# INNOVATIVE PROJECT PLAN DESCRIPTION – Optional Template

**County:** Amador **Date Submitted:** April 18, 2017
**Project Name:** Circle of Wellness: Mother, Child, Family

PLEASE NOTE: USING THIS TEMPLATE IS **OPTIONAL**. It is being provided as a technical assistance tool to staff who wish to make use of it.

> *The MHSA Innovation Component requires counties to design, pilot, assess, refine, and evaluate a "new or changed application of a promising approach to solving persistent, seemingly intractable mental health challenges" (Welfare and Institutions Code Section 5830, subdivision (c)). The eventual goal is for counties to implement successful practices without Innovation Funds and to disseminate successful practices to other counties. In this way, the Innovation Component provides the opportunity for all counties to contribute to strengthening and transforming the local and statewide mental health system and contributes to developing new effective mental health practices. (Mental Health Services Oversight and Accountability Commission, Innovative Projects Initial Statement of Reasons)*

An "Innovative Project" means "a project that the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports" (*California Code of Regulations, Title 9, Sect. 3200.184*). Each Innovative Project "shall have an end date that is not more than five years from the start date of the Innovative Project" (*CCR, Title 9, Sect. 3910.010*). Counties shall expend Innovation Funds for a specific Innovative Project "only after the Mental Health Services Oversight and Accountability Commission approves the funds for that Innovative Project" (*CCR, Title 9, Sect. 3905(a)*). Further, "The County shall expend Innovation Funds only to implement one or more Innovative Projects" (*CCR, Title 9, Sect. 3905(b)).* Finally, "All expenditures for county mental health programs shall be consistent with a currently approved plan or update pursuant to Section 5847" (*Welfare and Institutions Code, Sect. 5892(g)).*

The goal of this template is to assist County staff in preparing materials that will adequately explain the purpose, justification, design, implementation plan, evaluation plan, and succession plan of an Innovative Project proposal to key stakeholders, including local and State decision-makers, as well as interested members of the general public. Additionally, a County that fully completes this template should be well prepared to present its project workplan to the Commission for review and approval.

General regulatory requirements for Innovative Projects can be found at CCR, Title 9, Sect. 3910. Regulatory requirements for the Innovation (INN) Component of the 3-Year Program and Expenditure Plan & Annual Update can be found at CCR, Title 9, Sect. 3930. In some cases, the items contained in this **OPTIONAL** template may be ***more specific or detailed*** than those required by the regulations; you may skip any questions or sections you wish.

The template is organized as follows. Part I, Project Overview steps through a series of questions designed to identify what the County has identified as a critical problem it wishes to address via an Innovative Project, the steps the County has taken to identify an innovative strategy or approach to address that critical problem; how it intends to implement the innovative strategy or approach; what it hopes to learn and how those learning objectives relate the innovative strategy or approach to the critical problem it has identified; how it intends to address the learning objectives; and how the County intends to address any transition for affected stakeholders at the end of the time-limited project.

Part II, Additional Information for Regulatory Requirements, poses a series of questions that relate to specific regulatory requirements, either for the proposal or for subsequent reports.

## I. Project Overview

**1) Primary Problem**

a) What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community.

*CCR Title 9, Sect. 3930(c)(2)* specifically requires the Innovation Component of the Three-Year Program and Expenditure Plan or Annual Update to describe the reasons that a County's selected primary purpose for a project is "a priority for the County for which there is a need ... to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system." This question asks you to go beyond the selected primary purpose (e.g., "Increase access to mental health services,") to discuss more specifically the nature of the challenge you seek to solve.

Amador County is a small, rural county located in the Eastern Sierra covering 595 square miles. Elevation ranges from 200 to more than 9000 feet and is home to approximately 38,000 residents, which includes a state prison. The County demographic are primarily white (89.5%). The Hispanic/Latino population makes up 12.9% and AI/ANpopulation has grown to 4.1% (previously 3.5%). The African-American population comprises 2.9% of the county's demographic make-up. All other races/ethnicities account for 2% or less of the remaining composition of the county.

Due to the tiny and vast nature of the county, community collaboration is key to the work we do. In early 2015, community members from various agencies created the Amador-Calaveras Perinatal Wellness Coalition. Significant representation from both counties helped construct the coalition, which works towards a vision of "improved mental health and wellbeing for Amador and Calaveras families before and after delivery." Before the coalition was formed, advocates were working independently in our counties to raise awareness regarding maternal mental health and the effects it had on the family as a whole. Additionally, various public agencies and private organizations were also working in a silo fashion to address the need of maternal mental health in our communities. Organizing the Amador-Calaveras Perinatal Wellness Coalition was a way for all of the independent efforts to come together on a united front. By coming together, the stakeholders in both counties are able to send a consistent message regarding the following: professional development and education, community awareness and education and the promotion and implementation of screening, referral, support and treatment.

In Amador County, approximately 283 births occur each year. 2.4% of the babies born are to teen mothers. 24.3% of the children born, aged 0-5, are living in poverty. Child Abuse and Neglect are substantiated at 39.7% for children aged 0-5 and general neglect is the leading cause of child abuse at 47.1%. In Amador County alone, Depression is 5% higher than the state (Amador 29%; CA 24%), Bipolar Disorder is 8% more prevalent than the state (Amador 22%; CA 14%) and Anxiety Disorders are 9% more prevalent at a rate of 20% (CA is 11%).

An average of 6 or 2.1% of AI/NA births occur in Amador County each year. Amador County also has three federally recognized tribes within our small geographic area. The Buena Vista Rancheria, Me-Wuk Indians; the Ione Band of Miwok Indians and the Jackson Rancheria, Mi-Wuk Indians. Historically, no formal partnership or outreach efforts have ever been explored between Amador County Behavioral Health Services and any native organization within our community.

These statistics stated above are significant. Although systems change have occurred to prevent the onset of mental health challenges during pregnancy and post-partum, the need is still not being addressed in its entirety. This Innovations project will address the full spectrum of pregnancy and early childhood by developing a routine mental health protocol for pregnant women of the MACT Clinic and their children.

MACT Health Board, Inc., (MACT) is a tribal consortium providing Medical, Dental, and Behavioral Health (BH) services to American Indians and Alaskan Natives (AI/AN) as well as Non-Native patients in the surrounding community. There

are four medical and three dental clinics spread out in the four rural Sierra foothill counties of Mariposa, Amador, Calaveras and Tuolumne. The four medical clinics now offer Behavioral Health services however it's very limited. The MACT Clinics cover a diverse geographic area of 5,283 sq. miles.

Primary care clinics, like MACT, currently employ the traditional Obstetrics (OB) protocols that are prevailing across the country. The protocols involve referring an identified pregnant patient for OB services so that the pregnancy can be adequately monitored and referrals identified dependent on the need for such. This is of course an adequate response given the pregnancy and the need to adequately monitor the physical health of the mother as well as the baby. However, the emotional impact of the mother, in lieu of the pregnancy itself or due to current or a history of emotionally related conditions is never taken into consideration and hence there are lost opportunities to best prepare the patient for motherhood and to inform her of the key aspects of the neurodevelopment already occurring insight are.

The glaring need to address the period of pregnancy from a perspective of addressing pertinent mental health related factors that could be present either during pregnancy or postpartum is of vital importance. Most women do not seek nor are referred for mental health treatment until symptoms have reached a level that they can no longer bear. This only delays critical time periods where services could be adequately given and secondarily puts the patient and neonate at risk. Various factors interplay and worsen the likelihood of women accessing services during this time such as stigma towards mental health treatment, negative beliefs about their ability to mother if seeking such services, etc.

The AI/AN community and the extent of their suffering has been well documented. Unfortunately, mental health issues are far more prevalent in this community ranging from behavior-related chronic diseases, mental health disorders, alcohol and substance abuse, suicide, and exposures to violence. Recent studies show that 39% of AI/ANs aged 26 to 49 reported binge drinking in the past month compared to the national average of 28% (SAMSHA, July 15, 2010). There is similar trend amongst the major BH related issues as well. For example, the suicide rates amongst the AI/AN communities are 1.7 times that of any other ethnic group while 39% of AI/AN women reported experiencing intimate partner violence (IHS 2002 & CDC, 2008).

The AI/AN community has endured traumatic experiences dating back to colonialism or what has been referred to as historical trauma. This dark period in humanity has had many consequences that has compounded matters even worse for the AI/AN community as families have been decimated by forced relocation, forced boarding schools, outlawing traditional religious practices, robbing them of their cultural heritage, and thus has further fragmented the family dynamic that was once the protector for the children. To common is the situation of children being raised by single mothers, most often in poverty, children being raised outside of the home due to Child Protective Service (CPS) involvement, children raised by their grandparents robbing them of the traditional experience that is their birthright, exposure to domestic violence, substance abuse, and other traumatic incidents, and all of this compounded by the lack of appropriate education and supportive services that would provide the foundation for children to be raised in a healthier environment.

School systems in our counties and throughout the state are riddled with financial constraints, lack of adjunct services and are overall ill equipped to intervene appropriately with children who experience traumas and are often displaying the symptoms or behaviors in the school setting. Too often, children who display trauma based behavior are often mistaken and stereotyped as children who are "Oppositional or Defiant" and are often prematurely labeled as such. These children and their needs are then neglected even though they are mainly responding and attempting to cope with the exposures to traumas. Understanding that the basis of violent behavior is violence itself, one can easily see why AI/AN youth have reported being a bully themselves at a rate of 30.9% compared to the 18.8% national rate (Olewus, 1993).

Suicide rates in Indian Country is a significant behavioral health issue affecting AI/ANs. As mentioned earlier, the suicide rates for AI/ANs are 1.7 times the national average leading to the alarming statistic of being the second leading cause of death for Indian youth between the ages of 15-24 (3.5 times higher than the national rate) (46). Suicide can also be defined as self-murder where people have reached a state of hopelessness and helplessness after trying to receive help

and failed to do so because of lack of education, stigma, family and community support, and/or difficulties accessing the care they needed.

Unfortunately, there is much distrust for CPS and thus child abuse reporting has been found to be underreported in the literature involving AI/AN communities. As mentioned earlier, the historical impacts of colonialism and forced assimilation has led to a lack of trust with such agencies even when CPS guided or mandated services are most needed. The lack of reporting of child abuse in the AI/AN often compounds the issues that eventually will lead to traumas and set the child on a path to potential mental health, substance abuse, and violent behavior. There is also a lack of inter-agency collaboration so that we ensure that children and their families receive the services they need without compromising further mistrust from the AI/AN communities.

Mental health treatment has the unfortunate blemish of stigma and this transverses across all cultures and races. Most people try to avoid county and private mental health programs as they do not want to be seen as "crazy" by their peers, especially our youth. This is a major reason why primary care centers across the nation have begun to integrate Behavioral Health Providers with their Medical and Dental practices. This not only enhances the concepts of "Whole Body Health or Medical Home" but also enhances the efficiencies of our health care delivery system allowing different specialty clinicians the advantages of working and learning from each other to best serve the patients.
This project would allow mothers who are established MACT patients to be easily identified and presented with our proposed project. This Project would help identify the current needs of our pregnant women, both native and non-native, and help enhance their ability to provide the best environment for the child, thus further strengthening our community. The mental health field has long known and understood that early childhood experiences and exposures trauma lead to the likelihood of patients experiencing mental illness and can also lead to substance abuse issues. The substance abuse that develops later in life is usually an attempt to cope with the already pre-existing consequences of those early childhood experiences. The literature for is saturated with such evidence and especially highlighted with landmark studies like the Adverse Childhood Events (ACE by Felitti, 1998). This study showed clear evidence of worsened mental and physical health conditions with the increase of adverse childhood traumas hence showing a clear correlation and risk for our community as seen below. Over 17,000 Kaiser Permanente members voluntarily participated in a study to find out about how stressful or traumatic experiences during childhood affect adult health. After all the identifying information about the patients was removed, the Centers for Disease Control and Prevention processed the information the patients provided in their questionnaires.

63% of the people who participated in the study had experienced at least one category of childhood trauma. Over 20% experienced 3 or more categories of trauma which we call Adverse Childhood Experiences (ACEs).

- 11% experienced emotional abuse.
- 28% experienced physical abuse.
- 21% experienced sexual abuse.
- 15% experienced emotional neglect.
- 10% experienced physical neglect.
- 13% witnessed their mothers being treated violently.
- 27% grew up with someone in the household using alcohol and/or drugs.
- 19% grew up with a mentally-ill person in the household.
- 23% lost a parent due to separation or divorce.
- 5% grew up with a household member in jail or prison.

ACEs seem to account for one-half to two-thirds of the serious problems with drug use. They increase the likelihood that girls will have sex before reaching 15 years of age, and that boys or young men will be more likely to impregnate a teenage girl. Adversity in childhood causes mental health disorders such as depression, hallucinations and post-traumatic stress disorders. It is our goal that this project help prevents these poor health outcomes by fortifying the bonding between parent and child thus decreasing negative exposures so that children are given an opportunity to live healthy lives. Secondly, we propose that this project will decrease the negative stigma attributed to mental health treatments by exposing the mother and child to mental health contacts as a matter of normal treatment during

pregnancy and early infancy. Lastly, we foresee that we will reduce the need for acute mental health interventions in both the mother and child over the five-year period, especially because our patient demographics experience worsened determinants of health due to their low-income and rural status.

This Innovations proposal would create a very unique partnership between county behavioral health and a rural primary care clinic. This collaboration has the opportunity to do many promising things for our community—treating unmet maternal mental health needs, provide early intervention and mental health education to pregnant and new mothers and concurrently create the ability to access a historically underserved population in our county. Due to many, if not all of the reasons stated above, the AI/AN residents of Amador County may not be willing to seek help if referred to local agencies. By meeting these consumers when they are in a safe setting and at their clinic, we will be able to assist in normalizing mental health treatment and work towards reducing stigma in this community. This project also holds promise, if successful, of replication in other primary care settings, thus bridging the gap between mental health and primary care.

b) Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

The Amador-Calaveras Perinatal Wellness Coalition has provided education, tools and trainings to providers, para professionals and both public and private agencies throughout both counties and are effectively referring parents and families to resources as-needed. Although this is very helpful and has had promising outcomes, the need for a systematic change in protocol to prevent severe mental health challenges from occurring in the first place is still quite prevalent. Currently, one OB/Gyn office and one pediatric office in Amador County screens pregnant and post-partum mothers. If the mothers don't accurately self-report or choose not to fill the questionnaire out, symptoms could go untreated and have negative effects. How to take a preventative approach and start routine mental health care at the onset of pregnancy has been an ongoing challenge in our small county.

Alex Abarca, Director of Behavioral Health at MACT, has over 10 years of experience and primary care settings. During his years managing a large integrated behavioral health program at Golden Valley Health Center's, he noticed an unfortunate trend in disregarding mental health as a key factor during pregnancy. Golden Valley Health Center's has a robust OB service delivery that employs several OBs seeing an average of 25-30 patients a day. Even though there were adequate behavioral health clinicians within the clinic there were rarely any referrals for services. The only referrals that came were during periods of crisis whether it be pre-or post-partum. This situation is of course less than optimal and given the overwhelming literature on the benefits of preventative approaches, a much needed problem to address.

This led to the pondering of how to solve this problem in a programmatic manner to ensure that pregnant patients were adequately screened for services and further spawned the idea of attempting to address the very factors that led to mental health related ailments. Alex Abarca transition from Golden Valley Health Center's to his current position at MACT without having the opportunity to employ such a project. He later contacted Amador County mental health in an attempt to partner using MHSA funs to ensure that such a project can take hold. Given the lack of historical coordination with agencies like MACT and the lack of preventative approaches prenatally, we agreed to partner in this innovative project to address our community's needs.

**2) What Has Been Done Elsewhere To Address Your Primary Problem?**

"A mental health practice or approach that has already demonstrated its effectiveness is not eligible for funding as an Innovative Project unless the County provides documentation about how and why the County is adapting the practice or approach... (*CCR, Title 9, Sect. 3910(b)*).

The Commission expects a County to show evidence that they have made a good-faith effort to establish that the approach contained within their proposed project either has not been demonstrated to be effective in mental health or is meaningfully adapted from an approach that has been demonstrated to be effective. Describe the efforts have you made to investigate existing models or approaches close to what you're proposing (e.g., literature reviews, internet searches, or direct inquiries to/with other counties). Have you identified gaps in the literature or

existing practice that your project would seek to address?

a) Describe the methods you have used to identify and review relevant published literature regarding existing practices or approaches. What have you found? Are there existing evidence-based models relevant to the problem you wish to address? If so, what limitations to those models apply to your circumstances?

Extensive methods were used to identify and review relevant published literature regarding existing practices or approaches that pertain to preventative maternal mental health treatment in the context which this project envisions. Not only was a labor-intensive web search conducted, but review of literature located in various published toolkits were examined. A thorough review of SAMHSA's Evidence Based Practices Web Guide list of organizations was also completed. Literature was found that recommended routine mental health screenings for pregnant and post-partum women, but no evidence based practice was used and no study was conducted. Additionally, a thorough search of SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) returned no results regarding an evidence-based practice regarding maternal mental health or post-partum prevention.

b) Describe the methods you have used to identify and review existing, related practices in other counties, states or countries. What have you found? If there are existing practices addressing similar problems, have they been evaluated? What limitations to those examples apply to your circumstances?

More research was done to identify and review existing, related practices. A full review of California counties Innovations projects was completed to avoid duplicated efforts. One Innovations project in Madera County did have similar traits, however, it differed from our proposal as it is aimed towards building more of a perinatal coalition (training providers, creating support groups, enhancing community collaboration and was PMAD specific), which is something Amador County has already developed. Amador's Innovation proposal aims to identify mental health issues at the onset of pregnancy and normalize mental health treatment during pregnancy and post-partum as needed in order to reduce trauma to the fetus and assist in alleviating mental health symptoms in the Mother--whatever those may be--not just specific to PMAD (Perinatal Mood and Anxiety Disorders). Additionally, our project aims to reduce stigma among a historically underserved population in our county, promoting collaboration in a way that has never been done before in our small, rural area. Overall, Amador's project aims to implement a process of actually providing education/treatment during crucial points in pregnancy and post-partum. Amador's proposal also takes into consideration that our pregnant and post-partum women may not easily access mental health treatment unless it is developed as normal protocol in prenatal services. If these women are already experiencing symptoms prior to pregnancy, having these protocols in place will promote access, engagement and break down barriers that previously existed for the individual/mother in ways that have not been done before in our county.

Further research was also done to see if similar practices already exist in California. The Los Angeles County USC Medical Center is currently "combining prenatal care with psychiatric treatment for low-income women who might not otherwise seek help for mental health issues during pregnancy." (Aguilera, Elizabeth. "A Special Program Helps Pregnant Women Combat Depression." Southern California Public Radio. KPCC, 07 Mar. 2016. Web. 23.Jan. 2017. ) This model screens women who come in for prenatal services and if they score high and there is concern, the mental health of the patient is addressed by professionals on-site. This program also provides services to low-income women only.

Sutter Amador Hospital Women's Center is also providing screenings and providing referrals if women have positive screenings. At this point, necessary referrals are made and resources are given, however, no services are provided on-site.

The two above-mentioned models definitely portray related practices to our pending Innovations proposal. However, the differences are that Amador's project will offer mental health treatment to all pregnant patients of the MACT Clinic as normal protocol. There will be no income requirements and no screening tools used in basing our decision for the mental health professional to provide a service. The service will be provided no matter what and if no mental health challenges arise during pregnancy or post-partum, the mother (and fetus) will have had education around mental health

disorders, treatment options in the county and will be more equipped knowing signs and symptoms and when to get help for her or her child, if necessary.

**3) The Proposed Project**

Describe the Innovative Project you are proposing. Note that the "project" might consist of a process (e.g. figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d).

Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.

a) Provide a brief narrative overview description of the proposed project.

The proposed Innovations project requires that the Amador MACT Clinic and Amador County Behavioral Health join in a unique partnership to provide preventative mental health treatment to pregnant and post-partum mothers (native and non-native), and their children. The partnership between the two organizations would also call for collaboration from other community organizations, such as Sutter Amador Hospital, First 5 Amador the Amador-Calaveras Perinatal Wellness Coalition and Tribal TANF.

