

Tehama County Health Services Agency – Mental Health Division
FY 2013-14 Mental Health Services Act
Integrated Plan Update

OVERVIEW

Mental Health Services Act in California

On November 2004 voters in the state of California passed Proposition 63, the Mental Health Services Act (MHSA), which was designed to expand and transform California's county mental health service systems. The MHSA is funded by imposing an additional one percent tax on individual taxable income in excess of one million dollars. In becoming law on January 2005, the MHSA represents the latest in a Californian legislative movement begun in the 1990s to provide better coordinated and more comprehensive care to those with serious mental illness and particularly for those in underserved populations. The MHSA consists primarily of five components each with its own objectives: Community Services and Supports, (CSS); Prevention & Early Intervention (PEI); Innovation (INN); Workforce, Education, and Training (WET); and Capital Facilities & Technology (CFT).

Tehama County Demographic Facts and Figures

Tehama County is located in the northern part of California where the northern county border is approx. 135 miles south of the Oregon / California state line. This landlocked Northern Central Valley County is bisected throughout by the Sacramento River and Interstate 5. The Census Bureau reports that as of 2010 the County's population was approximately 63,000. The county seat is Red Bluff with a population of approximately 14,000. The county has only two other incorporated cities - Corning (approximately 15 miles to the south of Red Bluff) with a population of almost 8,000 and Tehama with a population of just over 400. The population total of these three incorporated cities makes up almost a third of the county's total population with the remaining scattered throughout the county in small unincorporated towns lying both in the basin of the Northern Central Valley and in mountainous regions framing the east and west sections of the county.

The Bureau also reports that as of 2011 the County's ethnic breakdown was 71% Caucasian, 23% Latino, 3% Native American, and <1% African-American with 16% of the population over 64 years of age and almost 25% under 18 years of age. The county's one threshold language is Spanish.

The Tehama County Health Services Agency (TCHSA) is the umbrella organization that maintains administrative oversight of the five divisions under its care (Fiscal, Drug & Alcohol, Mental Health, Public Health, and the primary care medical clinic).

County MHSA Summary

Tehama County Mental Health took advantage of the new MHSA funding stream early on. Because the Community Services & Supports (CSS) component consumes the largest portion of MHSA revenues (approx. 80%) and with its emphasis on services for the mentally ill, the county set out to build upon those services already in place for the mentally ill homeless population under the now expired AB2034 Homeless Outreach Program by expanding on this target population to include older adults (60+ yrs.), transitional age youth (16 – 25 yrs.) as well as other historically underserved ethnic populations with a particular emphasis on our growing Latino population. As a result, our Vista Way Recovery Services (VWRS) & Drop-in Center continues to provide access to showers and laundry facilities for adults / older adults as well as myriad consumer-facilitated groups.

As part of the CSS, many homeless clients with more acute mental health issues are invited to enter our Full Service Partnership (FSP) where these consumers enter a more rigorous wraparound-styled program that provides opportunities for living in supported housing, working as a stipend volunteer in the front office or on our maintenance crew, receiving rehabilitation services that include several different rehabilitation groups led by our Case Resource Specialists (CRSs), and receiving financial assistance for progressing in their education.

MHSA CSS expansion of services also brought the construction of the now operational YES Center which serves as a drop-in center for our transitional age youth (TAY). These youth can also become eligible as an FSP client and avail themselves of the same services provided our clients at Vista Way. This component funding also allowed us to upgrade our mental health outpatient lobby to allow for easier access and a more comfortable environment including a separate children's waiting room.

The Prevention & Early Intervention (PEI) component with its emphasis on reaching out to those with high risk factors before the onset of mental illness, allows the YES Center to reach out to the local middle and high schools in an effort to screen teenagers and younger children for depression and/or suicidal ideation through our "Teen Screen" program. Those youth testing "positive" in these areas are then referred on to either county and/or community resources for assessment and treatment. The PEI component also funds the Nurturing Parent program that has clinicians reaching out to parents of youth in an effort to educate them on effective parenting strategies with the hope of preventing the onset of mental illness.

