			
<b>INN Administration</b>	28,000	28,000				
<b>Total INN Program Estimated Expenditures</b>	258,000	194,000	64,000	0	0	0

	<b>Fiscal Year 2019/20</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>INN Programs</b>						
1. Integrated Treatment Services	235,000	171,000	64,000			
<b>INN Administration</b>	32,000	32,000				
<b>Total INN Program Estimated Expenditures</b>	267,000	203,000	64,000	0	0	0