This is a new intervention approach that will change the current OB protocols of MACT to include automatic referrals to a Behavioral Health Clinician in their Integrated Behavioral Health Program. This will lead to a significant clinical approach to pregnancy and the early years of a child's life that will have lifelong impacts.

The following services that were be provided under the proposed Innovations project are:

- Individual Counseling Sessions: An initial appointment at the onset of pregnancy for a mental health assessment and introduction. One BH appointment every trimester during pregnancy (minimum). One post-partum visit (minimum) and additional follow up as necessary.
- Cultural Components: Outreach and education about mental health along with incorporating traditional healers/elders to merge.
- Clinic Coordination: MACT and Sutter Amador to coordinate so that all MACT patients receiving pregnancy services through Sutter Amador are included in the project. MACT to also coordinate with other OB/Gyn offices as identified throughout Amador County to insure all patients who receive primary care through MACT are captured in this project.
- Post-Partum: Initial post-partum evaluation to be conducted by clinician
- Yearly mental health wellness visits for every identified child (1-17)
- Incorporation of early intervention screening tools for Infants-Ages and Stages/Ages and Stages-Social Emotional Screening for Infants
- 1x1 and/or Parenting Groups: Weekly groups with emphasis on neurodevelopment of fetus, self-care and preparation of parenting curriculum.

b) Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement (introduces a practice or approach that is new to the overall mental health system; makes a change to an existing practice in the field of mental health; or applies to the mental health system a promising community-driven practice approach that has been successful in non-mental health contexts or settings).

This will introduce a practice that is new to the existing protocols of integrated behavioral health programs in primary care settings.

c) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply to mental health a practice from outside of mental health, briefly describe how the practice has been applied previously.

MACT already has an established integrated behavioral health program that can accommodate this project. MACT's mission is to enhance the quality of health of Native and Non-Native patients hence this prevention focused approach will help reduce the severe health disparities amongst our patients. We have the ability to change our internal protocols to add the behavioral health interventions and monitor the results. This allows us to adequately respond to any project design that is negatively impacting our patients in a more efficient manner.

**4) Innovative Component**

Describe the key elements or approach(es) that will be new, changed, or adapted in your project (potentially including project development, implementation or evaluation). What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

a) If you are adapting an existing mental health model or approach, describe how your approach adds to or modifies specific aspects of that existing approach and why you believe these to be important aspects to examine.

b) If you are applying an approach or practice from outside of mental health or that is entirely new, what key aspects of that approach or practice do you regard as innovative in mental health, and why?

This preventative approach is new to primary care settings as a standard protocol for OB services. The Director of Behavioral Health at MACT is well versed in the dynamics in services of other mental health programs across the state. He is the current chair of the California Primary Care Association's Behavioral Health Taskforce and has been inquiring about such projects for some time with only minimal screening touchpoints with pregnant women. This will allow for adequate assessment of mental health needs at the time of pregnancy, enhance the parents understanding of developmental milestones, improve parenting/bonding approaches that are optimal for positive health, and decrease mental health stigma.

Other elements that make this project 'innovative' are:

- The requirement for collaboration between community partners in a formalized way. The relationship between Amador County Behavioral Health Services and the MACT Amador Clinic has never been pursued before. Additionally, other partnerships between other clinics and organizations within the county will need to be formalized to insure the success of this project.
- Ability to access an underserved population in a unique and culturally appropriate way while reducing stigma and normalizing mental health treatment. This project will have the ability to meet AI/ANpopulations in a trusted setting.
- Incorporate screening tools and implementing the use of these tools early in child's life (i.e. Ages and Stages/Ages and Stages-Social Emotional screenings).

- Development of the children's mental health well check.

**5) Learning Goals / Project Aims**

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the spread of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the spread of effective practices. There is no maximum number of learning goals required, but we suggest at least two. Goals might revolve around understanding processes, testing hypotheses, or achieving specific outcomes.

a) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

Can we reduce health disparities by increasing mental health touchpoints at key developmental stages?
Can we increase reception of mental health screenings, assessment and preventive information in pregnant patients?
Can we improve parenting/bonding behavior by implementing mental health touchpoints pre and post-partum?
Can we reduce mental health stigma, among natives and non-natives, by implementing these touchpoints?
Can ongoing community collaboration be formalized in a way to achieve positive outcomes for expecting and post-partum mothers?

These goals are prioritized because of the current status quo of most healthcare and mental health settings. We take a reactive response to mental health and health issues in our communities and hence taking a proactive approach will enhance the learning opportunities for our patients.

b) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

The key elements of this project are to implement and expand touchpoints throughout pregnancy, incorporate the use of screening tools, reduce stigma, collaborate with our community in a way that has never been pursued before and normalize mental health treatment in a primary care setting. Our goals listed above assist us in meeting our key elements and 'innovative' components of this project. The goals also incorporate the expansion beyond the pregnancy and post-partum phases to include the development of an early intervention model for the child as well, simultaneously targeting the reduction of stigma at a very young age.

We fail as a society in providing a standard approach towards vital information that will enhance expecting parent's abilities to appropriately address the bonding needs of children. The lack of information is something every parent has experienced thus leaving us to rely on our own parenting experiences, some better than others, and whatever we have learned along the way. The healthcare setting is an optimal place to receive this vital information as a natural part of growing child's health maintenance.

## I. Project Overview (continued)

**6) Evaluation or Learning Plan**

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. What observable consequences do you expect to follow from your project's implementation? How do they relate to the project's objectives? What else could cause these observables to change, and how will you distinguish between the impact of your project and these potential alternative explanations?

The greater the number of specific learning goals you seek to assess, generally, the larger the number of measurements (e.g., your "sample size") required to be able to distinguish between alternative explanations for the pattern of outcomes you obtain.

In formulating your data collection and analysis plan, we suggest that you consider the following categories, where applicable:

a) Who are the target participants and/or data sources (e.g., who you plan to survey to or interview, from whom are you collecting data); How will they be recruited or acquired?

Pregnant MACT patients; identified by the initial referral to OB by their primary care provider.

b) What is the data to be collected? Describe specific measures, performance indicators, or type of qualitative data. This can include information or measures related to project implementation, process, outcomes, broader impact, and/or effective dissemination. Please provide examples.

Quantitative: PHQ-2/9 (depression screening), ACE screening of parent, Attachment Classification, Pre and Post parenting/bonding questionnaire, pre and post mental health stigma questionnaire. Number of participants in project (demographic data; sex, ethnicity, ages of parents/children).
Qualitative: Parent/guardian reports of overall bonding/parenting/behavior of child.
*Other data will be identified once a third party evaluator is engaged to assist with developing measures, performance indicators, etc.*

c) What is the method for collecting data (e.g. interviews with clinicians, focus groups with family members, ethnographic observation by two evaluators, surveys completed by clients, analysis of encounter or assessment data)?

Interviews with clinicians; Surveys completed by parents/guardians
*Other methods will be identified once a third party evaluator is engaged to assist in developing effective and culturally appropriate ways to collect data.*

d) How is the method administered (e.g., during an encounter, for an intervention group and a comparison group, for the same individuals pre and post intervention)?

Encounter
*As stated above, once a third party evaluator has been retained, other methods of administration may be utilized.*

e) What is the *preliminary* plan for how the data will be entered and analyzed?

At this time, our preliminary plan is to utilize the Nextgen Electronic Health Record which will record PHQ 2/9 scores (i2i tracking system). Amador County Behavioral Services is in the process of locating organizations in an effort to contract a third party data evaluator to assist MACT Amador and Behavioral Health in building capacity to effectively lay the foundation for sustainability and ongoing data collection and analysis.

**7) Contracting**

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

Amador County Behavioral Health Services does plan to contract out the INN project, utilizing the MACT Amador Clinic. The County will ensure the quality and regulatory compliance by collecting quarterly reports and holding quarterly meetings to discuss opportunities, challenges and solutions to issues that may arise and to enforce regulatory compliance. Additionally, representatives of the MACT Amador Clinic who are involved with the implementation of this project will attend the bi-monthly MHSA/Cultural Competency Steering Committee to give ongoing reports regarding the project to keep key stakeholders informed. Additionally, monthly, ongoing updates will also be given at the Perinatal Wellness Coalition. By utilizing these different avenues, the county is able to ensure continuity and accountability of the quality of the project and create permanent avenues to problem solve accordingly when challenges occur.

The project evaluation will be contracted out to a 3rd party evaluator. The 3rd party evaluator will provide assistance in developing data collection mechanisms, writing annual reports and ensuring that the regulatory compliance is being adhered too. The 3rd party evaluator will be contracted for the duration of the project with the understanding that the ultimate goal is program sustainability—therefore, the main goal of hiring the evaluator will be to assist in building capacity and creating processes that can be sustained permanently by the clinic and county.

## II. Additional Information for Regulatory Requirements

**1) Certifications**

Innovative Project proposals submitted for approval by the MHSOAC must include documented evidence of County Board of Supervisors review and approval as well as certain certifications. Additionally, we ask that you explain how you have obtained or waived the necessity for human subjects review, such as by your County Institutional Review Board.

a) Adoption by County Board of Supervisors. Please present evidence to demonstrate that your County Board of Supervisors has approved the proposed project. Evidence may include explicit approval as a stand-alone proposal or as part of a Three-Year Plan or Annual Update; or inclusion of funding authority in your departmental budget. If your project has not been reviewed in one of these ways by your Board of Supervisors, please explain how and when you expect to obtain approval prior to your intended start date.

This project was included in the Amador County Behavioral Health Services MHSA Annual Update for FY16/17 and is attached for your review. The FY16/17 MHSA Annual Update was approved by the Amador County Board of Supervisors on November 22, 2016 and submitted to the Mental Health Services Oversight and Accountability Commission in December 2016.

b) Certification by the County mental health director that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA). Welfare and Institutions Code (WIC) 5847(b)(8) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and nonsupplantation requirements."

This was completed as a part of the Amador County Behavioral Health Services MHSA FY16/17 Annual Update which was approved by the Board of Supervisors on November 22, 2016 and is attached for your review.

c) Certification by the County mental health director and by the County auditor-controller if necessary that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA. WIC 5847(b)(9) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the Mental Health Services Act."

Of particular concern to the Commission is evidence that the County has satisfied any fiscal accountability reporting requirements to DHCS and the MHSOAC, such as submission of required Annual Revenue and Expenditure Reports or an explanation as to when any outstanding ARERs will be completed and filed.

The fiscal certification was completed as part of the FY16/17 MHSA Annual Update approval process and is included as an attachment for your review. Additionally, the Amador County Behavioral Health Services Annual Revenue and Expenditure Report for FY 15/16 was submitted to DHCS on April 10, 2017.

d) Documentation that the source of INN funds is 5% of the County's PEI allocation and 5% of the CSS allocation.

Documentation of the INN allocation is also included in the attached FY16/17 Annual Update Budget Worksheets as well as the county's revenue and expenditure reports.

**2) Community Program Planning**

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

Include a brief description of the training the county provided to community planning participants regarding the specific purposes and MHSA requirements for INN Projects.

The community planning process began in May 2016 when Alex Abarca, Director of Behavioral Health at the MACT Clinics, approached Behavioral Health with an innovative and exciting idea. Amador County has been collaborating with community partners in providing services, toolkits, outreach and education to providers and patients through the Amador-Calaveras Perinatal Wellness Coalition for the past two and half years. When Alex presented his innovative idea to Amador County Behavioral Health, it identified a unique way to utilize Innovations funds to expand the work we have already done as a community, to the next level.

The Innovations proposal was originally presented by Alex Abarca, LCSW, Director of Behavioral Health, MACT Health board at the June 14, 2016 MHSA/Cultural Competency Steering Committee Meeting as a part of the Community Planning Process for the FY16/17 Annual Update. This topic was also discussed again at the September 1, 2016 MHSA/Cultural Competency Committee Meeting when we were discussing the finalization of the FY16/17 Annual Update. On both occasions, feedback from stakeholders was positive and it was noted that this project is 'exciting' and 'a great way to reduce stigma.' It should be noted that the MHSA/Cultural Competency Steering Committee is composed of various community partners, stakeholders and county staff. A wide array of ethnicities is represented,

including the County's most underserved populations--Native Americans and Hispanic/Latinos. Furthermore, since Amador County is a very rural and widespread county, representation from underserved rural areas, Veterans, Children, TAY and Older Adults were also present at these meetings and participated in the stakeholder process. In order to keep the stakeholders and community partners involved in this project, Innovations is now a standing item on the agenda for each MHSA/Cultural Competency Steering Committee Meeting.

The Innovations proposal was also discussed at the Amador County Behavioral Health Advisory Board meeting in October 2016 when the Public Hearing for the FY16/17 Annual Update was held. Additionally, the Innovations proposal was presented by Alex Abarca at the June 2016 Perinatal Wellness Coalition meeting where feedback was again positive. Furthermore, ongoing meetings and communications with key partners have been occurring since May 2016. More recently, at the April 2017 Perinatal Wellness Coalition meeting, the Innovations Workgroup asked coalition members to think of a creative name for the proposed project. The project name, Circle of Wellness: Mother, Child, Family was created by one of the coalition members.

After approval of the FY 16/17 MHSA Annual Update in November 2016, an Innovations workgroup, specific to this project, was created. The workgroup meets monthly and consists of key stakeholders from tribal, early childhood and peer-ran organizations. The workgroup plays a vital role in the creation and development of this Innovative project.

**3) Primary Purpose**

Select **one** of the following as the primary purpose of your project. (I.e. the overarching purpose that most closely aligns with the need or challenge described in Item 1 (The Service Need).

a) Increase access to mental health services to underserved groups
b) Increase the quality of mental health services, including measurable outcomes
c) Promote interagency collaboration related to mental health services, supports, or outcomes
d) Increase access to mental health services

The primary purpose of this project is to 'Promote interagency collaboration related to mental health services, supports, or outcomes.'

## II. Additional Information for Regulatory Requirements (continued)

**4) MHSA Innovative Project Category**

Which MHSA Innovation definition best applies to your new INN Project (select one):

a) Introduces a new mental health practice or approach.
b) Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.
c) Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

The MHSA Innovation definition that best applies to Amador's proposed project is b— 'Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.'

**5) Population (if applicable)**

a) If your project includes direct services to mental health consumers, family members, or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number?

It is estimated that this project will serve approximately 10 individuals per year. This number is estimated by using data from the MACT Clinic that reflects how many referrals to OB/Gyn providers were made in FY15/16. Amador County birth data was also used when estimating this number (this information was received from the Amador Co. Public Health Department).

b) Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate. In some circumstances, demographic information for individuals served is a reporting requirement for the Annual Innovative Project Report and Final Innovative Project Report.

All pregnant MACT patients of any age, of any race, ethnicity or language.

c) Does the project plan to serve a focal population, e.g., providing specialized services for a target group, or having eligibility criteria that must be met? If so, please explain.

The project will provide the proposed Innovative services to pregnant patients (and the children of those pregnancies) whose primary care is provided by the MACT clinic.

**6) MHSA General Standards**

Using specific examples, briefly describe how your INN Project reflects and is consistent with all potentially applicable MHSA General Standards set forth in Title 9 California Code of Regulations, Section 3320. (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standard could not apply to your INN Project, please explain why.

a) Community Collaboration

Community Collaboration will be taken to a new level through this Innovations project. First of all, an integrated care clinic, such as MACT, has never partnered with Amador County Behavioral Health Services. In fact, Amador County BHS has never formally partnered with a primary care clinic. This would be the first partnership of its kind in our community. By partnering together and developing tools and protocols as a team, we will be able to increase access to mental health services, supports and education at crucial points in patients' lives.

We foresee that the collaboration with community partners will only expand through this Innovations project as well. For example, the MACT clinic does not offer OB/GYN services. Therefore, in order to effectively coordinate patient care and roll out this project as it is intended, MACT will effectively communicate with OB/GYN's throughout the county to ensure the patients are receiving the mental health services as required. This will inadvertently educate outside community providers on the importance of providing mental health supports throughout pregnancy to prevent or monitor symptoms as they arise.

Community collaboration will also carry over through the utilization of the Amador-Calaveras Perinatal Wellness Coalition. The PWC is a group that ranges from providers, community partners, individual therapists, volunteers and other various agencies throughout two counties to provide education, support and outreach around Perinatal Mood and Anxiety Disorders. The Innovations project will have a monthly presence at this meeting to ensure that our efforts are being captured and the PWC is kept apprised of what is going on with the Innovations project and how we can continue to utilize each other as partners in this endeavor.

The project already has a robust workgroup which consists of tribal, early childhood and peer-run organizations. This workgroup is meeting consistently and has played a vital role in the creation and planning to this point. The workgroup will continue to meet throughout the course of the project.

b) Cultural Competency

This project is bridging a rural Indian primary healthcare clinic with county behavioral health and aims to provide increased access to Native Americans, a historically underserved population in Amador County. As a result, culturally appropriate service needs apply to this population. MACT serves this population on a daily basis and understands the challenges they face when it comes to risk factors, stigma, mental health, substance abuse and access barriers. MACT will be able to provide services in a culturally and linguistically appropriate manner that will meet the distinct needs of the population they serve.

c) Client-Driven

The 'clients' of this project are essentially the pregnant patients (and the children that result of the pregnancy) of the MACT Clinic, as identified in the dialogues above. The patients are the core component of this project and will have the ability to inform the process through self-report, evaluation and participation in the program itself. The patients will also fully participate in the development of treatment goals and plans.

d) Family-Driven

Family members and other support persons play a significant role in this project and are key components to patient's wellness and quality of life during pregnancy and after. The family and supports, as appropriate, will be fully included in this project and will be provided with education, tools and community supports.

e) Wellness, Recovery, and Resilience-Focused

This project will focus on prevention and management of adverse mental health symptoms during and after pregnancy. By providing tools, resources, services and supports to pregnant mothers, families and their children, we are promoting that wellness should be a priority, recovery is possible and a quality of life can be restored. Ongoing support of resiliency in our native and rural communities is key to this project's success.

f) Integrated Service Experience for Clients and Families

This project will allow for patient's and family members/support persons to benefit from receiving both medical and behavioral health treatment in an integrated setting. The education and support that the project services would provide will enhance the service experience for the clients and hopefully increase access to both primary care and behavioral health related services. Outside resources will also be available depending on the needs of each patient (i.e. Tribal TANF and other tribal organizations, Amador Pregnancy Center, Operation Care, etc).

## II. Additional Information for Regulatory Requirements (continued)

**7) Continuity of Care for Individuals with Serious Mental Illness**

Will individuals with serious mental illness receive services from the proposed project?
If yes, describe how you plan to protect and provide continuity of care for these individuals when the project ends.

This project will not target individuals with serious mental illness as the proposed project intends to pilot a more preventative approach. Per DHCS requirements, MACT is designated as a Rural Health Center. This designation requires that MACT providers treat what is considered "Mild to Moderate" mental illness and refer patients who meet criteria for Severe Mental Illness (SMI) or primary Drug Addiction to the local county behavioral health system for care.

However, MACT occasionally encounters patients identified with SMI and has appropriately linked them to the proper system of care that they need (Amador County Behavioral Health, etc.). This protocol will continue throughout the course of this project to ensure those who suffer from Serious Mental Illness will receive continuity in their care.

**8) INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement.**

a) Explain how you plan to ensure that the Project evaluation is **culturally competent**.

*Note: this is not a required element of the initial INN Project Plan description but is a mandatory component of the INN Final Report. We therefore advise considering a strategy for cultural competence early in the planning process. An example of cultural competence in an evaluation framework would be vetting evaluation methods and/or outcomes with any targeted ethnic/racial/linguistic minority groups.*

The project will be hiring a 3rd party evaluator to assist with data collection and regulatory compliance. Cultural competence will play a key role in the data we collect and the quality assurance of the entire project. The plan is to create strategies at the onset of the project to develop goals related to cultural competence and create appropriate methods of reaching those goals. In addition to working with the 3rd party evaluator to assist us in building these strategies, we will also engage with Tribal organizations internally and externally (e.g., internally with assistance from the Tribal Governing Board at MACT) to assess and manage the impact of the American Indian/Native American patients.

