

Calaveras Health and Human Services Agency Behavioral Health Services

Mental Health Services Act FY 2016/17 Annual Update

POSTED FOR PUBLIC COMMENT

July 28- August 28th, 2016

The MHSA FY 2016/2017 Annual Update is available for public review and comment from July 28, 2016 through August 28, 2016. We welcome your feedback via phone, in person, or in writing. Comments may also be made during the Public Hearing to be held on Tuesday, September 6, 2016.

Public Hearing Information

Tuesday, September 6, 2016, 4:00pm
Calaveras County Behavioral Health Services
Mental Health Clinic Conference Room
891 Mountain Ranch Road, San Andreas, CA.

Comments or Questions? Please contact:

Susan Sells

MHSA FY 2016/17 Annual Update

Calaveras County Behavioral Health Services
891 Mountain Ranch Road, San Andreas, CA
Phone: 209-754-2810; Fax: 209-754-6597

ssells@co.calaveras.ca.us

Thank you!

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MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Calaveras

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

Local Mental Health Director	County Auditor-Controller/City Financial Officer
Name: John Lawless, LCSW Telephone Number: 209-754-6597 E-mail: JLawless@co.calaveras.ca.us	Name: Rebecca Callen Telephone Number: 209-754-6348 E-mail: RCallen@co.calaveras.ca.us
Local Mental Health Mailing Address: Calaveras Health and Human Services Agency/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.

John Lawless, LCSW
 Local Mental Health Director (PRINT)

 Signature Date

I hereby certify that for the fiscal year ended June 30, ---, 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

¹Welfare and Institutions Code Sections 5847(b) (9) and 5899(a)
 Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)

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 44,828. 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:

- 82.1% White alone, not Hispanic or Latino
- 1.0% African American
- 1.9% American Indian/Alaska Native
- 1.5% Asian American
- 0.2% Hawaiian
- 11.5% Hispanic/Latino
- 3.5% Reporting 2 or More Races
- 25.1% Over 65 Years Old
- 13.7% Live Below the Poverty Level
- 18,702 Households
- 4,926 Veterans, 2010-2014
- \$29,296 Per capita money income in the last 12 months
- \$54,936 Median household income, 2010-2014

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 (25.1% in Calaveras compared to 12.9% 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: 2015 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 Annual Update

The intent of the MHSA Annual Update is to provide the public a projection for Fiscal Year 2016/2017 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 Annual Update update provides a progress report of CHHSA/BHS MHSA activities for the previous year, as well as an overview of current or proposed MHSA programs planned for Fiscal Year 2016/2017.

Direction for Public Comment

CHHSA/BHS is pleased to announce the release of Calaveras County's MHSA Annual Update for FY 2016-2017. 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 July 28, 2016 and August 28, 2016. A copy of the Plan will be posted on the www.calaveras.networkofcare.org webpage 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 Annual Update on September 6, 2016 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 or by calling 209-754-2810 during the 30-day public review period.

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

Public Comment Period: July 28 to August 28, 2016

Date of Public Hearing: September 6, 2016

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 (CPP) process for development of all components included in the annual update/report is described below; including the methods used to obtain stakeholder input.

The Community Program Planning (CPP) process for the development of the MHSa FY 2016-2017 Annual Update builds upon the planning process that we utilized for the development of the most recent MHSa FY 2015-2016 Annual Update and MHSa FY 2014-2017 Three-Year Plan, 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 1,600 stakeholders have participated in the planning process since 2005 (an eleven 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 Annual Update, the CHHSA/BHS MHSa Coordinator conducted a community program planning process for two months (May and June 2016). 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 in the next year. Focus groups and key informant interviews 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. 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 past MHSa Assessment surveys results from individuals working and living in Calaveras County that was obtained for the MHSa Three-Year Plan FY 2014-2017 and last year's FY 2015/16 MHSa Annual Update. With this compiled information, we were able to determine the unique needs of our community and continue MHSa programs and services that are well designed for our county. The combination of focus groups, key informant interviews, and the 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 annual updates.