The Capital Facilities and Technology (CFT) component with its emphasis on infrastructure and systems improvements is being utilized in the updating of the TCMH information technology infrastructure including hardware and software updates. The main focus during FY2012-13 was the computer infrastructure updates and improvements. The main focus for FY2013-14 will be the purchase and implementation of an electronic health records software package. On the horizon will be plans to make structural changes to our 24-hr. crisis residential unit to enhance safety protocols.

The Workforce, Education, and Training (WET) component has undergone a major overhaul this fiscal year in anticipation of FY2013-14. It will continue to emphasize the importance of making sure our employees and consumers are adequately trained for the tasks they have been given, will continue to supervise our consumer stipend opportunities, and continue to focus on preparing our workforce for the demands of the soon-to-be-realized Affordable Care Act.

The Innovation (INN) component with its emphasis on encouraging creativity in the search for new and improved clinical interventions has successfully launched *therapeutic drumming* rehabilitation groups throughout the MH system. These groups can now be found amongst all age cohorts and throughout the various MH facilities in the County.

As was the case last year, there are still plans on the horizon though with the continued uncertainty of the economy and the new MHSA funding mechanism we will continue to hold steady with the programs already implemented. Once the new MHSA funding stream stabilizes we can then take a look at our plans to consider opening a consumer-run café adjacent to the Drug and Alcohol Division. Still on the back burner are our plans for renovating or constructing consumer housing.

COMMUNITY PROGRAM PLANNING AND STAKEHOLDER PROCESS

Throughout FY 2012-13 there were several stakeholder meetings conducted in conjunction with the monthly MH Advisory Board Meetings. Additionally, a total of three annual update stakeholder meetings were conducted on April 17th, April 18th, and May 30th (the May meeting was held primarily to gather input on the new WET transformation for next year). In addition to inviting the MH Advisory Board, consumers, and MH staff members, invitations to our community partners were sent out for all three of these annual meetings and included –

Alternatives to Violence
Back to School Project
Butte County Office of Education
California Highway Patrol
California State University – Chico
Center for Evaluation and Research
Children’s First
Corning Healthcare District
Corning High School District
Corning Police Department
Day Star Ranch
Family Service Agency
Far Northern Regional Center
First 5 Tehama

Northern California Child Development, Inc.
Northern Valley Catholic Social Services
Northern Valley Indian Health
Passages
Poor and the Homeless (PATH)
Rancho Tehama Community Foundation
Rape Crisis Intervention
Red Bluff Joint Union High School District
Red Bluff Police Department
Right Road
Rolling Hills Clinic
Shasta County Office of Education
St. Elizabeth's Community Hospital
Tehama County Dept. of Education
Tehama County Dept. of Social Services
Tehama County Health Services Agency – Public Health Division
Tehama County Library
Tehama County Probation
Tehama County Sheriff's Office
Tehama First
UC Davis
Women's Health Specialists

Additionally, our May WET Transformation Meeting included invites to several community religious organizations. This May 30th afternoon meeting garnered the most participation where there were 29 attendees the majority of whom were consumers and several community partners. In each of these three annual stakeholder meetings the MHSA Coordinator gave an introduction as to the purpose of the meeting, a review of the MHSA process, reporting requirements, an overview of each MHSA component and program funded by MHSA, a brief report on the progress of each program, and plans for the upcoming fiscal year.

Of note, the WET Transformation Meeting's task was to present the group with several new ideas for FY2013-14 and to solicit ideas from the group about how to better expend WET funds. The ideas were well received and sparked considerable community input. The details of the meeting will be shared under the WET Component section of this update.

Participants were encouraged to continue submitting any additional comments or suggestions. The plan was then posted for public review on the County's website for the period of 30 days from July 15 – Aug. 14, 2013. Hard copies of the report were made available in the lobbies of each mental health facility (Red Bluff MHOP, CCRU, Vista Way, YES Center, Corning Meuser Center, and TCHSA Administration) during this same 30-day period. The date of the MH Advisory Board Public Hearing was on Aug. 21, 2013 and the BOS review on Sept. 10, 2013.

TCMH has ambitious plans for next year that will include convening a quarterly MHSA Steering Committee to be chaired by the MHSA Coordinator and attended by other pertinent stakeholders.

This committee will provide oversight of what will become our more specialized MHS component work groups (i.e., CSS Component Work Group, PEI Work Group, and so forth) that will also begin meeting quarterly and will focus on the mandate of each particular component.