The project goal is to create and sustain effective methods to capture how the project will improve AI/ANaccess to mental health services as well as providing cultural competent services to those facing other cultural challenges in our county (i.e. poverty, domestic violence, single parent homes, etc.).

b) Explain how you plan to ensure **meaningful stakeholder participation** in the evaluation.
*Note that the mere involvement of participants and/or stakeholders as participants (e.g. participants of the interview, focus group, or survey component of an evaluation) is not sufficient. Participants and/or stakeholders must contribute in some meaningful way to project evaluation, such as evaluation planning, implementation and analysis. Examples of stakeholder involvement include hiring peer/client evaluation support staff, or convening an evaluation advisory group composed of diverse community members that weighs in at different stages of the evaluation.*

Meaningful stakeholder participation will be ongoing and play a vital role in the evaluation of this project. Three main avenues will be utilized to engage stakeholders and participants:

**Innovations Workgroup:** This robust group consists of tribal, early childhood and peer-run organizations. Also included in this group are county behavioral health staff. This workgroup is currently meeting to plan and develop this project. After the project is approved by the MHSOAC, the workgroup will continue to meet monthly during implementation and quarterly, thereafter. This group will be the primary avenue where data collection is compiled and reviewed. Issues, challenges, opportunities and successes will be discussed at length utilizing this group. This group will insure that stakeholders are informed of all outcomes produced from this project and feedback from the discussions with other stakeholder groups will be discussed using this workgroup.

**MHSA/Cultural Competency Steering Committee:** This committee meets on a bi-monthly basis and is a gathering of key stakeholders, community partners, consumers, family members, behavioral health staff and other members of our community. This meeting is the platform where priorities for each component of MHSA are established and decisions about how to implement, improve or expand programs are made. To ensure that stakeholders are informed and included as a part of this project, representatives of the MACT Amador Clinic who are involved with the implementation and development of this project will attend the bi-monthly MHSA/Cultural Competency Steering Committee to give ongoing reports regarding the project to keep key stakeholders informed. This committee will also discuss challenges and solutions as well as opportunities that may arise during the course of the proposed project. Ideally, the vision is to also include quarterly evaluation reports regarding the project at this meeting. Feedback regarding the data and evaluation reports will be taken back to the Innovation Workgroup.

**Amador-Calaveras Perinatal Wellness Coalition:** As stated in previous dialogue, the Amador-Calaveras Perinatal Wellness Coalition consists of members from a variety of organizations throughout the two county region. Ongoing, monthly updates will also be delivered at the coalition meetings. The coalition will serve as a platform for the project to

really discuss evaluation and opportunities and challenges that come along with it in our small, rural, area. Utilizing this coalition for the evaluation discussion is a great way for the project to truly capture a large amount of feedback from a wide array of community organizations and individuals in one setting. Again, this group will be presented with ongoing data and report any feedback derived from the coalition will all be taken back to the Innovations Workgroup.

## II. Additional Information for Regulatory Requirements (continued)

**9) Deciding Whether and How to Continue the Project Without INN Funds**

Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without INN Funds following project completion. For example, if the evaluation does (or does not) indicate that the service or approach is effective, what are the next steps?

Throughout the entire course of this project, the driving force of any intervention, change, protocol, etc. will be sustainability. The question, after any discussion, will come back to the sustainability and how, if the intervention or plan is successful, will it be sustained? This question will reach into the capacity of staff and fiscal endurance. Having this approach will allow the workgroup to create a program that, if successful, could carry on without Innovation funding because the systems change has already taken place during the pilot years.

If the project is successful, the plan is to leverage Prevention and Early Intervention funds with the amounts in which MACT Amador is able to bring in from billing for services. If some elements of the project are deemed more successful than others, then the specific elements that showed promising outcomes will be adopted and maneuvered into a sustainable program, again leveraging Prevention and Early Intervention funding through the Mental Health Services Act.

**10) Communication and Dissemination Plan**

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

a) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties?

The plan to disseminate information to stakeholders within our county regarding the INN project is to utilize the community and organizational meetings as stated in 8b above. Additionally, the MHSA Quarterly Newsletter will highlight the Innovations success, challenges and lessons learned on a regular basis. This newsletter is widely distributed throughout Amador County. The MHSA Programs Coordinator will also be providing ongoing updates regarding the pending project to the Amador County Behavioral Health Advisory Board at their bi-monthly meetings.

The MACT Amador Clinic will also have reporting requirements to their board and stakeholders. Since the MACT Healthboard covers four counties; project evaluation, data and other pertinent information will be given to other small rural counties in our geographic area.

b) How will program participants or other stakeholders be involved in communication efforts?

Program participants, stakeholders and other involved community members will be able to communicate concerns, questions, suggestions, etc. regarding this project on an ongoing basis. The meetings listed in 8b above are also used as forums for community discussion. Open conversations with stakeholders and program participants regarding the project will be vital to ongoing success and using systems already in place to demonstrate the effort regarding the open dialogue with our partners will help insure sustainable and trusted avenues to meet this need.

c) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

Infant-Parent Mental Health; Post-Partum; Native American; Trauma; Attachment; Perinatal Prevention; Adverse Childhood Experiences; Integrated Care

- **Timeline**
- Specify the total timeframe (duration) of the INN Project: __5__ Years __0__ Months
- Specify the expected start date and end date of your INN Project: _7/1/17___ Start Date _6/30/22___ End Date
  *Note: Please allow processing time for approval following official submission of the INN Project Description.*
- Include a timeline that specifies key activities and milestones and a brief explanation of how the project's timeframe will allow sufficient time for
- Development and refinement of the new or changed approach;
- Evaluation of the INN Project;
- Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project;
- Communication of results and lessons learned.

**Amador 'Circle of Wellness: Mother, Child, Family' Timeline**

**Year 1 (7/1/17 through 6/30/18)—Planning:**

The first year of this project is intended to be a planning year. The planning will be a collaborative effort on behalf of the Innovations Workgroup and the MACT Clinic to create the following:

- Identify a 3rd Party Evaluator to assist in project development and foundational structure
- Develop interventions-algorithm; core components
- Develop protocols (referral protocol between agencies/organizations; ROI's; etc.)
- Develop MOU's between to formalize interagency collaboration and accountability
- Identify data collection methods and protocols
- Develop and streamline measurable project goals
- Start delivering services, utilizing the developed protocols, interventions and data collection methods identified in the planning phase
- Continuous attendance and ongoing reporting and involvement of stakeholders at the MHSA/Cultural Competency Steering Committee meetings and Amador-Calaveras Perinatal Wellness Coalition meetings

**Year 2 through 4 (7/1/18 through 6/30/21)—Implement Practice:**

The second, third and fourth year of this project will be the actual pilot years of this project where the practices identified and developed in year 1 are implemented.

- Implement practice
- Innovations Workgroup will meet quarterly to review data, identify challenges, lessons learned and discuss opportunities for improvement or change
- Continuous attendance and ongoing reporting and involvement of stakeholders at the MHSA/Cultural Competency Steering Committee meetings and Amador-Calaveras Perinatal Wellness Coalition meetings
- Annual project evaluations and reviews will be completed and analyzed with the assistance of the 3rd Party Evaluator. All evaluations, data, outcome measures, etc. will be delivered to stakeholders on an ongoing, regular basis.

**Year 5 (7/1/21 through 6/30/22)—Final Review and Sustainability Plan:**

The fifth year will be dedicated to the final review while continuing service delivery as demonstrated in years two through four. During the final year, complete review will be conducted. Successes, lessons learned and other data will

be reviewed to determine what elements should be included in the sustainability plan. A comprehensive sustainability plan will be completed which will define what the program will look like moving forward. The Sustainability Plan will include fiscal accountability, maintenance of data collection methods and analysis and ongoing identification of resources and partners necessary to ensure continued success.

Throughout the final year, all stakeholders will continue to be involved in meaningful way. The Final Report and Sustainability Plan will be reviewed by the stakeholders using the three avenues (at minimum) listed in 8b above, prior to formal approval and presentation.

## II. Additional Information for Regulatory Requirements (continued)

**11) INN Project Budget and Source of Expenditures**

**The next three sections identify how the MHSA funds are being utilized:**

a) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)

b) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)

**c)** BUDGET CONTEXT (If MHSA funds are being leveraged with other funding sources)

### A. Budget Narrative:

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time..."). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

**Budget Narrative for Circle of Wellness: Mother, Child, Family**

***Personnel Costs:*** This sum includes 1/6 of the salary for the MHSA Programs Coordinator and 1/6 of the salary for the Behavioral Health Director. The salary includes a 5% increase over the course of the project to reflect cost of living and step raise increases. ACBHS plans to have two separate Innovations projects simultaneously, therefore, the salaries allocated to this Innovations project were adjusted accordingly to split between the two projects.

***Operating Costs:*** Direct costs of operation are budgeted to reflect specific office supplies related to the project, continuing education, training and licensing costs. Indirect costs of operation were calculated at 5% for incidentals.

***Non-Recurring Costs:*** Equipment and technology for FY17/18 was budgeted at $3,500 in order to build capacity of laptops and/or tablets as well as software programs (if needed) for easy data collection methods. Ongoing budget of $1,000 per year for the remaining part of the project was allocated for other equipment needs as they arise.

***Consultant Costs/Contracts:*** The costs budgeted for in this section include the contract ACBHS will have with the MACT Clinic to provide the services laid out in the project design as well as a 3rd Party Evaluator. Direct Costs were calculated using the approved budget from the MACT Clinic which includes 1 full time clinician and a portion of the supervisory costs associated with the Behavioral Health Director of the MACT Clinics. All MACT direct salary costs include a 5% increase per year for cost of living and wage increase steps.
Another portion of direct costs were allocated for a 3rd party evaluator at $18,000 per year.

Indirect Costs for this section of the budget include 15% of the MACT salaries per year and $7,000 per year for the 3rd party evaluator. Since the service delivery and methods of data collection will be provided by the MACT Clinic and driven by the data evaluator's assistance to insure effective methods, the bulk of the costs lies in this portion of the budget.

The proposed project is estimated to cost $918,920 over the course of the five-year period. The average cost annually will be $183,784 and includes all service delivery and data evaluation and dissemination costs. The project, Circle of Wellness: Mother, Child, Family, will utilize Innovations funding for the duration of the project.

**B. New Innovative Project Budget By FISCAL YEAR (FY)***

| EXPENDITURES | | | | | | | |
|---|---|---|---|---|---|---|---|
| **PERSONNEL COSTs (salaries, wages, benefits)** | | **FY 17/18** | **FY 18/19** | **FY 19/20** | **FY 20/21** | **FY 21/22** | **Total** |
| 1. | Salaries | **21,921** | **22,662** | **22,968** | **23,290** | **23,290** | **114,131** |
| 2. | Direct Costs | | | | | | |
| 3. | Indirect Costs | | | | | | |
| 4. | Total Personnel Costs | **21,921** | **22,662** | **22,968** | **23,290** | **23,290** | **114,131** |
| | | | | | | | |
| **OPERATING COSTs** | | **FY 17/18** | **FY 18/19** | **FY 19/20** | **FY 20/21** | **FY 21/22** | **Total** |
| 5. | Direct Costs | **11,100** | **11,100** | **11,100** | **11,100** | **11,100** | **55,500** |
| 6. | Indirect Costs | **600** | **600** | **600** | **600** | **600** | **3,000** |
| 7. | Total Operating Costs | **11,700** | **11,700** | **11,700** | **11,700** | **11,700** | **58,500** |

| **NON RECURRING COSTS (equipment, technology)** | | **FY 17/18** | **FY 18/19** | **FY 19/20** | **FY 20/21** | **FY 21/22** | **Total** |
|---|---|---|---|---|---|---|---|
| 8. | **Laptops/Tablets** | **3,500** | **1,000** | **1,000** | **1,000** | **1,000** | **7,500** |
| 9. | | | | | | | |
| 10. | Total Non-recurring costs | **3,500** | **1,000** | **1,000** | **1,000** | **1,000** | **7,500** |
| | | | | | | | |
| **CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)** | | **FY 17/18** | **FY 18/19** | **FY 19/20** | **FY 20/21** | **FY 21/22** | **Total** |
| 11. | Direct Costs | **114,601** | **119,431** | **124,503** | **129,828** | **135,419** | **623,782** |
| 12. | Indirect Costs | **21,490** | **22,215** | **22,975** | **23,714** | **24,613** | **115,007** |
| 13. | Total Consultant Costs | **136,091** | **141,646** | **147,478** | **153,542** | **160,032** | **738,789** |

| **OTHER EXPENDITURES (please explain in budget narrative)** | **FY 17/18** | **FY 18/19** | **FY 19/20** | **FY 20/21** | **FY 21/22** | **Total** |
|---|---|---|---|---|---|---|
| 14. | | | | | | |
| 15. | | | | | | |
| 16. Total Other expenditures | | | | | | |

| **BUDGET TOTALS** | | | | | | |
|---|---|---|---|---|---|---|
| Personnel (line 1) | **21,921** | **22,662** | **22,968** | **23,290** | **23,290** | **114,131** |

| | | | | | | |
|---|---|---|---|---|---|---|
| Direct Costs (add lines 2, 5 and 11 from above) | **125,701** | **130,531** | **135,603** | **140,928** | **146,519** | **679,282** |
| Indirect Costs (add lines 3, 6 and 12 from above) | **22,090** | **22,815** | **23,575** | **24,314** | **25,213** | **118,007** |
| Non-recurring costs (line 10) | | | | | | |
| Other Expenditures (line 16) | | | | | | |
| TOTAL INNOVATION BUDGET | | | | | | |

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

**C. *Expenditures By Funding Source and FISCAL YEAR (FY)***

***Administration:***

| A. | **Estimated total mental health expenditures <u>for ADMINISTRATION</u> for the entire duration of this INN Project by FY & the following funding sources:** | **FY 17/18** | **FY 18/19** | **FY 19/20** | **FY 20/21** | **FY 21/22** | **Total** |
|---|---|---|---|---|---|---|---|
| 1. | Innovative MHSA Funds | 148,212 | 152,008 | 158,146 | 164,532 | 171,022 | 793,920 |
| 2. | Federal Financial Participation | | | | | | |
| 3. | 1991 Realignment | | | | | | |
| 4. | Behavioral Health Subaccount | | | | | | |
| 5. | Other funding* | | | | | | |
| **6.** | **Total Proposed Administration** | **148,212** | **152,008** | **158,146** | **164,532** | **171,022** | **793,920** |

***Evaluation:***

| B. | **Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:** | **FY 17/18** | **FY 18/19** | **FY 19/20** | **FY 20/21** | **FY 21/22** | **Total** |
|---|---|---|---|---|---|---|---|
| 1. | Innovative MHSA Funds | **25,000** | **25,000** | **25,000** | **25,000** | **25,000** | **125,000** |
| 2. | Federal Financial Participation | | | | | | |
| 3. | 1991 Realignment | | | | | | |
| 4. | Behavioral Health Subaccount | | | | | | |
| 5. | Other funding* | | | | | | |
| **6.** | **Total Proposed Evaluation** | **25,000** | **25,000** | **25,000** | **25,000** | **25,000** | **125,000** |

***TOTAL:***

| C. | **Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:** | **FY 17/18** | **FY 18/19** | **FY 19/20** | **FY 20/21** | **FY 21/22** | **Total** |
|---|---|---|---|---|---|---|---|
| 1. | Innovative MHSA Funds | **173,212** | **177,008** | **183,146** | **189,532** | **196,022** | **918,920** |
| 2. | Federal Financial Participation | | | | | | |
| 3. | 1991 Realignment | | | | | | |
| 4. | Behavioral Health Subaccount | | | | | | |
| 5. | Other funding* | | | | | | |
| **6.** | **Total Proposed Expenditures** | **173,212** | **177,008** | **183,146** | **189,532** | **196,022** | **918,920** |
| | | | | | | | |

*If "Other funding" is included, please explain.

# BEHAVIORAL HEALTH DEPARTMENT

10877 Conductor Boulevard, Suite 300 • Sutter Creek, CA 95685 •
Phone (209) 223-6412 • Fax (209) 223-0920 • Toll Free Number (888) 310-6555


December 16, 2016

Mental Health Services Oversight and Accountability Commission
1325 J Street
Suite 1700
Sacramento, CA 95814

Dear Commissioners and MHSOAC Staff,

Enclosed please find Amador County Behavioral Health Services Mental Health Services Act Annual Update for FY16/17. The FY16/17 Annual Update was approved by the Amador County Board of Supervisors on November 22, 2016.

If you have questions or comments regarding the FY16/17 Annual Update, please do not hesitate to contact me at shess@amadorgov.org or by phone at (209) 223-6308. Thank you.

Sincerely,

Stephanie Hess

Stephanie Hess
MHSA Programs Coordinator
Amador County Behavioral Health

# Amador County
# Behavioral Health Services
# Mental Health Services Act
# Annual Update

## Fiscal Year 2016/17

WELLNESS | RECOVERY | RESILIENCY

# Table of Contents

## COUNTY CERTIFICATIONS

| MHSA County Program Certification | |
|---|---|
| County: Amador | Submission: Annual Update |
| **County Mental Health Director**<br>Name: Melissa Cranfill, LCSW<br>Telephone Number: 209-223-6335<br>E-mail: mcranfill@amadorgov.org | **Project Lead**<br>Name: Stephanie Hess<br>Telephone Number: 209-223-6308<br>E-mail: shess@amadorgov.org |
| County Mental Health Mailing Address:<br>Amador County Behavioral Health Services<br>10877 Conductor Blvd., Ste. 300<br>Sutter Creek, CA 95685 | |

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft FY 2015/16 annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate.

A.B. 100 (Committee on Budget – 2011) significantly amended the Mental Health Services Act to streamline the approval processes of programs developed. Among other changes, A.B. 100 deleted the requirement that the three year plan and updates be approved by the Department of Mental Health after review and comment by the Mental Health Services Oversight and Accountability Commission. In light of this change, the goal of this update is to provide stakeholders with meaningful information about the status of local programs and expenditures.

I declare, to the best of my knowledge, the information provided herein is true and correct.

Melissa Cranfill, LCSW
Mental Health Director/Designee (PRINT)

Melissa C Cranfill, LCSW 2/15/2016
Signature Date

## COUNTY CERTIFICATIONS

### MHSA County Fiscal Accountability Certification*

County: Amador

Submission: Annual Update

| County Mental Health Director | County Auditor-Controller |
|---|---|
| Name: Melissa Cranfill, LCSW | Name: Tacy Oneto Kauen |
| Telephone Number: 209-223-6335 | Telephone Number: (209) 223-6357 |
| E-mail: mcranfill@amadorgov.org | E-mail: tkauen@amadorgov.org |

County Mental Health Mailing Address:
Amador County Behavioral Health Services
10877 Conductor Blvd., Ste. 300
Sutter Creek, CA 95685

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 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 is true and correct to the best of my knowledge.

Melissa Cranfill, LCSW
Mental Health Director/Designee (PRINT)

Melissa Cranfill, LCSW
Signature

12/15/16
Date

I hereby certify that for the fiscal year ended June 30, 2011, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is dated 3/22/2016 for the fiscal year ended June 30, 2015. I further certify that for the fiscal year ended June 30, 2015, the State MHSA distributions were recorded as revenues in the local MHS fund; that the County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and record in compliance with such appropriations; and that the County 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 update/report is true and correct to the best of my knowledge.

Tacy Oneto Kauen
County Auditor-Controller (PRINT)

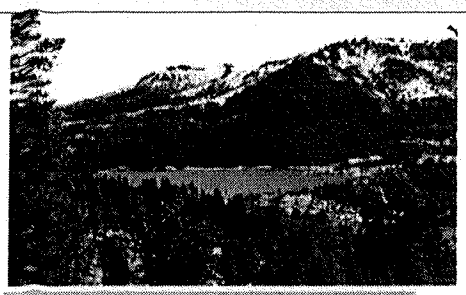
Tacy Oneto Kauen
Signature

12/15/2016
Date

*Welfare 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

### Amador County Snapshot



Amador County covers 595 square miles approximately 45 miles southeast of Sacramento in the western Sierra Nevada foothill and mountain terrain. Its elevation ranges from 200 to more than 9000 feet. The region is often referred to as part of the "Mother lode" based on its 19th century gold rush history. The county is characterized by quaint historic towns and vineyards. Jackson is the county seat and the main commercial center. Other towns include Pioneer, Volcano, Amador City, Sutter Creek, Fiddletown, Drytown, Pine Grove, Martell and River Pines.