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

Stakeholders over the last three years 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
- Underserved representatives including Spanish-speaking Latinos & Native Americans
- Current staff of CHHSA/BHS
- Current staff of Calaveras Health and Human Services Adult and Child Protective Services, Foster Care and CalWorks, as well as partner agencies/organizations including Sheriff's Department, Probation, First 5 Calaveras, Calaveras County Office of Education and Veteran advocates.

Top concerns/priorities taken from the community surveys, key informant interviews, and focus groups over the last three years:

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

Barriers:

- lack of affordable housing, including licensed board and care facilities;
- substance abuse;
- limited transportation county-wide;
- limited employment options for consumers;
- homelessness;
- persons with mental illness suffer from poor health and chronic health conditions;
- limited awareness regarding mental illnesses and the criminal justice system.

Issues:

- need increased help with housing for consumers;
- need help for consumers to access SSI and health insurance;
- concerns regarding the Living Room Wellness and Recovery Center operations;
- community and staff education/training/information needed specific to understanding mental illness, stigma related to mental illness, and how trauma impacts recovery;
- increase suicide prevention and intervention services;
- need to allow families of consumers to provide input regarding mental health treatment and case management needs;
- increase parenting/family/children services, including childcare and respite services;
- increase bilingual behavioral health staff and services;
- increase access and timeliness to mental health services, including medication support and monitoring;
- increase case management needed, including full service partnership (FSP) services;
- create a Mental Health Court;
- ensure annual evaluation/outcome review of MHSA funded programs;
- life coaches/mentors recommended for consumers;
- open Living Room Wellness and Recovery Center on Friday, and provide more space;
- strengthen recovery and wellness focus with staff.

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

Local Review Process

The methods below will be used to circulate, for the purpose of public comment, the MHSA Annual Update 2016-2017.

30-Day Review Process:

This Annual Update will be posted for 30-day public review and comment, from July 28, 2016 to August 28, 2016.

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

- Post an electronic copy on Calaveras Network of Care webpage (calaveras.networkofcare.org)
- Provide hard copies at the CHHSA/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 Annual Update and date of Public Hearing
- Provide hard copies and an electronic copy to the Mental Health Advisory Board members
- 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 September 6, 2016 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 in late September, 2016.

Circulation Methods:

Prior to the 30-day posting and Public Hearing, copies of the MHSA Annual Update 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 the Calaveras Network of Care webpage (www.calaveras.networkofcare.org).

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

Note comments to be included at the end of the 30 day period from the Public Hearing held on September 6th.

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**



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 21 planned expenditures associated with each component of MHSA for Fiscal Year 2016-17*).

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.

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. A Community Services Liaison (CSL) staff 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 year, 26 (unduplicated) older adults have been served with support

services, including senior peer counseling services, outreach, and information and referral support.

2. A Community Services Liaison (CSL) provides *peer support, case management, advocacy, outreach and engagement to Latino/Hispanic families* in Calaveras County, as well as providing a better understanding of the mental health system. Services include 2 support groups in Valley Springs and Murphys each month, information and referrals 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. 63 (unduplicated) Latino/Hispanic families of Calaveras County have been provided outreach, information and referral, support groups and case management support services in FY 2015/2016.
3. Peer Support Services include the Living Room Wellness and Recovery Center, a range of Peer Recovery support groups, home visits by Peer Support Specialists to isolated adults with mental illnesses, 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 Center*, a peer run center, is held weekly from Monday through Thursday from 9am to 2pm, and located at 373 West Saint Charles Street in San Andreas. This is the current site for socialization, providing education, resources, outreach, and help to people in achieving recovery in a safe and caring place. A total of 155 participants (unduplicated) have attended the Living Room Recovery and Wellness Center, with an average of 30 each day in FY 2015/2016.
- *Women's Group, Men's Processing Group, Expressive Art, Dual Recovery Anonymous, Alcohol Anonymous, Creative Hearts Art, Self-Exploration, Hip Hop Dance, Guitar, Wellness & Recovery (WRAP), Walking 4 Your Health, Karaoke, and Scrap Booking Crafts* 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, plays, picnics and pizza days. These social activities help consumers avoid isolation and develop supportive relationships with peers. The program sponsored 48 activities with a weekly average of 15 (unduplicated) consumers in FY 2015/2016. Behavioral Health provides NAMI a contract to cover cost of activities, and also provides transportation.