MHSA COMPONENT REPORT

With a couple of notable exceptions Tehama County Mental Health (TCMH) plans on maintaining for FY 2013-14 the current focus within each of our components that we managed throughout the 2012-13 fiscal year. The following is a more thorough summary of efforts within each MHS component.

1. Community Services and Supports (CSS):

Our CSS component receives the majority of MHS funding. The ongoing CSS focus includes Community, Education, and Latino Outreach (CELO), the Access Work Plan, (two Drop-In Centers and CCRU), the Employment Work Plan, the Housing Work Plan, and our Full-Service Partnerships (FSP). These work plans and services were chosen by consensus as the most effective means of reaching our target populations. A description of each work plan within CSS is as follows –

*** Community, Education, and Latino Outreach (CELO)**

The CELO includes a variety of activities including an ever-expanding Latino counseling service with our bilingual therapist, the provision of cultural sensitivity training to our service providers, community Latino outreach activities, and general community education activities. To note, this fiscal year had MH participating in the Migrant Head Start Program where we gave two Spanish presentations around the range of services provided by TCMH. Earlier that summer, we participated in the Corning Youth Fair at our Agency outreach booth. Over 40% of the attendees at this fair were Latino. In the Fall TCMH took part in the Bi-national Multicultural Health Fair at the Rolling Hills Casino Event Center. There were 450+ attendees many of whom came by our booth seeking information on MH services.

Additional community educational activities have included participation at our Tehama County District Fair, the annual Health Spree, and our successful monthly “Just Move It” physical / mental health campaign targeted to our local Native America population though welcoming of any community participant.

*** Access Centers (YES and VWRS Drop-in Centers) and the Community Crisis Response Unit (CCRU).**

The Vista Way Recovery Services (VWRS) Center serves adults (18-59 yrs. of age) and older adults (60+ years of age). The Youth Empowerment Services (YES) Center serves

our transition age youth (TAY) population (16-25 yrs. of age). Both centers continue to show positive growth. The centers are operated by client councils with the intent to empower consumer leaders to set program and policy recommendations for each center. These councils operate consumer run groups and activities at the center. On any given day the centers can host a combination of 30-40 consumers engaged in rehabilitation.

Additionally, both centers provide laundry and shower facilities available for anyone to access though these services are primarily intended to provide much needed assistance for our homeless populations as well as to anyone looking for a safe place to begin working on their recovery. In this way, we are given an opportunity to establish contact with individuals we might not otherwise have access to. Over the course of this last year and on any given month, VWRS Drop-In Center served an average of 15-25 unduplicated individuals seeking the use of our shower facilities and an average of 10-20 seeking the use of our laundry facilities. For FY2012-13 VWRS Drop-in Center served 100+ adults.

The Community Crisis Response Unit (CCRU) is a 23-hour Crisis Stabilization Unit available to those - regardless of their ability to pay - in the community who are struggling with a mental health crisis. The CCRU provides a safe environment to work through the crisis with a trained mental health professional. Our staff members at the CCRU are trained through CSS dollars to provide *Seeking Safety* – an evidence-based practice designed to assist those in crisis with making a plan of recovery. The practice hinges on the following principles including: 1) safety; 2) integrated treatment of Post-Traumatic Stress Disorder (PTSD) and substance abuse; 3) a focus on the consumer's ideals; and 4) content areas including cognitive, behavioral, interpersonal, and case management needs. The CCRU also provides more intense crisis stabilization services as needed. Additionally, the CCRU is the designated 5150 facility for the evaluation of individuals that need involuntary treatment due to the risk of danger to themselves or others and/or grave disability. On average, the CCRU will serve 10-20 folks in crisis each week. By providing a safe, therapeutic, and tranquil setting for these individuals, many avoid being sent to a higher level of care and are able to return to the community with an action plan for their recovery.

*** Employment**

We continue to experience success as a result of our assisting those in returning to the workforce. Consumers at both the VWRS and YES Centers are trained as volunteer stipend workers. They receive training in front office duties, program support functions, landscape/general labor, and client relocation services. Our designated Consumer Resource Specialist (CRS), through relationships with local colleges and the State Department of Rehabilitation, also assists consumers in seeking employment avenues in the community as well as educational and vocational training opportunities. This FY has seen 35- 45 Adult & TAY-aged consumers rotate through the myriad stipend opportunities within the MH Division and several have been referred on to the community's job training center and Dept. of Rehab.