Amador's population recently decreased to about 36,000 residents. For many years, at least 10% of the population census included Preston School of Industry (for incarcerated persons under 21 years of age; Preston closed in 2011) and the Mule Creek Prison for adults. The Mule Creek population decreased over the past several years due to the realignment of custody, treatment, and supervision of individuals convicted of specified non-serious crimes from the state prison system to counties. This decrease in prison population (from 4,015 to 2,870) is reflected in the total population.

The county's population is older than the state and that of its foothill counties to the south. Percentage-wise, compared to the state, its 0 to 4-year-old population is small, and percent of 64 years old and older is large. The county's median age is 49.1 years. This is about 1.4 times that found in California; and about 1.3 times the percent in the US.

**County Demographics:**

- 90.9% Caucasian
- 2.3% African American
- 2.1% American Indian/Alaska Native
- 1.2% Asian American
- 0.2% Hawaiian
- 12.7% Hispanic/Latino
- 3.2% Reporting 2 or More Races/Ethnicities
- **13% Live Below the Poverty Level (3.4% increase from 2000 to 2012)**
- **5,005 Veterans (98% male; 5% 18-24; 16% 35-54; 28% 55-64, 51% 65 or older)**

*Data taken from the August 2014 Amador County Community Assessment. Copies available upon request.

**County Challenges:**

- **Limited housing opportunities for lower-income households have also led to increased homelessness in Amador**
  - In 2015, 235 people were counted as homeless, including 17 youth and 18 older adults (60+)
  - At least 29% were affected by mental illness and/or substance abuse and 8% were Veterans
  - Counts from 2016 showed an 18% increase, for a total of 285 people being counted as homeless in Amador County
- Remote areas face transportation challenges, leading to increased isolation for families and older adults

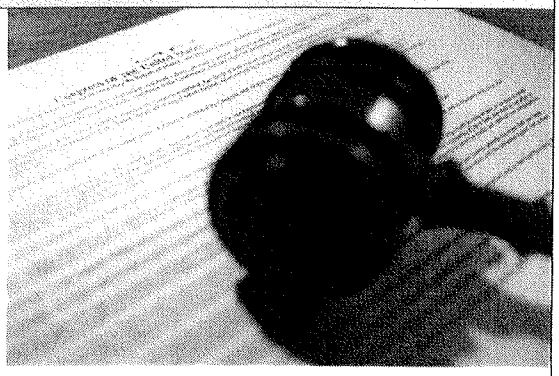
## BACKGROUND

**Workforce Needs Assessment**
Amador County Behavioral Health Services (ACBHS) currently employs the Full Time Equivalency (FTE) of: 6.5 Clinicians, 1 Crisis Coordinator, 1 Crisis Counselor, 1.0 FTE (4-part time) Contracted Crisis Workers, 3 Personal Service Coordinators, 2 Substance Abuse Counselors, 1 FTE (3-part time) Psychiatrists, 1 Psych Tech, 5 Supervisors/ Managers/ Administrators, 6 Support Personnel, and 1 FTE Transportation Driver.

With the passing of the Affordable Care Act and Covered California, many Amador residents have medical coverage for the first time and have been seeking needed physical and mental health care. Unfortunately, demand has far outweighed the supply of medical professionals in Amador. ACBHS is mandated to see those in crisis and the seriously mentally ill. The county currently has a staffing shortage to treat those with mild to moderate mental illness. In addition, due to stressors typical to a rural environment (isolation, lack of resources, limited transportation), the need for additional crisis support is always needed, along with case management to assist clients to access existing resources, such as housing.

## Introduction

**The Mental Health Services Act**
In 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA), which became law on January 1, 2005. The Act imposes 1% taxation on personal income exceeding $1 million. Over the past 8 years, these funds have transformed, expanded, and enhanced the current mental health system. MHSA has allowed Amador County Behavioral Health Services (ACBHS) to significantly improve services and increase access for previously underserved groups through the creation of community based services and supports, prevention and early intervention programs, workforce, education and training, as well
as innovative, new approaches to providing programs to the public.



**MHSA Legislative Changes**
In March of 2011, AB 100 was signed into law by the Governor and created immediate legislative changes to MHSA. Among other changes, AB 100 eliminated the State Department of Mental Health (DMH) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) from their respective review and approval of County MHSA plans and expenditures. It also replaced DMH with the "State" for the distribution of MHSA funds, and suspended the non-supplant requirement for FY 11/12 due to the State's fiscal crisis. This allowed for MHSA funds to be used for non-MHSA programs, and for $862 million dollars to be redirected to fund Early Periodic Screening, Diagnosis and Treatment (EPSDT), Medi-Cal Specialty Managed Care, and Education Related Mental Health for students.

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

**Update Purpose**
The intent of the MHSA Annual Update is to provide the public an update of each component within MHSA: Community Services and Supports (including Permanent Supportive Housing); Prevention and Early Intervention; Workforce, Education and Training; Innovation Projects; as well as Capital Facilities and Technology. In accordance with MHSA regulations, County Mental Health Departments are also required to submit a program and expenditure plan (program description and budget) and update it on an annual basis, based on the estimates provided by the state and in accordance with established stakeholder engagement and planning requirements (Welfare & Institutions Code, Section 5847). ***This update provides a progress report of ACBHS' MHSA activities for the previous fiscal year as well as an overview of current or proposed MHSA programs planned for the Fiscal Year to come. Projected Fiscal Year 2016/17 expenditures for each MHSA component can be found on Page 28.***

## BACKGROUND

**Direction for Public Comment**

Behavioral Health Services is pleased to announce the release of this Annual Update to Amador County's Mental Health Services Act Plan for FY 2016/17. This Update is based on statutory requirements, a review of the community planning over the past several years, and extensive recent stakeholder input.

Behavioral Health Services is seeking comment on the Annual Update during a 30-day public review period between September 17, 2016 and October 19th 2016. A copy of the Annual Update may be found at www.amador.networkofcare.org and will be available at the Behavioral Health Services front desk. You may also request a copy by contacting Stephanie Hess at 209-223-6308. A Public Hearing regarding this Annual Update will be held during the Mental Health Board on October 19, 2016 at 3:30 pm at Behavioral Health Services, 10877 Conductor Blvd., Sutter Creek.

All comments regarding the Annual Update for FY 2016/17 may be directed to Stephanie Hess, Mental Health Services Act Programs Coordinator, via email at shess@amadorgov.org or by calling 209-223-6308 during the 30-day public review period. Thank you for your ongoing interest in the Mental Health Services Act.

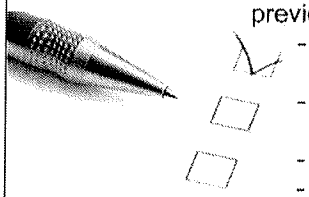
## COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

**Public Comment Period: September 17, 2016 through October 19, 2016**
**Date of Public Hearing: October 19, 2016**

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

### Community Program Planning

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



Amador County utilized data obtained from the Mental Health Services Act / Cultural Competency Steering Committee (made up of consumers, family members, community partners, and county staff) to ensure that this Annual Update was an appropriate use of funds. Amador also used previous stakeholder input including:

- Previous CPP input from the original Community Services and Supports (CSS) 3 Year Plan and the MHSA 3 Year Plan for Fiscal Years 2014-2017
- Previous CPP input from the Prevention and Early Intervention Component to the CSS Plan
- Previous CPP input from the Innovation Component to the CSS Plan
- Monthly workgroup meetings with consumers and family members
- One-on-one interviews with key stakeholders

2. The following stakeholder entities were involved in the Community Program Planning (CPP) Process. (i.e., agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)

Stakeholders involved in recent and previous community program planning includes:

- The Mental Health Board and other Amador County Community Members/Stakeholders
- Consumers and their Families, including Transitional Age Youth, Adults, & Older Adults, of the Mental Health Services Act / Cultural Competency Steering Committee
- Targeted Underserved Groups including Latinos, Veterans, Homeless, & LGBTQ
- Mental health and substance abuse staff of Amador County Behavioral Health (ACBHS)
- ACBHS Partner Agencies/Organizations, including Substance Abuse Providers
- Community-based organizations including the Peer-Run Sierra Wind Wellness Center

### Local Review Process

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

After this Annual Update was posted for 30-day public review and comment, Amador County utilized the following methods to ensure the posting was thoroughly publicized and available for review:

- Posted an electronic copy on www.amador.networkofcare.org
- Provided hard-copies at the Behavioral Health Services front desk for public access
- Provided electronic copies to the Mental Health Services Act / Cultural Competency Steering Committee
- Submitted press release regarding the availability of the update and date of Public Hearing
- Publicized availability of the Annual Update at various community Commissions, Boards, and meetings
- Provided information to the Mental Health Board and community members at the Public Hearing

4. The following are any substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update.

Comments received thus far have been positive; only requiring minimal editorial changes to the following Annual Update. These changes are listed below:

## COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

- Table of Contents Edits: Changed language from 'FY 15/16 Budget' and 'FY 15/16 Annual Update Attachments' to 'FY 16/17 Budget' and 'FY 16/17 Annual Update Attachments.
- After public comment was received and further research conducted (see attachments on page 31), bullet 3 from page 5 which stated 'Public transportation to obtain centrally-located services is often limited to 1-2 buses a day or does not exist' was removed from the Annual Update as it no longer applies.
- The Workforce Needs Assessment was updated to include 1 Full-Time Crisis Counselor and other staffing changes.

Please see attachments for further details.

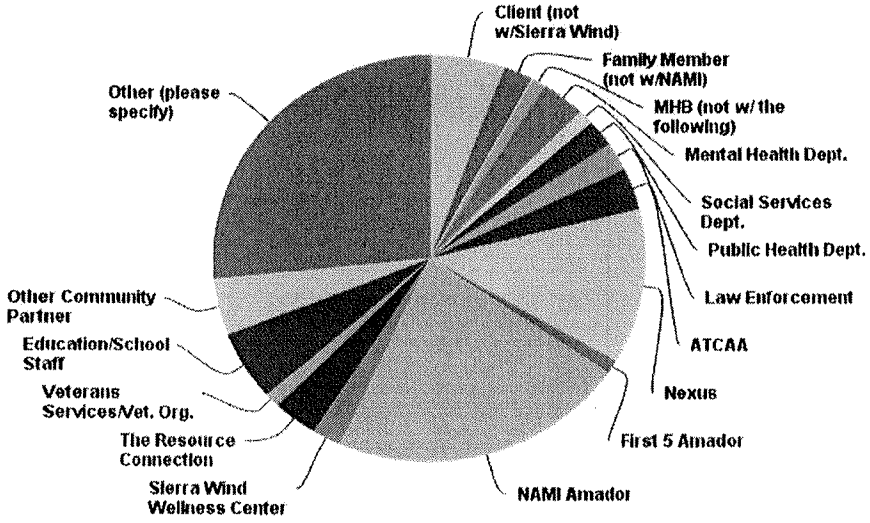
## COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

### Community Planning Process Survey Responses

A 6-page MHSA FY 2016/17 Annual Update Community Input Survey was widely distributed to all stakeholders, along with many others. The purpose of this survey was to determine who is actively participating in the Stakeholder process, what target populations and programs the community feels MHSA funding should be focusing more on, how effective the department is in meeting the essential elements of the Act, and what additional programming is needed, funding permitted. The following represents the 91 responses received from April to early June 2016.

**Groups who responded:**

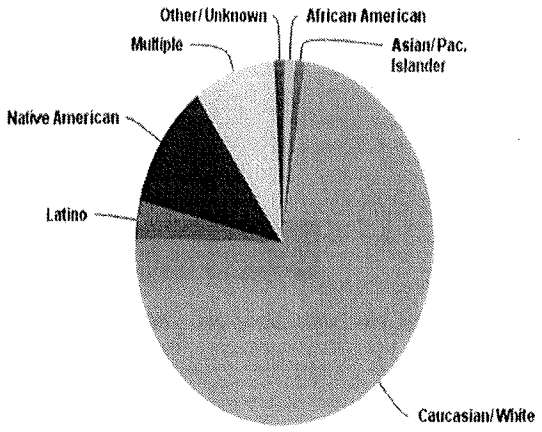
*Note: The Other category includes those who identified with more than one group.*



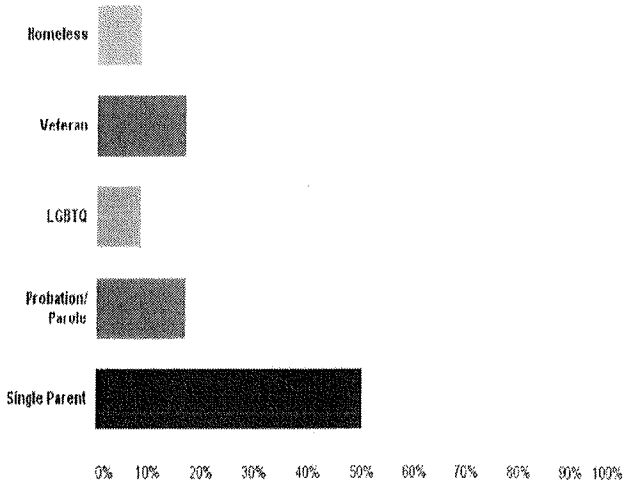

**Preferred Language of Those Who Responded:**

- English 99%
- Spanish 1%

**Race/Ethnicity of Those Who Responded:**

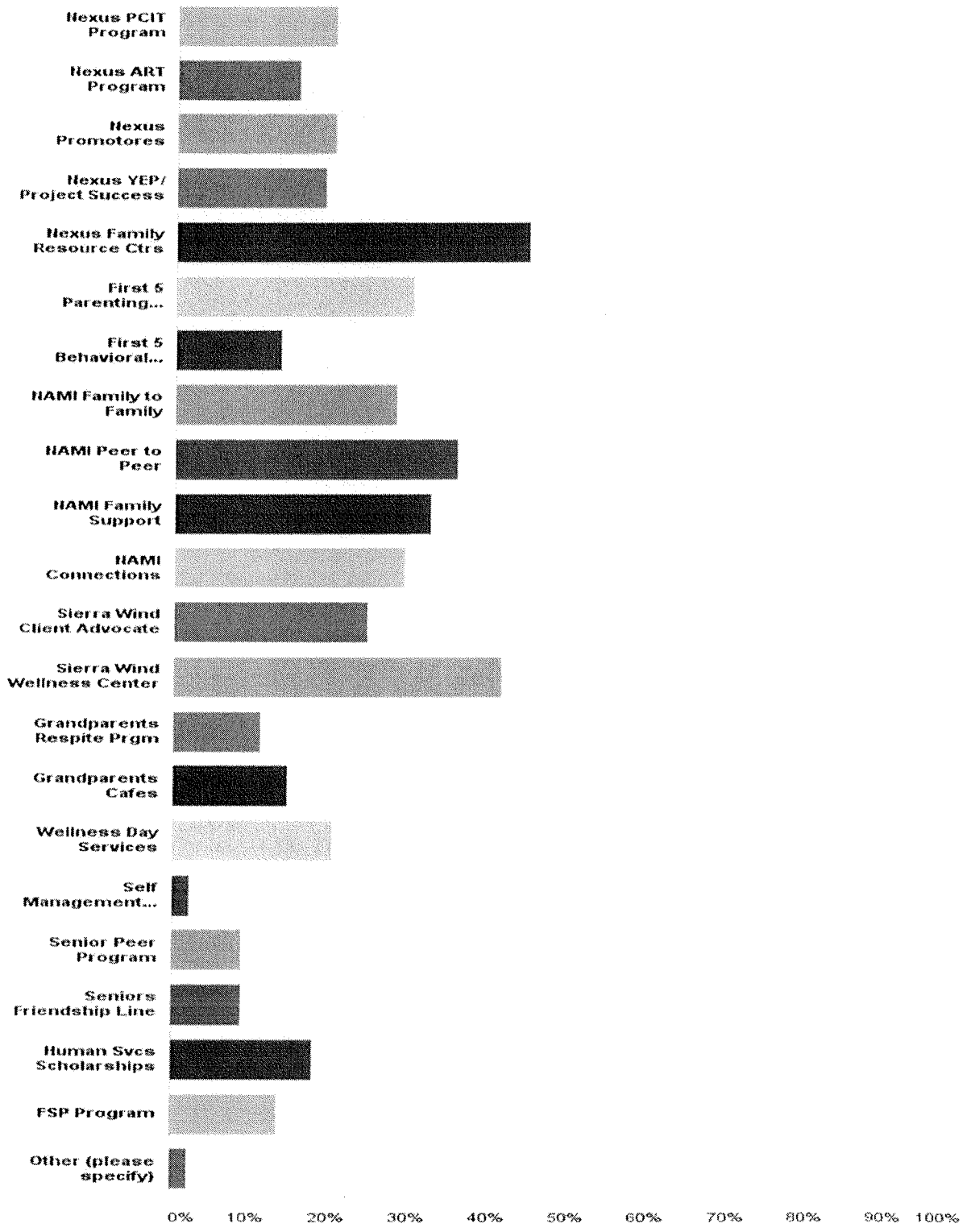



**Other Designations of Those Who Responded:**



## COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

The following represents Programs That Participants Were Most Familiar with:



Respondents were asked how they felt MHSA programs were doing serving various target populations as a whole. The following are the responses:

- With regards to Children (0-5),
  - Approximately 40% felt MHSA-funded programs were doing Good or Excellent in serving Children (0-5);
  - 38% were Neutral about how MHSA-funded programs were doing in serving this population; and
  - 22% felt that MHSA-funded programs were doing Poor or Fair in serving this population.
- With regards to Youth (6-12), Teens (13-17), and Adults (25-59):
  - An average of 35% felt MHSA-funded programs were doing Good or Excellent;
  - An average of 40% were Neutral about how MHSA-funded programs were doing in serving this population; and
  - An average of 25% felt MHSA-funded programs are doing Poor or Fair in serving this population.
- Over 55% were Neutral about how MHSA-funded programs were doing in serving Native Americans and other Minority Groups (i.e., Asians, African Americans, etc.)
- Veterans and Seniors scored the exact same in all areas:
  - 38% felt MHSA-funded programs were doing Good or Excellent in serving these populations;
  - 31% were Neutral about how MHSA-funded programs were doing in serving both of the populations; and
  - 31% felt MHSA-funded programs are doing Poor or Fair in serving Veterans and Seniors.
- **23% felt MHSA-funded programs were doing Poor in serving the Homeless population (the lowest "Poor" score)**
- With regards to LGBTQ, 26% felt MHSA-funded programs were doing Poor or Fair, while 30% indicated that MHSA-funded programs were doing Good or Excellent. 44% responded Neutral.
- With regards to Latinos, 26% reported MHSA-funded programs were doing Poor or Fair, while 24% indicated that MHSA-funded programs were doing Good or Excellent. 50% responded Neutral.
- For those with Serious Mental Illness:
  - 32% felt MHSA-funded programs were doing Poor or Fair in serving this population;
  - 35% felt MHSA-funded programs were doing Good or Excellent in serving this population; and
  - 33% reported Neutral.
- For those who might be at risk of mental illness:
  - 35% felt MHSA-funded programs were doing Poor or Fair in serving this population;
  - 33% felt MHSA-funded programs were doing Good or Excellent in serving this population; and
  - 32% reported Neutral.

## COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

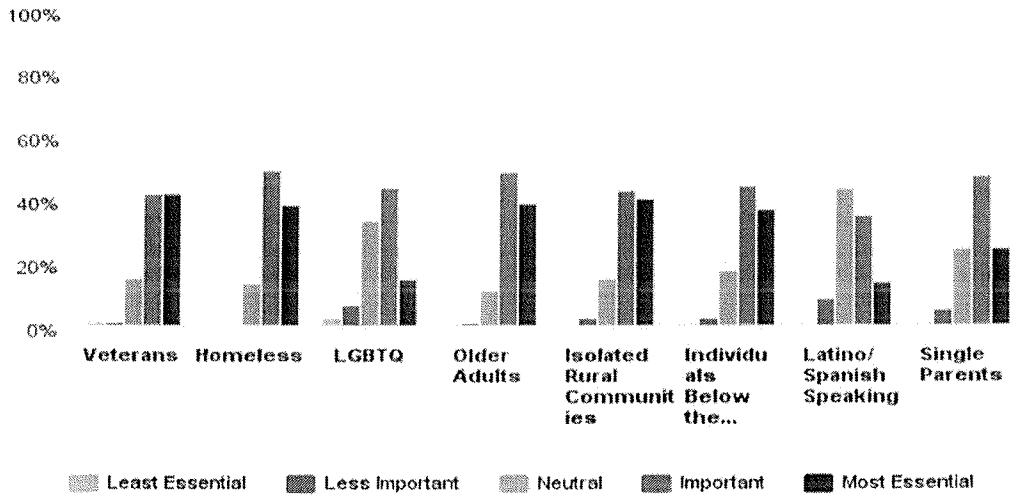
Respondents were also asked how they felt Amador County was doing in meeting various essential elements of the Mental Health Services Act. The following are the responses:

- An average of 40% felt that Amador County Behavioral Health is doing Good or Excellent in the following:
  - Client & Family Focused
  - Culturally Competent Staff
  - Recovery-Based Services
  - Welcoming Environment
  - Collaboration with Community
- 50% felt that the department was Good or Excellent in being Client & Family Focused and in Collaboration with the Community (the highest two scores)
- An average of only 13% felt the department was doing 'Poor' in all of the five areas listed above.

Respondents were asked about potential training opportunities as well. These were the responses:

- 67% Probably or Definitely would be interested in Mental Health first Aid (like "Mental Illness 101")
- 64% Probably or Definitely would be interested in Bridges Out of Poverty (training to help the very low income)
- 62% Probably or Definitely would be interested in ASIST (Applied Suicide Intervention Skills Training)
- 53% Probably or Definitely would be interested in WRAP (Wellness, Recovery, Action Planning)
- 44% Probably or Definitely would be interested in Maternal/Family Wellness (i.e., post-partum depression, etc.)

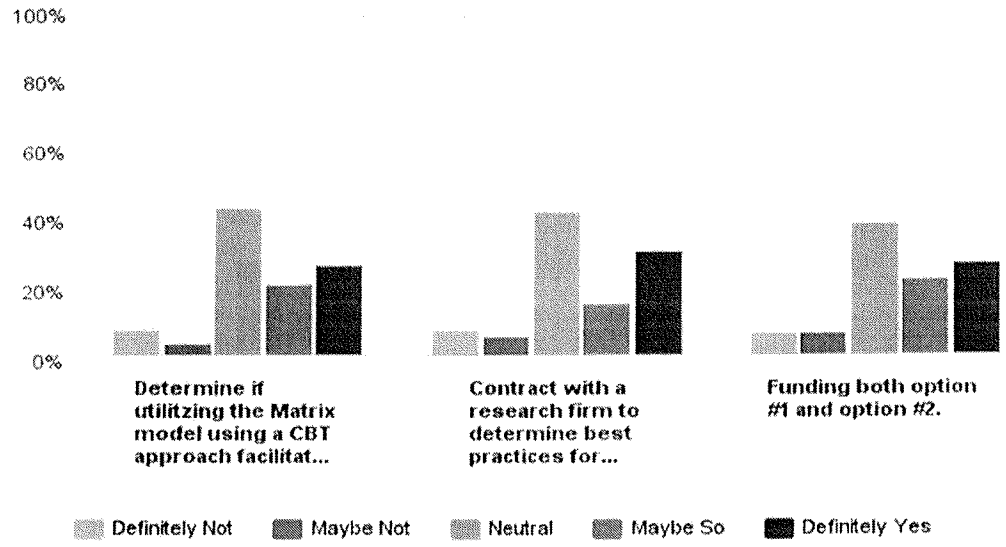
Respondents were asked to rate groups that have been previously identified by MHSA Stakeholders as priority populations to ensure the department continues to serve those the community feels have the greatest need. The following represents their responses, with the **Homeless, Older Adults, Veterans, those Below the Poverty Line, and Single Parents ranking highest (respectively). Six additional comments added the need to include Youth.**



## COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

The MHSA Annual Update Community Input Survey also mentioned the opportunity to implement a new Innovation program. In the past, stakeholders have provided feedback that indicated the need to focus on improved outcomes for those with co-occurring disorders. Additionally, stakeholders have also requested more services for the youth, especially with regard to behavioral health as a whole. Therefore, a new Innovation project was proposed for Amador County with regards to co-occurring disorders within our TAY (Transitional Age Youth) population. The project would pilot a youth AOD treatment program with an added therapeutic element by treating co-occurring disorders at the same time. The plan would be to use the Matrix program, which is evidenced based on CBT (Cognitive Behavioral Therapy) techniques, to see if positive outcomes for our co-occurring TAY population increase. Ideally, a team would be developed consisting of one MH Clinician and one AOD Counselor to co-facilitate these matrix groups for the TAY population, in order to determine if it will improve both TAY's MH and Substance Abuse outcomes.

Responses to this section were mostly positive with an average of 47% indicating 'Maybe So' or 'Definitely Yes' in supporting this project. An average of 41% responded with 'Neutral' and only 13% indicated 'Definitely Not' or 'Maybe Not' when responding to whether or not they would support this project.




Another, second Innovations proposal has also been discussed during the Community Program Planning Process. The goals of this second Innovations project would be to:

1. Reduce stigma among Native Americans in our community;
2. Create approaches to prevent severe mental health problems amongst pregnant women and children;
3. Maximize primary care clinic's ability to touch patients early in life and during pregnancy;
4. Create an integrated health approach which would increase collaboration amongst community partners and stakeholders to identify PMAD disorders early on in pregnancy and/or post-partum.

## COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

The project idea is to partner with the Amador MACT clinic and First 5 Amador by not only funding a clinician but also by coordinating with other community partners/stakeholders to provide the following services to all pregnant women (Natives and non-Natives) who are patients of the MACT clinic:

- Individual Counseling Sessions: An initial appointment at the onset of pregnancy and once every trimester during pregnancy (minimum). One post-partum visit and additional follow up as necessary.
- Cultural Components: Outreach and education about mental health along with incorporating traditional healers/elders to merge.
- Clinic Coordination: MACT and Sutter Amador to coordinate so that all MACT patients receiving pregnancy services through Sutter Amador are included in the project.
- 1x1 and/or Parenting Groups: Weekly groups with emphasis on neurodevelopment of fetus, self-care and preparation of parenting curriculum.
- Post-Partum: Initial post-partum evaluation to be conducted by clinician.

This project idea was presented by Alex Abarca, LCSW, Directory of Behavioral Health, MACT Healthboard at the June 14, 2016 MHSA/Cultural Competency Committee Meeting. This topic was also discussed again at the September 1, 2016 MHSA/Cultural Competency Committee Meeting. Feedback from stakeholders was positive and it was noted that this project is 'exciting' and 'a great way to reduce stigma.'

Although not expected, should MHSA revenue increase in the future, respondents were asked what programs and services they would like Amador County Behavioral Health to consider funding. The following are the responses:

- Teens, young adults
- Rehab-Drug & Alcohol; Cessation Classes for Tobacco
- Teen, young adult
- We need more help in the schools. We see so many young people in need of mental health help. Project Success does a wonderful job, but we could certainly use more support!
- More for young people. My students need help with mental health services. Nexus does great but we need more!
- More for students, we have a lot of kids in need of support. More school based.
- Housing
- Community Center in Plymouth
- Expanded Mental Health services for seriously emotionally disturbed youth including medication monitoring and residential services. Also collaboration with schools and related agencies.
- More programs for seniors
- Drug & Alcohol Treatment, 18-24 focused.
- More for young people—our youth are in severe need of more mental health services.
- More family programs like PCIT. It has been very helpful for my child and me.
- Outreach to homeless, in particular, mentally ill homeless.
- Housing support & training to help low income people find a home and financing or financial guidance.
- More services in Plymouth/River Pines area. Crisis centers staffed 24/7.
- We see a huge need for more services for the 12-21 population! ART & Nexus programs are working well but need more prevention work.
- Housing program for the low income people who need assistance and guidance in finding housing.
- Promotores De Salud (more) Youth Programs
- Homeless Shelter

- Elderly Assistance; Law/Legal Help for all
- Screening & resource referral opportunities/events. Supported job training & referrals.
- More outreach gatherings like the Wellness Days at Sierra Wind.
- All mental health services are impossible to access. Going out of county!
- Crisis Intervention Team; Supported Housing; Expand FSP's
- Alcohol & Drug Programs: Look at the reason why the need for use and abuse of the 'substance'. "Why".
- Mental Health First Aid
- Our youth, education, prevention
- More help for the homeless & children at the schools
- More services for drug and alcohol. There isn't much out there. Need more options.
- If possible, more help with the homeless. If they could get stable and be able to work on themselves. Seeing they need to recover. Seeing they may have mental illness.
- Hire a psychiatrist so clients don't' have to speak to a monitor about their issues.
- Funding for increased adult counseling/Psychiatrist and substance abuse counselors. Clients wait to long for appointments and meds.
- Support opportunities for children experiencing divorce.
- Housing
- More peer run support groups.
- Peer run respite. Peer programs outside of Sierra Wind Education and training for peers. Fudning for conference and seminars for peers.
- Smoking cessation for behavioral health and alcohol/drug clients. Post-cessation support groups.
- I envision having peer navigators embedded within the county behavioral health system to support consumers and family members to navigate the services. For example: A peer navigator can show consumers how to complete intake paperwork, and empower folks to advocate for themselves.
- Naloxone distribution as antidote to accidental overdose
- My overall feeling is that unless you are in a special group of some sort (such as the court system), little options for mental health interventions within the county exist. Most people have few options other than showing up at the Emergency Department in crisis.
- Provide enhanced services to those incarcerated.
- Housing
- Inpatient programs for adults with drug, alcohol and mental health issues. Have doctors on site to prescribe medications. Have people with degrees instead of just a class in Mental Health First Aid.
- We must have more help with recovery, including Methadone or suboxone clinics with counseling.

Respondents were also provided an opportunity to provide additional comments regarding programs and services offered by MHSA. Following are the responses received:

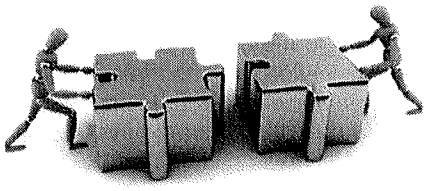
- Project Success is very effective.
- Nexus staff are great. Very helpful.
- Staff at Upcountry Community Center are great. Very helpful.
- Information difficult to find to know what is available. I am trying to assist Vets and Seniors with what might be of use to them.
- Very good programs.
- Excellent program for people who are prone to have anxiety or mental issues.

- Good
- The day after my husband was in the ER in crisis (suicide) we received a visit from the mobile support team. They were VERY helpful—we are very thankful to Linda and Nash.
- I think Sierra Wind is doing a good job. Not sure of everything Nexus does. I know NAMI helps families. First Five helps pregnant moms and families with little kids get help before they go to school. Is anyone working with teachers.
- Would like to see additional assistance for the elderly on fixed incomes.
- Strategic planning to ensure that all funded programs are meeting bench marks. Oversite of reporting and services to confirm delivery and effectiveness.
- MHSA provides valuable services to our communities with community responsive programs, great job!
- Behavioral Health continues to use a clinical model that does not address life situations. There is too much emphasis on group counseling and no real attempt to walk me through life skills like qualifying for housing and being a tenant.
- Learn more about harm reduction instead of allowing people to have bad behavior. Your harm reduction knowledge is armful to the community.

## ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

Welfare and Institutions Code Section 5848 states that Counties shall report on the achievement of performance outcomes related to Mental Health Services Act (MHSA) components including Community Services and Supports (CSS), which includes Permanent Supportive Housing, Prevention and Early Intervention (PEI), Innovation (INN), and one-time funds including Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CF/TN). Any changes to these components due to performance or funding should also be reflected in this report. Per Welfare and Institutions Code Section 5847, Counties shall also report on those served (**see page 31**), and submit a budget that represents unspent funds from the current fiscal year and projected expenditures for the next fiscal year (***please see the budget on Page 28 for projected 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. CSS services are provided through systems of care that are typically focused on particular age groups (i.e. a Children's System of Care). In Amador, ACBHS operates as one integrated system of care; however, there is an Adult Team and a Children's Team. CSS has three different categories that support the system(s) of care: System Development, Outreach and Engagement, and Full Service Partnerships. A one-time allocation to fund needed Housing for those with serious mental illness is also funded under CSS.

The implementation of MHSA CSS is progressing as planned with significant successes. In FY 2015/16, Amador County Behavioral Health Services (ACBHS) increased outreach and core services to Adults and Children with serious mental illnesses or emotional/behavioral disorders, particularly through the Full Service Partnership Program. **Please see page 31 for a full report on the number and demographics of those served, along with specific outcomes and participant comments regarding their satisfaction and the impact of these programs on their wellbeing.**

**System Development and Outreach/Engagement**

The CSS General System Development and Outreach/Engagement target population children, youth, transitional age youth, adult, and older adult consumers who are:

- Diagnosed with a serious mental illness or serious emotional/behavioral disorder
- Participating or willing to participate in public mental health services
- Members of underserved populations including isolated Rural residents, Spanish-Speaking, Veterans, and LGBTQ
- Ideally full-scope Medi-Cal recipients (for maximum county reimbursement)
- Not a parolee or incarcerated

Strategies to support and serve these populations include the provision of:

- Outreach and engagement to connect those in need of public mental health services
- Crisis services including intervention/stabilization, family support/education, and other needs
- Clinical services including medication management, individual and group therapy, and skill building
- Case Management including assistance with transportation, medical access, and community integration
- Wellness and recovery groups, and peer support

**Full Service Partnerships (FSP)**

The Full Service Partner population includes children, youth, transitional age youth, adults and older adults who are determined to be at extremely high risk and:

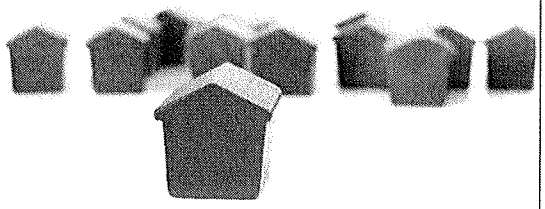
- Diagnosed with a serious mental illness or serious emotional/behavioral disorder
- Experiencing a recent hospitalization or emergency intervention
- Currently homeless or at risk of homelessness
- Currently participating in public mental health services
- Willing to partner in the program
- Not a parolee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

FSP strategies to support and serve these populations include the provision of the strategies above as well as:

- Personal Service Coordination including assistance with housing, transportation, medical access, education/employment opportunities, and social/community integration
- Additional services including Wellness Recovery Action Plan (WRAP) training/development, crisis intervention/stabilization, family support/education, and personal needs assessment
- Funds to cover non-mental health services and supports, which MAY include food, clothes, housing subsidies, utility assistance, cell phones, medical expenses, substance abuse treatment costs, and other expenses

## ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

**Permanent Supportive Housing**



Last year's MHSA Annual Update Community Input Survey explained that Amador County received $517,348 in MHSA funds to develop Permanent Supportive Housing (this amount includes interest accrued). Since the amount was not sufficient for many small counties to purchase and operate a building for 20 years as required, it was noted that the state is returning these funds upon request and allowing counties to use these monies to support other housing initiatives for those with serious mental illness. Viable options were described. Respondents were then asked to provide input regarding how these funds should be expended by rating each option. It was also noted that funds could be used for multiple purposes based on stakeholder feedback. The following represents the responses received, which as shown, were fairly equally distributed:

- Limited-term housing assistance for FSP clients (up to 1 year, extended due to wraparound support)
  - 70% selected "Maybe So" or "Definitely Yes" regarding this option, the lowest rated
- Limited-term housing assistance for non FSP clients (up to 3 months, based on needs assessment)
  - 70% selected "Maybe So" or "Definitely Yes" regarding this option
- Move-in cost assistance for any client (i.e., first and last, security deposit, based on needs assessment)
  - 76% selected "Maybe So" or "Definitely Yes" regarding this option
- **Hotel/motel voucher or emergency assistance program for clients who need immediate shelter**
  - **80% selected "Maybe So" or "Definitely Yes" regarding this option, the highest rated**
- Contract w/ local agency to provide supportive housing program (i.e. agency finds housing, works w/ landlord & client, subsidizes rent)
  - 77% selected "Maybe So" or "Definitely Yes" regarding this option

**Based on this stakeholder feedback, Amador County is currently and continues to utilize their MHSA Housing Program funds over the next three years (FY 2015/16 to FY 2018/19) to fund a combination of Emergency Assistance and Move-In Assistance (with funding split 50/50 between the two options), with funding for a case manager to assist with housing acquisition, sustainability, budgeting, and connection to other resources (such as Smart Money classes).**

**Program Update:** In Summer 2015 a part-time Personal Services Coordinator-Housing was hired to assist in coordinating housing acquisition and provide related case management (i.e. landlord relations, etc.). With the assistance of a housing coordinator, clients and FSP partners are supported in the entire rental process with case management, follow-up and funding. Barriers continue to be very present in Amador County with regards to affordable housing for those on fixed incomes and finding units and available living spaces for our clients has been quite challenging. By utilizing the housing coordinator, we are truly able to address challenges on a client-by-client basis using creative methods to house those who are in need.

In FY15/16, 14 clients received MHSA housing funds. The funding was utilized as follows:

Client #1: Hotel/Motel Voucher
Client #2: Credit Check & Application Fee
Client #3: Hotel/Motel Voucher, Rental Deposit, Assistance w/Utilities in Lieu of Rent
Client #4: Hotel/Motel Voucher, Campsite-2 Weeks
Client #5: Hotel/Motel Voucher, Rental Subsidies
Client #6: Cleaning Service to Maintain Housing & Landlord Relationship
Client #7: Rental Subsidies
Client #8: Rental Deposit & Subsidies
Client #9: Hotel/Motel Voucher
Client #10: Credit Check Fee, Rental Deposit
Client #11: Credit Check Fee
Client #12: Rental Deposit & Subsidies
Client #13: Rental Deposit & Subsidies

The housing program is constantly being developed as we learn new things and grow in our knowledge and relationships. Plans to incorporate SmartMoney classes for current and prospective tenants are currently being developed into our program. Viable options to utilize this money to effect more change for housing county-wide are also being explored.

## ANNUAL UPDATE ON MHSA
## ACHIEVEMENTS & OUTCOMES

**CURRENTLY FUNDED PROGRAMS**

ACBHS provides core services under CSS, including the Full Service Partnership Program and a component of the new Mobile Crisis Support Team. The department also contracts with several community partners to provide CSS programs including a Peer-Run Wellness Center, Consumer Advocacy/Primary Care Liaison services, as well as Outreach and Engagement to Families and Consumers.

Below is a description of each CSS program, the average numbers served for FY 2015/16 (as applicable), as well as the projected program costs, estimated unduplicated number of persons to be served, and approximate cost per person.

**ACBHS Full Service Partnership Program**

The Full Service Partnership program is the cornerstone of the CSS component and must represent at least 50% of CSS funding. This program is provided directly by ACBHS. Additional ACBHS services (staffing, transportation, emergency food or shelter) are also funded by CSS to provide a "safety-net" for those with Serious Mental Illness.

The ACBHS team includes Behavioral Health clinicians, counselors, case managers (or personal service coordinators), transportation drivers, support staff, and a quality improvement/management team. The program's focus is to provide an integrated system of care, including outreach and support, to children, youth, transitional age youth, adults and older adults seeking or receiving behavioral health care in Amador County. Its focus with the Full Service Partnership program is to provide a team approach to "wrap around" clients and their families. Staff do whatever it takes from a clinical perspective to ensure that consumers can stay in the community and out of costly psychiatric hospitals, incarcerations, group homes, and evictions. The focus is on community integration and contribution.