4. *Supportive Employment Program:*

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 March, 2014, 19 consumers have received job coaching, and 6 have been placed in local jobs with ongoing job coaching provided.

Full Service Partnerships Program

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 a 24-hour, 7-day a week case management service access during crisis periods. Since November, 2008, 96 individuals have been enrolled in FSP services. In addition, 20 consumers are receiving non-FSP case management 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; and
- “Whatever-it-takes” commitment to progress on concrete recovery goals.

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.

Breakdown by age for current 31 active clients:

Child/Youth (ages 0 to 15) – 18

Transitional Age Youth (ages 16 to 25) – 5

Adult –(ages 26 to 60+) – 8

MHSA Triage Personnel

In January 2014, Behavioral Health was awarded a grant to provide a crisis support *Sheriff Liaison* position at the Sheriff Department that can provide 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. The Liaison responds quickly to dispatchers' calls from officers throughout Calaveras County that are in need of immediate support, providing crisis stabilization services in the field which may prevent the need for a psychiatric evaluation at the emergency room. This new service reduces the incidence of ongoing crises, and the number of 911 repeat calls from individuals who need assistance. In February and April 2016, BHS was asked to provide a presentation as part of a panel, along with representatives from Dignity Health and the Calaveras Sheriff Department to showcase a best practice triage model. These panel presentations were provided at the California Behavioral Health Policy Forum conference and the Mental Health Services Oversight and Accountability Commission meeting.

Evaluation data shows that after one full year (FY 2015/2016) of Triage Case Manager services:

- 245 unduplicated persons (and 381 duplicated persons) have been served by the new Triage Case Manager

- 66 referrals were made to both mental health and community services/resources in this time period
- 42% decrease in mental health crisis evaluations at the Calaveras County Jail
- 18% decrease in mental health crisis evaluations completed at the Mark Twain Emergency Room
- 7% decrease of 5150s completed at Mark Twain Hospital Emergency Room (5150 is an involuntary hold placed on a person identified with a mental disorder that makes them a danger to themselves, a danger to others, and/or is gravely disabled)

Permanent Supportive Housing

Calaveras Health and Human Services Agency/Behavioral Health Services has received MHSA housing funds in January 2016, for persons with severe mental illness (\$640,867). Allowable uses of these funds could include rental assistance and funding to build or rehabilitate permanent housing in Calaveras. Last year's stakeholder survey input regarding best use of MHSA housing funds indicated the following priority for use of these funds: rental subsidies 44%; building or rehabilitating permanent housing 35%, moving/move-in cost assistance 15%, and utility deposit/payments 6%.

Calaveras BHS is placing \$560,867 in a MHSA Housing Trust Account, while continuing to locate an organization that will partner with Behavioral Health to operate a MHSA Housing Program in Calaveras County that provides supportive permanent housing for adults with serious mental illness who are homeless or at risk of homelessness. The program funds will be used to support the establishment of housing units and establishment of operating and replacement reserve accounts along with ongoing housing subsidies. The MHSA Housing Program will be a collaborative between HHSA, Behavioral Health Service Division, and the interested organization.

The remaining \$70,000 has been set aside for rental assistance to be spent over the next 3 years.

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.

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. 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.

First 5 Calaveras Strengthening Families Parenting Program:

With a contract from CHHSA/ BHS, First 5 Calaveras' Strengthening Families Program continues to provide community-based educational services and training for parents, 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.

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

- 1) 385 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. Comments from participants:
 - *“Being more calm 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.
 - *“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.
 - *“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.
 - *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:

- 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. Stipends provided help to defray transportation and child care costs in order to participate in program. In the last 12 months, 21 adults participated in the TIP Program, attending 122 hours of training and earning stipends.

“Instead of reacting emotionally to a child, regulate my stress and 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.”