In conjunction with WET Component funding our stipend work will be expanding even further into the different divisions within the Agency, other county departments, and into the community. The plans will be discussed in greater detail under the WET Component section of this update.

*** Housing**

Our two units, Gentry House and Madison House, serve a total of seven consumers with one floater emergency bed located at Gentry. Both houses are typically at capacity throughout the year. The Work Plan also funds an emergency housing bed at SAIL House, a local board and care.

The MH Division continues to struggle with securing emergency motel contracts in the community. It has become readily apparent that because many of our FSP candidates are homeless we need to place them for the interim in emergency motel beds while we seek out an FSP partnership. Without these beds available it has been a challenge to locate and maintain contact with any regularity. As such, the Division has made it a priority to secure motel vouchers for the upcoming year. Once these are secured we anticipate an uptick in fully engaged FSP consumers. We also provided a rent subsidy for one of our consumers.

*** Full Service Partnerships (FSP)**

Though all of our TCMH consumers face many challenges, the typical profile of an FSP enrollee is one who has a recent history of CCRU and/or psychiatric ER visits, and/or is at risk of becoming or already homeless. All consumer FSP enrollees 18 yrs. of age and older can receive a full array of services including case management, clinical therapy, rehabilitation both individual and group, medication support, crisis management, housing, assistance, board and care support, employment assistance, and flexible funding for a variety of services included in the individualized FSP treatment plan. For the FY 2013-14 FSP enrollment was at 32 with 12 TAY, 20 adults, and 13 older adults. Of note, MH continues to be challenged by an increasing number of older adults who present with the myriad medical conditions this aging population typically faces.

2. Prevention / Early Intervention (PEI):

Our ongoing PEI focus includes our Nurturing Parenting (NP), TeenScreen (TS), and Trauma Focused Cognitive Behavior Therapy (TF-CBT) interventions. These services were chosen by consensus as the most effective means of reaching our target populations. A description of each work plan within PEI is as follows –

*** Nurturing Parenting (NP)**

TCMH collaborates with the Public Health and Drug & Alcohol Divisions to provide this evidence-based parenting program that developmentally supports parents and their youth to learn and reinforce core values for building strong and healthy families. These core values include the value of positive self-worth, empathy, empowerment, the development of a strong will, structure, discipline, laughter, humor, and play.

NP provides parents and youth with the opportunity to participate in weekly group activities where they meet for up to fifteen weeks. The parents participate in an adult parenting group while the school age (ages 5-11) youth participate in their own youth group. The parents and youth discover how to apply and practice the core values that teach healthy interactions for appropriate development. Both parents and youth share a healthy snack break together in each weekly group meeting.

TCMH practitioners have facilitated nine, 15-week session cycles to consumers throughout the county for a total of 60 consumers/families served in English and 38 consumers/families served in Spanish. These cycles also included specialty groups for fathers, Transition Age Youth (TAY), and Non-traditional School Based (NTSB) minors who were parenting children of their own.

For FY2013-14 we have successfully negotiated a contract with a local church for space to provide NP classes to the community.

*** TeenScreen (TS)**

TCMH provides TeenScreen - an evidence-based computer-screening tool for depression and suicide. TeenScreen is a confidential and safe assessment measurement tool to support youth (grades 8-12) and their families in determining appropriate steps for suicide prevention. National statistics show that among teens with significant mental health challenges TS is able to identify 60%+ while school staff alone identify fewer than 40%. Of those teens struggling with suicidal ideation, TS has identified 80%+ of those missed by school professionals.

During FY2012-13 Tehama County TS served 72 youth where 21 were referred and/or received services from TCMH and 17 were referred and/or received services from community resources. It is apparent that TS is a significant asset for our county and supports TCMH in its efforts to provide education and resources to eliminate the ever-rising population of teen suicide.

The YES (Youth Empowerment Services) Center of TCMH is a registered site for TeenScreen. Additionally, TCMH has four registered locations as TS outreach sites throughout the county at the Meuser Healthcare Center in Corning (south county), Salisbury Alternative High School in Red Bluff, Evergreen Middle School in Cottonwood (north county), and Los Molinos High School in Los Molinos.