FY 16/17 Projected Annual Cost: $60,000 | Increase in Cost from 15/16: $0 | Average Increase in # Served: 51% | Avg FY 15/16 # Served: 69 | FY 16/17 Projected # to be Served: 50 | FY 16/17 Estimated Cost per Person: $1,200

**ACBHS Mobile Support Team**

In previous years, Amador County has documented extensive feedback regarding the need for increased crisis stabilization and support (see previous Annual Updates under Capital Facilities & Technology, proposed Crisis Residential Services). Since it has been determined that a crisis residential program could not be implemented or sustained with existing MHSA funding, ACBHS has worked with stakeholders to identify alternative solutions to meet the needs of those with serious mental illness who are in crisis, de-escalating from a crisis, and/or being discharged from a hospital (either emergency or psychiatric) in order to prevent hospitalization or re-hospitalization (if at all possible).

To address this need, Amador County expanded their General System Development category of funding (under CSS) to include a Mobile Crisis Support Team. This team consists of a full-time Clinician, along with a full-time Consumer/ Family Advocate. The team is now equipped with a **new 4-wheel drive vehicle and laptop with mobile "hot spot"** for field intakes, assessments, and safety plans. The Consumer/Family Advocate is trained to provide individual Wellness Recovery Action Plans (WRAP), also in the field (i.e., a client's home).

The Crisis Coordinator will provide information to the Mobile Support Team regarding clients to be contacted by the team. This may include, but is not limited to the following:

- Follow up with clients who are seen in the local emergency room and do not meet the criteria for a 5150 hold, but mobile support services are part of the safety plan;
- Clients being discharged from an acute psychiatric facility;
- Clients that frequently access crisis services.

Goals of the Mobile Support Team include:

- Provide in-home supportive services within 7 days of discharge from an inpatient psychiatric facility;
- Provide supportive services following an evaluation and safety plan to provide additional support to help prevent hospitalization;
- Provide intake assessments in the field as appropriate to reduce barriers to accessing services;
- Provide Wellness Recovery Action Plan (WRAP); and
- Provide information regarding community resources and supports.

The Mobile Support Team will continue to follow up with clients as-needed. At each visit, the team will ensure the individual is promptly assessed for serious mental illness (to be seen by ACBHS) and will schedule first available appointments with a clinician and psychiatrist (and put on a priority list if needed). The team will also assess for Full

Service Partnership eligibility and will assist with obtaining MHSA Housing Program funds for emergency housing or move-in assistance (see page 18) and other resources if needed.

FY 16/17 Projected Annual Cost: $0.00 ***(Clinical staffing costs based on expected Medi-Cal reimbursement are included in the overall CSS budget on page 28; costs for the added Consumer/Family Advocate are on listed below.)*** | Increase in Cost from 15/16: $0 | Average Increase in # Served: N/A—FY 15/16 was the first year this program was implemented, therefore, this data cannot be compiled. | Avg FY 15/16 # Served: 60 | FY 16/17 Projected # to be Served: 75 | FY 16/17 Estimated Cost per Person: $0

**Mental Health America (MHA) Sierra Wind Wellness Center**
Sierra Wind is a peer-led self-help center offering advocacy, support, benefits acquisition, culturally diverse support groups, training, and patient's rights advocacy. Sierra Wind provides weekly support groups, daily meals, linkage and navigation of services, and volunteer opportunities for all of its clients.

FY 16/17 Projected Annual Cost: $365,000 | Increase in Cost from 15/16: $60,000 | Average Increase in # Served: 51% | Avg FY 15/16 # Served: 589 | FY 16/17 Projected # to be Served: 600 | FY 16/17 Estimated Cost per Person: $608

**MHA Consumer and Family Advocates/Primary Care Liaison**
Mental Health America, the contractor for Sierra Wind Wellness Center, also provides two Consumer and Family Advocates, who are currently embedded within ACBHS to provide necessary representation and connections to resources on behalf of public mental health clients. The Advocates attend client meetings and serve on policy and program development teams to promote the concept of clients/families as partners in the treatment process. One of the two Advocates also serves as our ACBH Primary Care Liaison and coordinates and collaborates with primary care providers in Amador County to help bridge the gap between Primary Care and Behavioral Health services while assisting clients in obtaining primary health care. The other Advocate also serves as an essential partner on the Mobile Support Team (see page 19 for more information).

FY 16/17 Projected Annual Cost: $130,000 | Increase in Cost from 15/16: $0.00 | Average Increase in # Served: - % | Avg FY 15/16 # Served: 150 | FY 16/17 Projected # to be Served: 200 | FY 16/17 Estimated Cost per Person: $650

**NAMI Education & Support Groups**
NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raising awareness and building a community of hope for all of those in need. For this project, NAMI provides outreach, engagement, and education for ACBHS as well as education and support to the community in the form of 4 support groups: Family Support, Family to Family, Peer to Peer, and Connections Recovery.

FY 16/17 Projected Annual Cost: $38,000 | Increase in Cost from 15/16: $6,000 | Average Increase in # Served: - % | Avg FY 15/16 # Served: 138 | FY 16/17 Projected # to be Served: 75 | FY 16/17 Estimated Cost per Person: $506

## Prevention and Early Intervention (PEI)

The Prevention and Early Intervention (PEI) component of the MHSA plan focuses on programs for individuals across the life span prior to the onset of a serious emotional/behavioral disorder or mental illness. Prevention includes programs provided prior to a diagnosis for a mental illness. Early Intervention includes programs that improve a mental health problem very early (thus avoiding the need for more extensive treatment) or that prevent a problem from getting worse.

ACBHS is focusing on the following PEI populations:
- Youth & Transition Age Youth
- Children & Families
- Latino Community
- Older Adults/Grandparents

## ANNUAL UPDATE ON MHSA
## ACHIEVEMENTS & OUTCOMES

**CURRENTLY FUNDED PROGRAMS**

ACBHS is currently funding a host of PEI programs to serve those in the community across all ages and circumstances. Through contracted partnerships with ACBHS, First 5 Amador provides Behavioral Consultation for toddlers and very young children; Nexus Youth and Family Services provides additional services to children, youth and families through Outreach and Engagement, the Building Blocks Program, and the Youth Empowerment Program/Project SUCCESS; Nexus is also serving our Latino Community through Promotores de Salud; The Resource Connection is helping grandparents who are raising their grandchildren through respite and support services; and the Amador Senior Center continues to expand their Senior Peer Program using MHSA PEI funds. A new program was recently added for FY16/17 for Labyrinth Stress Reduction and LGBTQ Support Groups. This new program was part of an Innovations plan, which expired June 30, 2016. In an effort to continue the successes of the Innovations plan and to sustain these services in Amador County, this new program was developed with NorCal Mental Health America to ensure these stakeholder-identified services continue on. Below is a description of each service, the numbers served for FY 2015/16, program adjustments for FY 2016/17, as well as the projected program costs, number of persons to be served, and approximate cost per person.

**Labyrinth Stress Reduction Project & LGBTQ Support Goups (NEW PROGRAM)**

From 2014-16, Amador County Behavioral Health Services funded an Innovations Project through NorCal Mental Health America. During this time, thousands of residents of Amador County participated in Wellness Day activities, stress reduction support groups and trainings, and demographic data collection activities. These efforts culminated in the recent formation of a new walking labyrinth project aimed at increasing access to timely services and reducing isolation and risk factors for individuals living in rural communities within Amador County. As a result of the strong community engagement and subsequent cessation of the Innovation phase of MHSA funding for this project, NorCal MHA will continue these successful efforts by continuing community labyrinth walks and outreach events through the Prevention and Early Intervention (PEI) component of MHSA. Additionally, NorCal MHA shall continue its monthly LGBTQ support groups for TAY, adult, older adults and family members; thereby increasing natural supports for LGBTQ communities in Amador County while also improving access to timely behavioral health services as needed.

FY 16/17 Projected Annual Cost: $70,000 | Increase in Cost from 15/16: $-- | Average Increase in # Served: - % | Avg FY 15/16# Served: --- | FY 16/17 Projected # to be Served: 100 | FY 16/17 Estimated Cost per Person: $700

**First 5 Behavioral Consultation**

First 5 Amador provides high quality mental health consultation, treatment, and socialization classes, as well as education to child care providers, teachers, families and children in order to reduce the number of youth who are removed from child care setting and to improve family functioning.

FY 16/17 Projected Annual Cost: $33,000 | Increase in Cost from 15/16: $0.00 | Average Increase in # Served: - % | Avg FY 15/16 # Served: 52 | FY 16/17 Projected # to be Served: 75 | FY 16/17 Estimated Cost per Person: $440

**Nexus Family Resource Center Outreach & Engagement**

This program provides outreach, education, and support intervention services to Spanish-speaking and isolated consumers and their families. The program also provides mental health and wellness education workshops for the community. The program offers consumer-centered case management and family advocate support services to help consumers identify mental and physical health issues and service needs. Staff then provide referrals to resources and assist consumers with the beginning steps of an individualized care plan.

FY 16/17 Projected Annual Cost: $140,000 | Increase in Cost from 15/16: $5,000 | Average Increase in # Served: 50% | Avg FY 15/16 # Served: 600 | FY 16/17 Projected # to be Served: 615 | FY 16/17 Estimated Cost per Person: $325

**Nexus Building Blocks of Resiliency (PCIT & ART)**

The Building Blocks program offers Parent-Child Interaction Therapy (PCIT) to help create stronger and healthier families with positive relationships. PCIT is designed to improve family functioning, resiliency, and cohesion as parents receive one-on-one coaching in "real time" to acquire skills and tools to improve the quality of the parent-child relationship. The program also offers Aggression Replacement Training (ART) to help increase resiliency in children and teens and to develop a skill set for responding to challenging situations with social learning and cognitive behavioral strategies.

FY 16/17 Projected Annual Cost: $40,000 | Increase in Cost from 15/16: $0.00 | Average Increase in # Served: 28% | Avg FY 15/16 # Served: 154 | FY 16/17 Projected # to be Served: 160 | FY 16/17 Estimated Cost per Person: $250

## ANNUAL UPDATE ON MHSA
## ACHIEVEMENTS & OUTCOMES

**Nexus Youth Empowerment Program / Project SUCCESS**
This program is based on the Project SUCCESS model, a SAMHSA-recommended, research-based approach that uses interventions proven effective in reducing risk factors and enhancing protective factors. Current components include:

- Prevention Education Series: An eight-session Alcohol, Tobacco, and Other Drug prevention program conducted by the Project SUCCESS Counselor (**funded through the ACBHS Substance Abuse Program**).
- Mental Health First Aid for Youth: a 12-hour course to help youth and those who work with youth to better understand and respond to mental illness (**funded through PEI**).
- Individual and Group Counseling: Project SUCCESS Counselors conduct time limited individual sessions and/or group counseling at school to students following participation in the Prevention Education Series and an individual assessment (**offered through the Building Blocks of Resiliency Aggression Replacement Training**).
- Referral & Coordination of Services: Students and parents who require treatment, more intensive counseling, or other services are provided support and referred to appropriate agencies or practitioners in the community by their Project SUCCESS counselors (**funded through PEI**).

FY 16/17 Projected Annual Cost: $46,000 | Increase in Cost from 15/16: $3,000 | Average Increase in # Served: 12% | Avg FY 15/16 # Served: 420 | FY 16/17 Projected # to be Served: 425 | FY 16/17 Estimated Cost per Person: $108

**Nexus Promotores de Salud**
The Promotores de Salud is a Latino Peer-to-Peer program that utilizes Spanish-speaking Hispanic/Latino community members to reach out to other historically underserved Spanish-speaking Hispanic/Latino and linguistically isolated community members. The goal of this program is to promote mental health, overall wellness, and ultimately increase access to services. Promotoras conduct educational presentations and outreach activities and help overcome barriers such as transportation, culture, language, stigma, and mistrust.

FY 16/17 Projected Annual Cost: $34,000 | Increase in Cost from 15/16: $2,000 | Average Increase in # Served: 7% | Avg FY 15/16 # Served: 112 | FY 16/17 Projected # to be Served: 115 | FY 16/17 Estimated Cost per Person: $295

**The Resource Connection Grandparents Program**
This program provides respite care for grandparents raising their grandchildren. Grandparents are eligible to receive up to 16 hours of care per month for their grandchildren in a licensed child care facility. The program also provides a training/support group four times per year and mails additional resources to all who apply for services.

FY 16/17 Projected Annual Cost: $32,000 | Increase in Cost from 15/16: $0.00 | Average Increase in # Served: --% |
Avg FY 15/16 # Served: 48 | FY 16/17 Projected # to be Served: 35 | FY 16/17 Estimated Cost per Person: $900

**Isolated Seniors Project**
ACBHS contracts with the Amador County Senior Center to expand the scope and/or outreach of their efforts to support the mental health and wellbeing of isolated older adults. ACBHS currently provides marketing funds to advertise and stipends to expand a Senior Peer Program serving Amador County. The marketing funds for the Senior Peer program are intended to advertise services, solicit new volunteers, and to provide training for existing volunteers.

FY 16/17 Projected Annual Cost: $12,000 | Increase in Cost from 15/16: $0.00

## ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

### Innovation (INN)


The purpose of the Innovation (INN) component is to learn from a new practice and see if it increases access and/or improves services or collaboration in the community. Programs funded under INN are meant to be time-limited projects. If the program is viable and sustainable through other funding sources, then the county departments have the option to adopt the service and/or practice permanently.

As stated above, Innovations funding is time-limited. Therefore, FY15/16 was the last year for the two projects, Self-Management Techniques and Increasing Access to Mental Health Services for Isolated Communities were funded. Effective 7/1/16, the successes of these Innovations projects were rolled into a PEI contract through NorCal MHA (see page 21 for more information.)

During the Community Program Planning Process for this Annual Update, ACBHS proposed two new Innovations projects. They are explained below:

1. The following project was presented in the Annual Update Community Survey and discussed at various meetings in the community. It was proposed that ACBHS would pilot a youth AOD treatment program with an added therapeutic element by treating co-occurring disorders at the same time. The plan would be to use the Matrix program, which is evidenced based on CBT (Cognitive Behavioral Therapy) techniques, to see if positive outcomes for our co-occurring Transitional Age Youth (TAY) population increase. Ideally, a team would be developed consisting of one MH Clinician and one AOD Counselor to co-facilitate these matrix groups for the TAY population, in order to determine if it will improve both TAY's MH and Substance Abuse outcomes. A second part of this proposal, which was included in the community survey, sought input of having a contracted evaluator to come into ACBHS and assist in the design of this project as well as assisting with data collection and measuring outcomes. Stakeholders supported both pieces of this Innovations project with an average of 49% responding with 'Maybe So' and/or 'Definitely Yes'. Only 7% of respondents indicated that this project should 'Definitely Not' be pursued.

FY 16/17 Projected Annual Cost: $287,677 *(This cost includes a portion of the AOD staff time and evaluation services. Some Medi-cal reimbursement is anticipated to recoup costs of the services provided.)* | Increase in Cost from 15/16: $--- | Average Increase in # Served: N/A | Avg FY 15/16 # Served: N/A | FY 16/17 Projected # to be Served: TBD | FY 16/17 Estimated Cost per Person: $---

2. Another, second Innovations proposal has also been discussed during the Community Program Planning Process. This idea was originally presented at the MHSA/Cultural Competency Steering Committee Meeting in June and discussed again at the same meeting in September. The project idea is to partner with the Amador MACT Clinic and First 5 Amador to not only support a clinician but to also coordinate with other community partners/stakeholders to provide prevention and early intervention services to all pregnant women (Natives and non-Natives) who are patients of the MACT clinic:
   - Individual Counseling Sessions: An initial appointment at the onset of pregnancy and once every trimester during pregnancy (minimum). One post-partum visit(s) and additional follow up as necessary.
   - Clinic Coordination: MACT and Sutter Amador to coordinate so that all MACT patients receiving pregnancy services through Sutter Amador are included in the project.
   - 1x1 and/or Parenting Groups: Weekly groups with emphasis on neurodevelopment of fetus, self-care and preparation of parenting curriculum.
   - Post-Partum: Initial post-partum evaluation to be conducted by clinician.
   - Incorporation of early intervention screening tools for infants--Ages and Stages/Ages and Stages-Social Emotional Screening for Infants

- Cultural Components: Outreach and education about mental health along with incorporating traditional healers/elders to merge.

The goals and expected outcomes of this second Innovations project would be to:

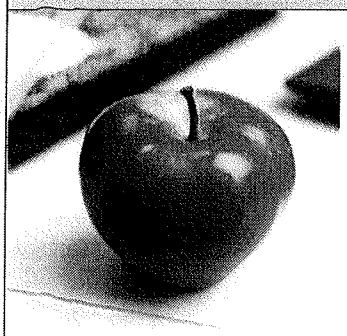
- Reduce mental health stigma among Native Americans in our community;
- Create approaches to prevent severe mental health problems amongst pregnant women and children;
- Maximize primary care clinic's ability to touch patients early in life and during pregnancy;
- Incorporate screening tools and implementing the use of these tools early in child's life (i.e. Ages and Stages/Ages and Stages-Social Emotional screenings). Important for babies born to Mothers who have experienced Perinatal Mood and Anxiety Disorders or other Mental Health challenges;
- Create an integrated health approach which would increase collaboration amongst community partners and stakeholders to identify PMAD disorders early on in pregnancy and/or post-partum.

This project idea was presented by Alex Abarca, LCSW, Director of Behavioral Health, MACT Healthboard at the June 14, 2016 MHSA/Cultural Competency Steering Committee Meeting. This topic was also discussed again at the September 1, 2016 MHSA/Cultural Competency Committee Meeting. Feedback from stakeholders was positive and it was noted that this project is 'exciting' and 'a great way to reduce stigma.'

FY 16/17 Projected Annual Cost: 150,000 | Increase in Cost from 15/16: $--- | Average Increase in # Served: N/A | Avg FY 15/16 # Served: N/A | FY 16/17 Projected # to be Served: TBD | FY 16/17 Estimated Cost per Person: $---

## ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

### Workforce Education and Training (WET)



The MHSA Workforce Education and Training (WET) component provides funding to remedy the shortage of staff available to address serious mental illness and to promote the employability of consumers. This funding is time limited and must be expended within 10 years (by FY 2017/18). WET is intended to address these five categories:

- Workforce Staffing Support
- Training and Technical Assistance
- Mental Health Career Pathway Programs
- Residency and Internship Programs
- Financial Incentive Programs

**CURRENTLY FUNDED PROGRAMS**

**Staffing Support**

Workforce staffing support is a required element of each county's Workforce Education & Training Plan. This function is performed by the MHSA Programs Coordinator. The person who currently holds this position is a family member of a consumer and recognizes the importance of client and family member inclusion in the workforce. Responsibilities also include assisting staff with work-related education and training goals, tracking mental health workforce trends, identifying local needs, and representing the department at regional and statewide meetings.

**Staff & Community Training**

Staff training will continue to be enhanced in FY 2016/17 by the Relias Online Learning Management System, which adds over 420 courses of readily available curriculum, with CEUs at no additional cost. Relias covers training on all MHSA target populations, current therapeutic interventions, as well as the MHSA essential elements. Monthly staff meetings, individual off-site training, and community events also provide learning opportunities. Additional training opportunities for FY2016/17 include a series of FRED (Foothill Regional Educational Discussions) Talks in Spring 2017 which will focus on Mental Health topics. These talks will be free and open to ACBHS staff as well as community members. Community providers will also be provided Cultural Competency trainings which will be scheduled for the early part of 2017. During this year's Community Planning Process, community providers identified trainings they would like to have provided such as Bridges Out of Poverty and Applied Suicide Intervention Skills Training ASIST. When these trainings are offered they will be available to both staff and community partners. In past years, training topics have included Cultural Competency, Consumer/Family Culture, and Use of Translators. Topics for FY 2015/16 included Postpartum Depression, Mindful Workforce 101 Staff Training, Stigma Reduction and Cultural Competency. A mandatory law and ethics training is also provided each year. In addition, MHSA continues to rent space from the Health and Human Services Building for a MHSA Training Center to provide free training in Mental Health First Aid, Applied Suicide Intervention Skills Training (ASIST), and more.