The Grandparent Project:

PEI Strengthening Families also funds the Grandparent Project, which is contracted to the Calaveras County Office of Education (CCOE) to provide four monthly educational support groups in the county, as well as individual support consultations to grandparents and other caregiver raising relative children. 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 (including guardianship and adoption), county resources, school system access, scholarships, mental health referrals, and conflict resolution. For the last year, 70 grandparents (unduplicated) have participated in the 35 support groups and individual consultations; 67 children are being raised by the program participants; 108 individual consultations were provided; and 60 referrals were made to mental health and community resources.

Youth Mentor Program:

With a contract from CHHSA/BHS, the Calaveras County Office of Education is outreaching to foster children or children living with grandparents, between the ages of six and sixteen, and matching them with caring adult mentors over a three-year period. Since September 2014, seven foster students have been matched with a mentor in the Calaveras Youth Mentoring and four more such mentees are on the waiting list. Participants report high levels of satisfaction with the groups' subject matter and facilitators, as well as positive outcomes specific to their state of wellbeing.

Artistic Rural Therapy (ART) Program:

The Art Therapy Program was implemented in 2014 with two local contractors providing art therapy

workshops titled *Teen Art and Self Discovery* and *Healing Through Expressive Arts*. 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 with mental illness. For the last year twenty youth and adult workshops have been held with an average of six to eight participants.

Veteran Services:

Twice a month veterans are meeting informally to provide support when needed to veterans with stress, trauma, and PTSD symptoms. *Veterans Night* was organized by a group of local veterans who are receiving support from a contracted clinician specific when helping skills are needed for this new service. Veterans across Calaveras County are invited to participate. 26 veterans (unduplicated) have participated in Veterans Night since September 2015, with an average of 15 veterans at each event.

LGBT Support:

With a contract from BHS, a local therapist provides bi-weekly community support group facilitation in Murphys to youth identified as LGBT in order to improve wellbeing, increase confidence/self-esteem, increase support network, and gain coping skills. Currently, bi-weekly support groups provide support to 6 to 8 youth.

Suicide Prevention/Stigma Reduction Community Trainings

Question, Persuade, Refer (QPR) Trainings:

Suicide Prevention trainings, using the Question, Persuade, Refer (QPR) method, has been offered to 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. Targeted individuals and groups have received training to help recognize and review risk, and intervene to prevent the immediate risk of suicide.

Since 2010 – 982 persons have been trained in QPR. Groups receiving training this year totaled 185, and included the Calaveras High School ROP Medical and Peer Mentor classes; Calaveras River Academy staff and students; Mark Twain Convalescent Hospital staff; a range of Substance Abuse Program groups and Perinatal support groups; Day Reporting Center participants, Spanish-speaking support group in Murphys; Behavioral Health Bipolar support group; and the Living Room Health and Wellness Recovery Center participants.

The Calaveras County Office of Education Youth Development and Prevention Program is contracting this year with CHHSA/BHS to provide both QPR and Youth Mental Health First Aid training to school personnel and students beginning in September 2016.

Mental Health Crisis Training for School Personnel:

Mandatory training was held in September for county-wide school-based personnel, 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. 38 school administrators, counselors, psychologists, teachers and BHS clinical staff received the PREPaRE training on September 17 and 18, 2015.

In Our Own Voice Stigma Reduction Training:

With a contract from Behavioral Health, NAMI Gold Country has implemented the stigma reduction program for Calaveras County titled *In Our Own Voice*". Presentations are provided by consumers to a range of community service organizations, public agencies, and churches, with personal testimonies shared about living with and overcoming the challenges posed by mental illness. Presentations were held for 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 10 agencies and groups have received an In Our Own Voice presentation.

Crisis De- Escalation trainings:

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, Veterans, Angels Camp Police Department officers and social workers from Health and Human Services Agency have been trained. Ten additional trainings are planned for FY 2016-2017.