*** Trauma Focused Cognitive Behavioral Therapy (TF-CBT):**

TF-CBT provides a comprehensive model of therapy which assesses anxiety, PTSD (post- traumatic stress disorder), depression and other trauma-related symptoms while developing an individual flexible treatment plan for children and youth who have experienced trauma.

TF-CBT recognizes the significance of varied family systems and is a culturally diverse application which values the impact of cultural differences experienced when traumatized. TF-CBT encourages parents, children, and adolescents to work collaboratively to build skills to address mood regulation and safety.

The TCMH TF-CBT team is comprised of four licensed clinicians (one of whom is a bilingual counselor), two case managers, one health educator and one Certified Alcohol and Drug Addictions Recovery Specialist. TCMH has provided TF-CBT education to triage staff for immediate referral to the licensed clinicians who have completed competency requirements for providing the TF-CBT treatment modality for families with children and adolescents suffering from trauma. For the FY2012-13 TCMH served 4 youth together with their families and an additional 9 youth received services in individual therapy. We continue to strive for our goal of providing services for twenty-five youth and their families.

Much of the aforementioned services are provided from our Youth Empowerment Services (YES) Center on our main campus. Each of the TAY consumers actively participates in the management and upkeep of the facility. Each complies with a basic charter, the “STANS” which includes a focus on Service, Treatment, Activities, Networking, and Support. TAY consumers utilize the YES Center facility from 10:00 AM – 2:00 PM each day while receiving the benefit of treatment modalities that contribute to the acquisition of independent living skills. The YES Center weekly schedule includes the following groups: Time Management, Anger Management/Symptoms Management, “Let’s Chat” Problem Solving, Exercise/Yoga, Effective Communication, Community Resources, and Substance Abuse Prevention, and Therapeutic Drumming. Additionally the TAY consumers participate in community service, peer-lead cooking classes and facility maintenance duties.

3. Innovation (INN):

*** Therapeutic Drumming**

During FY2012-13 TCMH has seen the successful implementation of several therapeutic drumming groups throughout the county and across all age cohorts. Currently, there are at least three groups concurrently running and we anticipate even more growth for the upcoming year. This special intervention is being used to improve the consumer’s ability to manage their anxiety / stress as well as increase socialization skills and healthy peer group affiliation. The drumming protocols highlight different cultures that use drumming

for health benefits. The drumming groups are facilitated by therapists and rehabilitation specialists who are motivated to teach the protocols as intended. Consumer feedback continues to be positive from those who have participated in the intervention.

TCMH also facilitated two community outreach education events where we provided the drumming experience at the Office of Education's Health Fair as well as at the Annual Cinco de Mayo celebration.

Our plan for the next FY is to hold steady with the ground we've gained while expanding the number of groups within MH and into our Drug & Alcohol Division. We will also plan an annual, combined therapeutic drumming circle where all groups will be able to come together to run through the protocols and to share their positive experiences in the groups.

4. Workforce Education and Training (WET):

For FY 2012-13 our WET component underwent an extensive restructuring of two of its four objectives. The *MH Career Pathway Program* made available two Consumer Support Worker (CSW) positions to those who were already consumers or to family members of consumers. We were able to secure two consumers in these positions and for a time enjoyed considerable success. There are challenges with this process, some unique to small counties (i.e. interaction in a peer capacity with other consumers - many with whom they were already well-acquainted) or additionally the stress level placed on these individuals as they attempt to maintain the same standards of professional performance as any other full-time staff member (i.e., punctuality, productivity, honoring of timeline expectations, and such).

Additionally, our *Financial Incentive Program* will provide for the use of stipends / incentives to recruit and retain prospective and current public MH employees. We continue to work on establishing a comprehensive system for recruiting and monitoring.

Our commitment to these two and the other WET objectives has not changed. TCMH is determined to provide positions available to consumers and/or family members and to incentivize our workforce to remain in MH positions over the long haul. It is recognized, however, that with the limited resources of our small, rural county we are challenged in ways that perhaps a much more populated county would not be. If we are able to maintain our high standards of consumer service delivery we must continue a vigorous program for "succession planning" where we train up our current staff to take on increased responsibilities within the Division and Agency. Toward that end, WET dollars will be used to develop a leadership training series focused on preparing service providers, line staff and mid-management staff for upper and mid-management responsibilities.