**Career Pathway Program**

Amador College Connect (aka ACCF) currently partners with Coastline Community College to offer Amador County residents certificate and associate degree programs, completely online. One of the programs Coastline offers is an 18-unit Human Services certificate. This is the ideal entry level certificate to begin employment with ACBHS, typically as a Personal Service Coordinator. To support consumers, family members, and ANYONE who would like to work in public mental health, ACBHS is partnering with Amador College Connect to promote this certificate and to provide additional supports as needed.

**Internship Opportunities**

ACBHS continues to offer Masters in Social Work and Marriage and Family Therapist Interns opportunities to earn their hours toward licensure within the department. Students needing practicum hours to graduate are also extended opportunities for needed experience as capacity allows. A roving supervisor has been contracted through the Central Region WET Partnership and visits Amador weekly to support all interns and practicum students. Part of the 18-unit Human Services certificate noted above also requires an internship. ACBHS will continue to partner with Amador College Connect to facilitate these internships as well, either within the department, at Sierra Wind, or with another community partner.

## ANNUAL UPDATE ON MHSA
## ACHIEVEMENTS & OUTCOMES

**Tuition Assistance**
ACBHS is creating a menu of options for consumers, family members, staff, and the public to assist with tuition. To fully support the partnership with Amador College Connect and to ensure the success of the students seeking the Human Services certificate, ACBHS is dedicating $22,000 in scholarship funds for those with a financial need. For staff seeking to advance their careers in public mental health, ACBHS will assist in identifying which of the several loan assumption programs are most appropriate, including the MHSA-funded Mental Health Loan Assumption Program, which provides Bachelor or Masters level graduates who are in "hard to fill" positions up to $10,000 in funding for a one-year service commitment.

***FY 2016/17 Program Cost***: $45,000 | Estimated Unduplicated # of Persons to be Served: 150 | Cost per Person: $300

## ANNUAL UPDATE ON MHSA ACHIEVEMENTS & OUTCOMES

### Capital Facilities and Technology (CFT)

Capital Facilities and Technology (CFT) supports infrastructure associated with the growth of the public mental health system, software mandates related to Electronic Health Records (EHR), and other technological needs. Capital Facilities funding is limited to the purchase and/or rehabilitation of county-owned facilities used for mental health treatment and services and/or administration. Funding for Technology may cover expenditures including the purchase of electronic billing and records software, computers for staff or consumers, and other software or hardware. This funding is time limited and must be expended within 10 years (by FY 2017/18).


**CURRENTLY FUNDED PROGRAMS**

The department continues to explore Capital Facilities funding options, but does not currently have a viable plan in place and there are no immediate plans for development. ACBHS has the option to dedicate additional funds to CFT or may continue to reserve its Capital Facilities funds for a future project. Technology funds have been dedicated to the department's Electronic Billing and Records System.

**Capital Facilities**

In previous years, stakeholders have expressed interest in using MHSA Capital Facilities dollars to fund a Crisis Residential (CRT) project. During Fall of 2014, ACBHS met with Turning Point, an organization with extensive expertise in in this area, to discuss the viability of a CRT program in Amador. Their initial estimate for a 6-8 unit project was $1.2M annually, which is similar to the budget for other programs in the area (Merced, Yolo, and Sacramento). The bulk of the costs were attributed to building maintenance and utilities, 24/7 staffing (including high psychiatric costs), medications, and liability coverage. Challenges faced by other counties included lack of steady residents and a lack reimbursement for those not covered by Medi-Cal (typically a high percentage). Other options were suggested by Turning Point, other experts, and stakeholders, including Mobile Crisis/Mobile Stabilization projects in conjunction with housing subsidies (**both options are now being pursued; see page 18 & 19**). ACBHS had also looked into funding a CRT with additional county partners to offset costs; however, the few potential partners who initially showed interest eventually backed out.

Since the cost of the CRT project cannot be sustained with existing funding, other Capital Facility options will continue to be explored including the rehabilitation of existing space to provide crisis or other support services to those with serious mental illnesses in the community.

**Electronic Billing and Records System**

ACBHS is contracted with the Kings View Behavioral Health to provide the department with the Anasazi System. The partnership between Kings View and Anasazi is the key to successful helpdesk services, cost reports, updates, and other services and supports. Electronic Health Records (EHRs) are required and/or essential for Health Care Reform, HIPAA transactions, billing requirements, and the changes that are going on within the State of California.

***Program Modification:*** In order to continue to meet federal and state requirements for access and portability of Electronic Health Records under the HIPAA and HITECH laws, additional upgrades are needed to the county's existing Anasazi Billing and Records system. In 2014, Anasazi was bought out by Cerner, who has been steadily offering add-ons that will enable the county to work toward improved continuity of care. With the addition of a "Ultra-Sensitive Exchange," ACBHS will be able to add on a client portal to provide consumers online access to their EHR, provide electronic transmission of lab requests, secure messaging within the clinic, allow clients to access a list of medications, and secure transmission of records to and from providers outside of the ACBHS clinic for true continuity of care. Initially, this upgrade will be $25,000 and additional add-ons are expected to be approximately $75,000 over the next fiscal year.

***FY 2016/17 Program Cost***: $100,000 | Estimated Unduplicated # of Persons to be Served: N/A | Cost per Person: N/A

## MHSA PROJECTED BUDGET

### FY 16/17 Budget

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

County: Amador

Date: 7/21/16

| | 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 2016/17 Funding** | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | 1,408,906 | 187,926 | 351,901 | 199,192 | 349,596 | |
| 2. Estimated New FY 2016/17 Funding | 2,465,456 | 305,430 | 145,246 | | | |
| 3. Transfer in FY 2016/17[a/] | (450,503) | | | | | 450,503 |
| 4. Access Local Prudent Reserve in FY 2016/17 | | | | | | 0 |
| 5. Estimated Available Funding for FY 2016/17 | 3,423,859 | 493,356 | 497,147 | 199,192 | 349,596 | |
| **B. Estimated FY 2016/17 MHSA Expenditures** | 2,716,288 | 422,500 | 453,084 | 45,000 | 100,000 | |
| **G. Estimated FY 2016/17 Unspent Fund Balance** | 707,571 | 70,856 | 44,063 | 154,192 | 249,596 | |

| **H. Estimated Local Prudent Reserve Balance** | |
|---|---|
| 1. Estimated Local Prudent Reserve Balance on June 30, 2016 | 649,150 |
| 2. Contributions to the Local Prudent Reserve in FY 2016/17 | 450,503 |
| 3. Distributions from the Local Prudent Reserve in FY 2016/17 | 0 |
| 4. Estimated Local Prudent Reserve Balance on June 30, 2017 | 1,099,653 |

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.

## MHSA PROJECTED BUDGET

| | 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. Integrated FSP Flex Funds | 60,000 | 60,000 | | | | |
| 2. FSP Staffing Costs | 918,360 | 918,360 | 91,836 | | | |
| **Non-FSP Programs** | | | | | | |
| 1. Mobile Crisis Support Team (incl staff) | 83,923 | 83,923 | 8,392 | | | |
| 2. Sierra Wind Wellness Center | 365,000 | 365,000 | | | | |
| 3. Cons & Fam Adv / Prim Care Liaisons | 130,000 | 130,000 | | | | |
| 4. NAMI Ed & Support Groups | 38,000 | 38,000 | | | | |
| **CSS Administration** | 611,187 | 611,187 | | | | |
| **CSS MHSA Housing Program Assigned Funds** | 509,818 | 509,818 | | | | |
| **Total CSS Program Estimated Expenditures** | 2,716,288 | 2,716,288 | 100,228 | 0 | 0 | 0 |
| **FSP Programs as Percent of Total** | 45.0% | | | | | |

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

County: Amador Date: 7/21/16

| | 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. Nexus YEP / Project SUCCESS | 46,000 | 46,000 | | | | |
| 2. Nexus Promotores de Salud | 34,000 | 34,000 | | | | |
| 3. TRC Grandparents Program | 32,000 | 32,000 | | | | |
| 3. Nexus Family Resource Centers | 70,000 | 70,000 | | | | |
| 4. Labyrinth Stress Reduction & LGBTQ | 35,000 | 35,000 | | | | |
| **PEI Programs - Early Intervention** | | | | | | |
| 4. Nexus Family Resource Centers | 70,000 | 70,000 | | | | |
| 5. First 5 Behavioral Consultation | 33,000 | 33,000 | | | | |
| 6. Nexus Building Blocks | 40,000 | 40,000 | | | | |
| 7. Senior Peer Program | 12,000 | 12,000 | | | | |
| 8. Labyrinth Stress Reduction & LGBTQ | 35,000 | 35,000 | | | | |
| **PEI Administration** | 15,500 | 15,500 | | | | |
| **PEI Assigned Funds** | 0 | | | | | |
| **Total PEI Program Estimated Expenditures** | 422,500 | 422,500 | 0 | 0 | 0 | 0 |

# MHSA PROJECTED BUDGET

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

County: Amador

Date: 7/21/16

| | 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. Co-Occuring Group for TAY | 287,677 | 287,677 | 28,767 | | | |
| 2. Community Partnership-Prenatal & Early Intervention | 150,000 | 150,000 | | | | |
| **INN Administration** | 15,407 | 15,407 | | | | |
| **Total INN Program Estimated Expenditures** | 453,084 | 453,084 | 28,767 | 0 | 0 | 0 |

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

County: Amador

Date: 7/21/16

| | 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. Staffing Support | 11,000 | 11,000 | | | | |
| 2. Staff & Community Training | 10,000 | 10,000 | | | | |
| 3. Career Pathway Program | 2,000 | 2,000 | | | | |
| 4. Internship Opportunities | 0 | 0 | | | | |
| 5. Tuition Assistance | 22,000 | 22,000 | | | | |
| **WET Administration** | 0 | 0 | | | | |
| **Total WET Program Estimated Expenditures** | 45,000 | 45,000 | 0 | 0 | 0 | 0 |

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

County: Amador

Date: 7/21/16

| | 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. None at this time | 0 | | | | | |
| **CFTN Programs - Technological Needs Projects** | | | | | | |
| 1. Anazazi | 100,000 | 100,000 | | | | |
| **CFTN Administration** | 0 | | | | | |
| **Total CFTN Program Estimated Expenditures** | 100,000 | 100,000 | 0 | 0 | 0 | 0 |

## MHSA ANNUAL UPDATE ATTACHMENTS

### FY 16/17 Annual Update Attachments

**Program Statistics and Participant Wellbeing Outcomes**

Each quarter, MHSA program partners are asked to fill out surveys regarding those they serve to ensure their program is adequately serving the populations identified by the community as being in greatest need of mental health prevention and intervention services. In addition, participants are asked to fill out a voluntary survey to determine the basic participant demographics, participant satisfaction with the program, and specifically how the program impacted their emotional well-being. The following are responses for all Amador County MHSA-funded programs from FY 2015/16:

**Amador County Full Service Partnerships (CSS)**

Average Participants in FY 2013/14: 40
Average in FY 2014/15: 48
Average in FY 2015/16: 52

Male: 23
Female: 29
Children (Age 0-5): 0
Youth (6-15): 9
TAY: 9
Adults: 30
Older Adults: 6

African American: 2
Asian American: 0
Caucasian: 44
Latino/ Hispanic: 6
Native American: 0
Multi Race/ Eth.: 0
Other/ Unknown: 2

Homeless: 5
Veterans: 0
LGBT: 2
Probationers: 2

Participant Feedback:

- 80% are continuing their program
- 100% would recommend the program to others
- 100% agreed the program improved their emotional wellbeing
- **Psychiatric hospitalizations were reduced by 20% after participation**
- **80% reported 'feeling optimistic about the future' after participating in the FSP program**
- **80% also reported feeling 'useful' and 'able to make up my own mind about things' after participation**

Added comments:

- "This program is a wonderful help that gives the tools I need to be successful."

**NorCal MHA Sierra Wind Wellness & Recovery Center (CSS)**

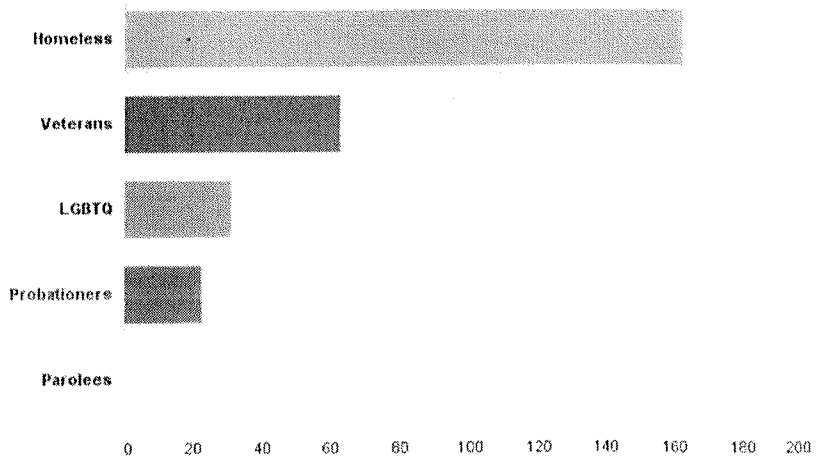
Average Participants in FY 2013/14:
Average in FY 2014/15: 390
Average in FY 2015/16: 589

Referrals: 143

Children: 10
Teens: 5
TAY: 17
Adults: 323
Older Adults: 23

Homeless: 162
Veterans: 63
LGBT: 31
Probationers: 0

African American: 3
Asian American: 3
Caucasian: 327
Latino/ Hispanic: 17
Native American: 17
Multi Race/ Eth.: 6
Other/ Unknown: 6




Participant Feedback

- 96% are continuing their program
- 100% would recommend the program to others
- 99% agreed the program improved their emotional wellbeing
- **99% felt cheerful and were interested in new things "Often" or "All of the Time" after participation**
- Over 90% were feeling confident and dealing with problems well "Often" or "All of the Time" after participation

Added comments:

- "The Wellness Center has helped my mom and me in many ways. Thank you."
- "I am very grateful to have a positive place to grow in recovery."
- "Sierra Wind changed my life for the better and has gotten me emotionally balanced more than I am used too. I have made positive changes."
- "Peer support is vital to my recovery and wellness."
- "I feel safe, comfortable, trusted."
- "This is the best place for help. Genuinely caring people."
- "This place saved my life."
- "They got me off the streets, kept me fed and clothed. Thank you."

**NorCal MHA Client/Family Advocate & Primary Care Liaison (CSS)**
Average Participants in FY 2013/14: 154
Average in FY 2014/15: 122
Average in FY 2015/16: 150

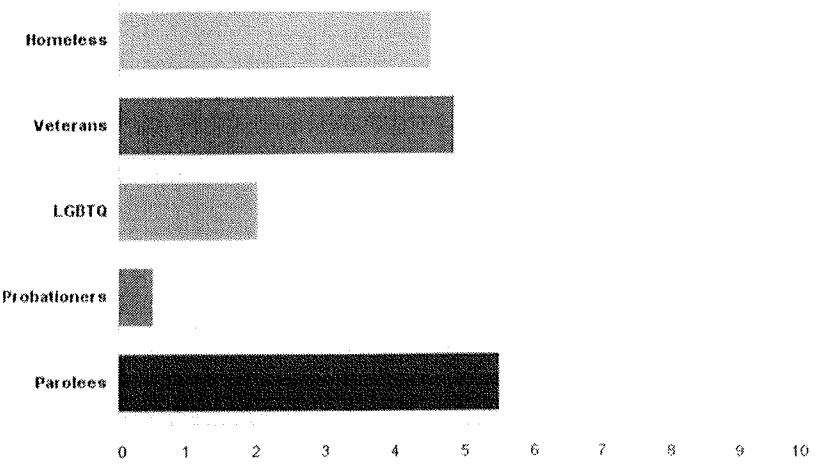
| | |
|---|---|
| Referrals: - | African American: 1 |
| | Asian American: 0 |
| Children: 0 | Caucasian: 97 |
| Teens: 0 | Latino/ Hispanic: 1 |
| TAY: 15 | Native American: 1 |
| Adults: 75 | Multi Race/ Eth.: 0 |
| Older Adults: 10 | Other/ Unknown: 0 |

Homeless: 4
Veterans: 1
LGBT: 7
Probationers: 0

**NAMI Family/Client Education & Support (CSS)**
Average Participants in FY 2013/14: 45
Average in FY 2014/15: 44
Average in FY 2015/16: 138

| | |
|---|---|
| Referrals: 20 | African American: 1 |
| | Asian American: 1 |
| Children: 0 | Caucasian: 44 |
| Teens: 60 | Latino/ Hispanic: 3 |
| TAY: 2 | Native American: 3 |
| Adults: 35 | Multi Race/ Eth.: 3 |
| Older Adults: 41 | Other/ Unknown: 26 |

Homeless: 5
Veterans: 5
LGBT: 2
Probationers: 6




Participant Feedback

- 87% are continuing their program
- 100% would recommend the program to others
- 99% agreed the program improved their emotional wellbeing
- **61% felt able to make up their own mind about things "Often" or "All of the Time" after participation**
- **Over half** were feeling loved and thinking clearly "Often" or "All of the Time" after participation

Added comments:

- "I'm very thankful how supportive everyone in NAMI is."
- "I feel these groups help with everyday life. Without them I would be lost."
- "This group is very supportive and I feel good here."
- "Helped to manage situation with family member; very encouraging & supportive Facilitators provide effective, reliable tools that I could use & feedback from week to week."
- "Family to Family is well-designed and practical."
- "I get a lot of input and support in the connections group."
- "Safe, supportive, kind, empathetic, non-judgmental, uplifting, motivational. I could go on and on! Fabulous group and wonderful facilitators."
- "Great group and information regarding mental illness."
- "Helpful with my family member with mental illness. Very educational."
- "It feels great to come to these classes."
- "Learned how to cope with my family member's illness."