Crisis Intervention Training (CIT):

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 on February 29, March 1, and March 2, 2016. This training is designed to increase mental health knowledge and crisis intervention strategies in law enforcement organizations. Topics include 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. 32 participants, including the Sheriff Department and Angels Police Department staff, Highway Patrol officers, Probation officers, Fire fighters, BHS crisis case managers, Sierra Conservation chaplains, and five local Veterans received this CIT Training.

Mental Health First Aid:

Two local contractors for Behavioral Health provide Mental Health First Aid trainings to Calaveras residents. Participants receive an 8-hour education course and learn a four-step plan encompassing the skills, resources, and knowledge to help an individual in mental health- related crises connect with appropriate professional, peer, social, and self-help care. 89 Calaveras High School Peer Mentors, Perinatal Substance Abuse BHS clients, county residents, and Sheriff Department Jail, and In-Home Support Services staff has received training since July 2016.

The purpose of the Innovation component of MHSAs 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 MHSAs funding component.

Integrated Dual Diagnosis Project

In October, 2015, CHHSA/BHS implemented a new Innovation program titled *Integrated Dual Diagnosis Treatment (IDDT)* Project. The IDDT Project has trained volunteer facilitators and supports 4 peer-run weekly support groups that provide peer support to dual diagnosis consumers suffering with substance abuse and mental illness and live in Calaveras County (currently San Andreas, Railroad Flat, Copperopolis and Angels Camp) with 20 to 25 persons accessing these groups weekly. These volunteers meet twice a month with the Integrated Dual Diagnosis Case Manager for ongoing peer support and professional consultation. Interviews were held, and 5 additional volunteers selected in February. They are currently receiving training, and plan to provide four additional support groups in our community in late summer or early fall.

Another important component to this project that supports this self-help model will be to integrate mental health and substance abuse services through the implementation of integrated clinical treatment processes. An Integrated Dual Diagnosis Treatment (IDDT) Team has been formed to provide 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, and peer specialist staff - working closely and consulting with the psychiatrist and psychiatric nurse. 30 BHS clients with substance abuse and mental illness have just started receiving integrated dual diagnosis clinical treatment. The goal is to double this number served over the next year.

Since 2009, per the Workforce Education and Training (WET) component of the MHSA plan, CHHSA/BHS has sponsored a *Psychosocial Rehabilitation Certificate Program* at Columbia College for consumers, family members, providers, and residents of Calaveras County, with transportation services for consumers provided. This year, technical assistance and support continues to be provided to twelve consumers currently enrolled in Psychosocial Rehabilitation Services certificated classes at Columbia College. Since 2009, 75 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. In-Service topics in FY 2015/2016 included a Cultural Competency training, LGBT training, Crisis Intervention Training, Psychotropic Drugs and Side Effects, 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.

One-time Capital Facilities and Technological Needs component funding has been used for CHHSA/BHS services and supports. 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 this last year on assessments, use of electronic signature pads, document imaging and performance outcome tools for both adults and children. Over the past three years, 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, a plan was developed with community input in FY 2015/2016 to use the remaining one-time allocation of technology funds in the CF/TN budget as follows:

- Additional modules for the Anasazi system to improve usability
- Technological equipment for the Living Room Wellness and Recovery Center, which will include 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.

1. Significant Changes for FY 2016-2017

CHHSA/BHS is recommending to implement the following new programs under the Prevention and

Early Intervention Component in the next fiscal year, based on the input obtained through the community planning process for the MHSA Three Year Plan 2014-2015 through 2016-2017, the MHSA Annual Update FY 2015-2016, and this MHSA Annual Update FY 2016-2017:

1. Calaveras County Office of Education, with a contract from CHHSA/BHS, will provide a one-day countywide *Crisis Prevention and Preparedness: Comprehensive School Safety Planning* workshop as a follow-up to the PREPaRE Crisis Intervention workshop offered last year for 36 school administrators. This training provides school mental health professionals, administrators, security officers, and other educators knowledge and resources important to establishing and sustaining comprehensive, ongoing school safety and crisis prevention, mitigation, and preparedness. Specific attention is given to developing, exercising, and evaluating safety/crisis teams and plans, and integrating school and community crisis response personnel. Also addressed are issues associated with the media, special needs students, culture, and memorials.
2. Calaveras County Office of Education, with a contract from CHHSA/BHS, will support the implementation of *Breaking Down the Walls*, a bullying prevention strategy, at Toyon Middle School and Bret Harte High School. Students learn to interact with a cross-section of their peers, work side by side, learn from one another, and become active participants in the positive development of their campus. In *Breaking Down the Walls*, a pre-selected group of students is trained to become small group facilitators. Leaders are 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 the next several days, close to 150 different students work with facilitators and the trained student leaders in an all-day workshop. Together, students build a common sense of purpose and identity to increase or improve compassion and respect on campus. This program was scheduled at Bret Harte High School and Calaveras High School last year, but was not able to be implemented due to priority student mental health issues related to the Butte Fire and other crises affecting students during the school year.
3. 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. This program was scheduled at Bret Harte High School and Calaveras High School last year, but was not able to be implemented due to priority student mental health issues related to the Butte Fire and other crises affecting students during the school year.
4. Calaveras County Office of Education, with a contract from CHHSA/BHS, will provide *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. Programs in the suite address the needs of K-12 and higher education, healthcare providers, and military families. These programs have been purchased for dissemination in over 600 institutions of higher education, 5,000 public schools, 120 hospitals, and for over two million military families. Three of Kognito's programs are listed in SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP), and over a dozen are listed in SPRC Best Practices Registry. They have been assessed in multiple national studies, including a peer-reviewed randomized controlled study.

**FY 2016/17 Mental Health Services Act Annual Update
Funding Summary**

County: Calaveras

Date: 6/15/16

	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 2016/2017 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	3,838,823	792,685	338,615	79,819	60,800	
2. Estimated New FY 2016/17 Funding	2,175,220	543,805	143,107			
3. Transfer in FY 2016/17 ^{a/}	(200,000)					200,000
4. Access Local Prudent Reserve in FY 2016/17						0
5. Estimated Available Funding for FY 2016/17	5,814,043	1,336,490	481,722	79,819	60,800	
B. Estimated FY 2016/17 MHSA Expenditures	2,437,316	579,278	332,378	51,948	60,800	
G. Estimated FY 2016/17 Unspent Fund Balance	3,376,727	757,212	149,344	27,871	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, FY 2016/17	975,189
2. Contributions to the Local Prudent Reserve in FY 2016/17	200,000
3. Distributions from the Local Prudent Reserve in FY 2016/17	0
4. Estimated Local Prudent Reserve Balance on June 30, 2017	1,175,189

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 2016/17 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding**

County: Calaveras

Date: 6/15/16

	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)	447,828	347,828	75,000		25,000	
2. Adult System of Care (ASOC)	541,292	491,292	50,000			
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. CSOC System Development/Outreach	672,781	472,781	175,000		25,000	
2. ASOC System Development/Outreach	625,136	525,136	100,000			
3. Livingroom Peer Center	69,050	69,050				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	431,229	431,229				
CSS MHA Housing Program Assigned Funds	100,000	100,000				
Total CSS Program Estimated Expenditures	2,887,316	2,437,316	400,000	0	50,000	0
FSP Programs as Percent of Total	40.6%					

**FY 2016/17 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding**

County: Calaveras

Date: 6/15/16

	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/Stigma Reduction	316,533	316,533				
2. Strengthening Families	220,000	220,000				
3. Artistic Rural Therapy Program	20,000	20,000				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	22,745	22,745				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	579,278	579,278	0	0	0	0

**FY 2016/17 Mental Health Services Act Annual Update
Innovations (INN) Funding**

County: Calaveras

Date: 6/15/16

	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	312,277	312,277				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	20,101	20,101				
Total INN Program Estimated Expenditures	332,378	332,378	0	0	0	0

**FY 2016/17 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding**

County: Calaveras

Date: 6/15/16

	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	51,948	51,948				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	51,948	51,948	0	0	0	0

**FY 2016/17 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding**

County: Calaveras

Date: 6/15/16

	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					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Practice Management	60,800	60,800				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	60,800	60,800	0	0	0	0