With that in mind, we have reworked/enhanced our four objectives to focus on the following –

- 1) *Staff Training and Technical Assistance*: To provide ongoing training opportunities for current staff including exposure to the new Affordable Care Act (ACA) expectations and procedures, continued exposure to evidence-based practices (EBPs), continued training on cultural awareness and sensitivity specifically targeting those cultures considered un-/underserved, and training on MHSA requirements and principles.

This objective has changed only slightly to include ACA rollout anticipated for the upcoming FY. TCMH continues to link our staff with quality MHSA-funded trainings designed to enhance our service delivery. During FY 2012-13 a sampling of the many trainings MH staff attended would include Moral Reconciliation Training (MRT), an EBP designed to instill discipline and responsibility in the forensic population as well as MH consumer community; a CIMH Financial Managers' Fiscal Leadership Institute conference; and Emergency Mental Health - a day-long training in Sacramento.

- 2) *Expansion of Stipend Opportunities*: To expand opportunities for our stipend consumer workers within the larger umbrella of the Tehama County Health Services Agency (TCHSA) and in the community. TCHSA has agreed to allow for expansion of our TCMH stipend program into clerical, receptionist, & janitorial opportunities throughout the five Divisions (the outpatient medical clinic, Drug & Alcohol, Mental Health, Public Health, and Administration) within the Agency. These opportunities will include a continuation of our already robust front desk / drop-in center operations at both the Vista Way Recovery Services (VWRS) & Youth Empowerment Services (YES) Centers, our YES Center MH program support, and our Vista Way Work Crew engaged in landscaping, car detailing, consumer relocation support, and general facility maintenance.

We will also be looking to partner with community organizations, the county library, the hospital, and local churches for basic clerical and janitorial work. This partnering will involve our other county departments / agencies including but not limited to Probation, Education, and Social Services.

Because the stipend program is geared toward preparing our consumers for employment in the community, TCMH can also provide “in-house” assistance with basic Spanish and computer classes.

- 3) *Consumer Educational Progress*: To provide support for consumers' educational progress including the awarding of GEDs, high school diplomas, AA degrees, certification courses, adult education classes, and vocational training. This

support might also include the provision of a computer for the consumer to facilitate the completion of coursework. Many of these opportunities can also be provided “in-house” including basic Spanish and computer classes.

- 4) *Employee Support for MH Vocations*: To incentivize current employees and eligible recruits to choose work within the MH system as a life’s vocation. These incentives might include educational vouchers to cover the cost of books, a portion of tuition or outstanding loans, and/or other supplies needed for academic progress.

5. Capital Facilities and Technology (CFT)

Our initial plans for FY 2012-13 were to roll out *e-Prescribe* – an electronic, computer-based program that would enable our psychiatrist to fill scripts and send them instantaneously to the pharmacy to be filled. We were able to complete the planning stage and will implement early in FY2013-14. Fortunately, MH had made significant strides in purchasing electronic medical records (EMR) software package. We anticipate this roll out to be July of 2014.

Additionally, plans for upgrades to our CCRU facility will include improving the facility entrances to insure a safer work environment, retrofitting facility windows including the nurse’s station with safety glass, and building an entrance lobby into the facility that would allow law enforcement to drop individuals off in an area separate from the consumers until these individuals have been processed.

Continuing on the “back burner” is our plan to refurbish a currently non-operational kitchen facility on our main campus. The idea is to open up a consumer run café where consumers can experience yet another avenue for on-the-job training. We do not anticipate opening this café during the FY 2013-14 though we will continue to explore the next steps for development.

SUMMARY

TCMH has remained actively engaged with the MHSA and its various components throughout FY 2012-13 and in fact has increased its collaboration with community stakeholders. TCMH looks with anticipation for FY2013-14 where we will increase this collaboration even further. We continue to acclimate ourselves to the new funding regimen and hope that these new funding streams continue solidly into the next fiscal year. Until such time, we continue to take a conservative approach for the upcoming fiscal year. For the most part, TCMH will continue to provide MHSA related services at current levels as long as the funding remains consistent with the previous year’s level.