**First 5 Behavioral Consultation & Support (PEI)**

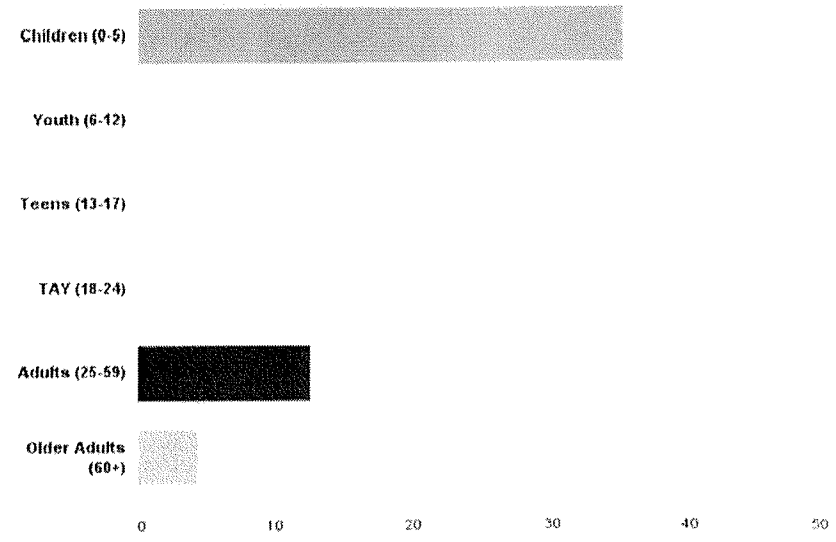
Average Participants in FY 2013/14: 92
Average in FY 2014/15: 47
Average in FY 2015/16: 52

Referrals: -

Children: 35
Teens: 0
TAY: 0
Adults: 13
Older Adults: 4

African American: 0
Asian American: 0
Caucasian: 20
Latino/ Hispanic: 3
Native American: 0
Multi Race/ Eth.: 0
Other/ Unknown: 4

Homeless: 1
Veterans: 0
LGBT: 0
Probationers: 0




Participant Feedback

- 17% are continuing their program
- 100% would recommend the program
- 100% agreed the program improved their emotional wellbeing
- **Over 80% said they and/or their child felt optimistic about the future, were feeling useful, relaxed, had energy to spare, have been dealing with problems well, thinking clearly and able to make up their own minds about things "All of the Time" after participation**
- **100% reported that they and/or their child felt interested in other people "All of the Time" after participatio**

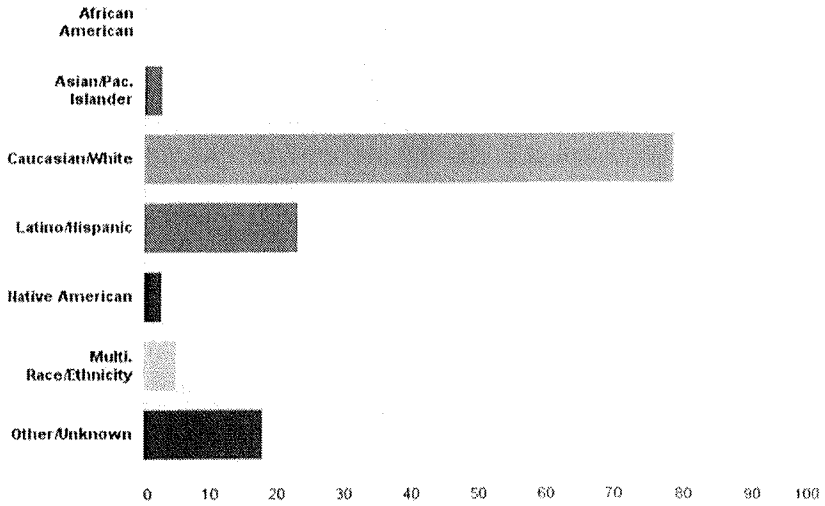
**Nexus Community Outreach Family Resource Centers (PEI)**
Average Participants in FY 2013/14:
Average in FY 2014/15: 126
Average in FY2015/16: 600

Referrals: 237

Children: 0
Teens: 40
TAY: 113
Adults: 397
Older Adults: 57

Homeless: 14
Veterans: 36
LGBT: 13
Probationers: 6

African American: 0
Asian American: 14
Caucasian: 392
Latino/ Hispanic: 115
Native American: 14
Multi Race/ Eth.: 19
Other/ Unknown: 53




Participant Feedback
Number of Wellbeing Survey Respondents: 60

- 80% are continuing their program
- 100% would recommend the program to others
- 98% agreed the program improved their emotional wellbeing
- **Over 80% felt able to make up their own mind about things and had interest in new things "Often" or "All of the Time" after participation**
- **Over 75% were feeling cheerful, confident, loved, useful and were thinking clearly "Often" or "All of the Time" after participation**

Added comments:

- "I think it is really great for people around here."
- "Amazing amount of information and materials. Knowledge is power."
- "All are great!"
- "Program very informative and clear cut."
- "[Trainer] is a great presenter. Lots of great info."
- "Great information, given time to discuss."

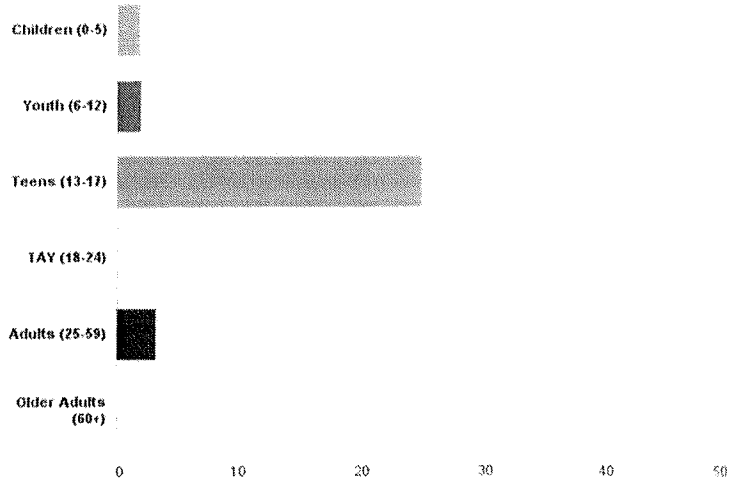
**Nexus Building Blocks PCIT & ART Programs (PEI)**
Average Participants in FY 2013/14: 60
Average in FY 2014/15: 53
Average in FY 2015/16: 154

Referrals: 44

Children: 17
Teens: 124
TAY: 0
Adults: 13
Older Adults: 0

Homeless: 0
Veterans: 0
LGBT: 0
Probationers: 0

African American: 0
Asian American: 0
Caucasian: 33
Latino/ Hispanic: 2
Native American: 0
Multi Race/ Eth.: 0
Other/ Unknown: 0



## MHSA ANNUAL UPDATE ATTACHMENTS

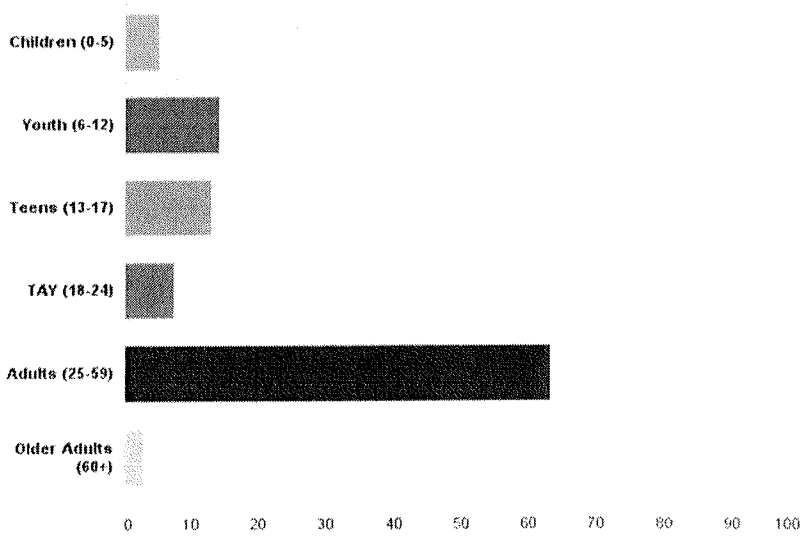
**Nexus Youth Empowerment Program/Project Success (PEI)**
Average Participants in FY 2013/14: 379
Average in FY 2014/15: 282
Average in FY 2015/16: 420

| | | |
|---|---|---|
| Referrals: 11 | African American: 0 | Homeless: 0 |
| | Asian American: 0 | Veterans: 0 |
| Children: 0 | Caucasian: 0 | LGBT: 0 |
| Teens: 0 | Latino/ Hispanic: 0 | Probationers: 0 |
| TAY: 0 | Native American: 0 | |
| Adults: 0 | Multi Race/ Eth.: 0 | |
| Older Adults: 0 | Other/ Unknown: 420 | |

**Nexus Promotores de Salud Program (PEI)**
Average Participants in FY 2013/14:
Average in FY 2014/15: 105
Average in FY 2015/16: 112

| | | |
|---|---|---|
| Referrals: 18 | African American: 0 | |
| | Asian American: 0 | |
| Children: 0 | Caucasian: 0 | |
| Teens: 19 | Latino/ Hispanic: 112 | |
| TAY: 16 | Native American: 0 | |
| Adults: 73 | Multi Race/ Eth.: 0 | |
| Older Adults: 14 | Other/ Unknown: 0 | |

Homeless: 0
Veterans: 0
LGBT: 3
Probationers: 2




Participant Feedback

- 88% are continuing their program
- 100% would recommend the program to others
- 100% agreed the program improved their emotional wellbeing
- **80%** reported that they were feeling useful and had interest in new things "Often" or "All of the Time" after participation
- **Over 85%reported feeling cheerful, loved, good about themselves and had the ability to make up their own mind about things "Often" or "All of the Time" after participation**

**The Resource Connection Grandparents Program (PEI)**
Average Participants in FY 2013/14: 47 (number may not be unduplicated)
Average in FY 2014/15: 16
Average in FY 2015/16: 48

| | | |
|---|---|---|
| Referrals: 9 | African American: 1 | Homeless: 1 |
| | Asian American: 4 | Veterans: 2 |
| Children: 24 | Caucasian: 35 | LGBT: 1 |
| Teens: 3 | Latino/ Hispanic: 2 | Probationers: 0 |
| TAY: 2 | Native American: 1 | |
| Adults: 5 | Multi Race/ Eth.: 1 | |
| Older Adults: 14 | Other/ Unknown: 0 | |

Participant Feedback

- 100% are continuing their program
- 100% would recommend the program to others
- 100% agreed the program improved their emotional wellbeing
- **88% felt useful and able to make up their own mind about things "Often" or "All of the Time" after participation**
- 81% were feeling confident and loved "Often" or "All of the Time" after participation

Added comments:

- "Thank you! These programs are a huge help to all of us."
- "Sharing the common path."
- "Very well led."
- "Great leadership, g.p. coordinator."
- "Thank you. I needed the lecture and knowing I am not alone in dealing with problems."

**ACCF Human Services Certificate Scholarship Program (WET)**
Average Participants in FY 2013/14: 15
Average in FY 2014/15: 18
Average in FY 2015/16: 29

| | | |
|---|---|---|
| Male: - | African American: 0 | Homeless: 1 |
| Female: - | Asian American: 0 | Veterans: 0 |
| Children: 0 | Caucasian: 23 | LGBT: 0 |
| Teens: 0 | Latino/ Hispanic:0 | Probationers: 1 |
| TAY: 0 | Native American: 0 | |
| Adults: 26 | Multi Race/ Eth.: 6 | |
| Older Adults: 3 | Other/ Unknown: 0 | |

Participant Feedback

- 93% are continuing their program
- 100% would recommend the program to others
- 94% agreed the program improved their emotional wellbeing

Added comments:

- "I appreciate this group. If it wasn't for this group-I would have never returned to school."
- "This program provided education which is a great asset."
- "It has built my confidence & self-esteem."
- "Very happy I am in this program. Very happy it is available."
- "This is a wonderful program. Keep up the good work."
- "Love it."
- "This has been a great experience. Thanks so much for the opportunity."

## Mental Health Services Act / Cultural Competency Steering Committee

| | |
|---|---|
| **6/14/16** | **AGENDA** |
| 3:30 pm | Welcome / Introductions |
| 3:40 pm | PEI Presentation--Alex Abarca, Director of Behavioral Health, M.A.C.T. Health Board, Inc. |
| 4:00 pm | Announcements<br>-Meeting Date & Time Change |
| 4:05 pm | MHSA Program Manager's Report:<br>-MHSA Bi-Monthly Report (Handout)<br>-FY16/17 Annual Update<br>-No Place Like Home<br>-Three Year Plan Subcommittee Update |
| 4:20 pm | Quality Improvement Update:<br>-Metrics Data |
| 4:25 pm | Cultural Competency Report:<br>-Wellness Day in June<br>-Update on Innovations & PEI Contract w/MHA |
| 4:35 pm | Program Updates (Not in any specific order):<br>-First 5<br>-ATCAA<br>-Nexus<br>-NAMI<br>-MHA<br>-The Resource Connection<br>-Amador Community College Foundation<br>-Others... |
| 5:00 pm | ADJOURN |

**Next Meeting: July 7, 2016**

Mental Health Services Act/Cultural Competency Steering Committee
June 14th, 2016 Meeting Minutes

- All meeting attendees introduced themselves. See sign in sheet for details.
- PEI Presentation from Alex Abarca, Director of Behavioral Health, M.A.C.T. Health Board, Inc. Alex introduced the services his agency is currently providing including medical, dental, and limited mental health. He provides mental health services for the offices in the Jackson, San Andreas, Sonora, and Mariposa area. These offices serve 12, 000 patients who are Native American and non-Native American, and all offices provide all the services. Dr. Mills and NP Thomas are the current medical providers in the Jackson Office. Alex introduced his desire and plan to grow and expand the mental health services, as well as begin implementing prevention and stigma reduction. The model he explained would have full time clinicians in each office location, and every time there was a referral to and OBGYN, the woman would have an automatic referral to behavioral health as well. There would be 4 routine contacts with this lady while pregnant and during post-partum. Then the child would have a yearly behavioral health check-up/screening. This would provide the mom with early neurodevelopment of the child, her own mental health evaluation, and become exposed to best practice ways of raising children that provide health attachment. This will hopefully reduce the high rates of substance abuse and suicide in Native Americans as well as reduce the stigma of behavioral health so it's seen just as "health."
  ACBH will continue working with First 5 and M.A.C.T clinic to work towards these goals.
- Announcement: Meeting Date will be changing so this meeting no longer falls on the same month as the Behavioral Health Advisory Board Meeting. It will now be the first Thursday of the opposite month of the BHAB at the usual meeting time. Will meet again next month to get on schedule. Next meeting July 7th, 2016
- MHSA Program Manager's Report:
  Bi-Monthly Report- see attached handout. Highlights of this:
  - ACBH will not know the outcome from the OAC of the small counties meeting until late June or July. MHP thinking it could produce a small county waiver.
  -CBHDA and Steinberg Institution pulled outcome data which was known as "First Phase of MOQA Data." See handout for FSP data statewide. Homelessness went down 52% with 1 year on FSP and 68% for 2 years.
  -No Place Like Home: Unclear how this will look. It will be a "competitive grant" which will need to be worked out because counties likes LA would have an advantage over Amador.
  -3 Year Plan Subcommittee- Determine that it would be best discussed at this MHSA meeting for full collaboration and participation.
  -WET and CTF expire in 2 years, so this is an area we can start to think about for the future.
- See Power Point hand out for Quality Improvement Update. Reviewed the adult consumer perceptions surveys. Questions arose about 8% of surveyed clients who disagreed that staff was sensitive to their cultural background (race, religion, language). ACBH stated this was the place to discuss these items because it was also the cultural competency meeting. ACBH will go back and pull the clients who stated they disagreed and look at their identified ethnicity.

- Cultural Competency Report: LGBTQ community in the county is hosting a Memorial/Labyrinth in memory of Orlando Shooting. Will be held at Detert Park on 6/18 in the evening.
  Will have a Wellness Day for Grandparents to celebrate and support them caring for children also to be held at Detert Park on 6/28.
- Program updates (See all attached handouts):
  -Amador County College- now currently placing interns from county in jobs and paying them because of grants they are receiving. They are also moving offices near CVS to be more open to the public.
  -First 5- Nina will be presenting tomorrow at BHAB for more details on First 5 updates. Introduced "Fred Talks" (Foothill Regional Education Discussions) that happened in Calaveras County. Had one on Perinatal Mood and Anxiety 101 and 16 people attended. Looking to conduct these in Amador County
  -The Resource Connection- Grandparents Café is winding down for summer. Last meeting was held at a member's ranch and children planted vegetable and were invited back to watch them grow and harvest them. They were start up again in August. Respite program for grandparents will continue throughout summer and grandparents caring for children can get up to 16 hours a month per child.
  -NAMI- Finished Peer to Peer and Family to Family. Had 8 family members and 6 peers graduate and join NAMI. Looking into getting a website started this summer. Sandy Johnson, the Walk chair, reported that May 7th walk rained, but Amador County raised 5,000 dollars which was in the top 5 teams who earned the highest out of 125 teams.
  -Nexus- Completed 13 week education group for parents of kids with mental illnesses. Next round will start around school time and will happen at up country center. They are having an upcoming OCD workshop and Mental Health 1st Aide Training.
  -Tribal TANF- just moved offices and will be looking to have an open house re-opening soon.
  -MHA- Had an HIV presentation for consumers today. New washer and dryer are delivered Monday. M/W/F has walking group at 8:30. Still have free haircuts on Tuesdays, and the next Members Meeting is June 23.
  -ATCAA-will give update tomorrow at BHAB meeting.

Next meeting- July 7th 2016

## Mental Health Services Act / Cultural Competency Steering Committee

| 7/7/16 | **AGENDA** |
|---|---|
| 3:30 pm | Welcome / Introductions |
| 3:40 pm | Announcements<br>-REMINDER: Meeting Date & Time Change<br>-FY16/17 Participant Well-Being Surveys & Contractors Quarterly Surveys |
| 3:45 pm | MHSA Program Manager's Report:<br>-FY16/17 Annual Update Data & Discussion |
| 3:55 pm | Quality Improvement Update:<br>-Consumer Perception Surveys |
| 4:05 pm | Cultural Competency:<br>-Community Partner Training<br>-Video: Cultural Competence: Managing Your Prejudice |
| 4:15 pm | Program Updates (Not in any specific order):<br>-First 5<br>-ATCAA<br>-Nexus<br>-NAMI<br>-MHA<br>-The Resource Connection<br>-Amador Community College Foundation<br>-Tribal TANF<br>-Others... |
| 4:30 pm | ADJOURN |

**Next Meeting: September 1, 2016 @ 3:30 p.m.**

Mental Health Services Act/Cultural Competency Steering Committee
July 7th, 2016 Minutes
Attendance: Please refer to sign in sheet for more details.

- Welcome
- Announcements:
    - Reminder of the meeting date and time change. This meeting will now be held the first Thursday of every month on the opposite month of the ACBHAB. Our next meeting will be held on September 1, 2016.
    - FY16/17 Participation Well-Being Surveys & Contractors Quarterly Surveys were issued. Some feedback was provided—the last page only has one question—is there any way we can condense that? Stephanie will look at this and see what she can do. If she is able to edit it, she will send updated surveys out. Another concern was that the Participant Well-Being Survey is just too long. Stephanie will look at this for planning in next fiscal year.
- MHSA Program Managers Report: See attached Community Planning Process Survey Responses. These responses are a snapshot of some of the Annual Update response data that has been compiled to date. The committee reviewed the data and some suggestions were made for the report:
    - Discussed including FRED talks into annual update report;
    - Smoking Cessation

- Quality Improvement update: See attached Child/Family Consumer Perception Survey Results. Megan will follow up on getting out the demographics of client's served currently at ACBH to report to the group. Stephanie will look to getting a diagnosis report.

- Cultural Competency Training update: MHSA Coordinator is working to get Bridges of Poverty to conduct a training in the county for the community. She also sent out an email notifying community of a free CEU Tobacco Cessation training that is online. This produced discussion about vaping and how it should be considered smoking too.
  September is Suicide Prevention Month and Each Mind Matters is putting on a free webinar next Tuesday 7/12/16 around *Suicide Prevention Toolkit.*

- Cultural Competency video: *Managing Your Prejudice*
  Talked about being honest with yourself when uncomfortable working with a certain group. Then a person is more able to manage working effectively with that group. The video stated that everyone has prejudices. It also stated that before the age of 10 most people have had their "first impression" of people.

- Program Updates were not given due to time restraints but each representing person who had fliers passed them out. See attachments for more details.

## Mental Health Services Act / Cultural Competency Steering Committee

| **9/1/16** | **AGENDA** |
|---|---|
| 3:30 pm | Welcome / Introductions |
| 3:40 pm | Announcements<br>-Telepsych and Doctor's Schedule Update |
| 3:45 pm | MHSA Program Manager's Report:<br>-MHSOAC PEI/INN Regulations Update<br>-FY16/17 Annual Update & Innovations Proposals<br>-CFT Funds for EHR<br>-QI Funded by WET |
| 4:05 pm | Quality Improvement Update:<br>-Upcoming EQRO & PIP's |
| 4:10 pm | Cultural Competency:<br>-FY16/17 Cultural Competence Objectives<br>-Suicide Prevention Awareness Week (9/5-9/11) |
| 4:45 pm | Program Updates/Information Sharing |
| 5:00 pm | ADJOURN |

**Next Meeting: November 3, 2016 @ 3:30 p.m.**

Mental Health Services Act and Cultural Competency Steering Committee

September 1st, 2016

Attendance: Please refer to sign in sheet. Minute taker- Megan Hodson

Announcements:
Amador County Behavioral Health now has tele-psychiatry 4 days a week, Monday-Thursday, with Dr. Sheth. Timeliness once approved for services is 1-2 weeks currently for adults and 4 weeks for kids. Meeting participant reports he had a good experience with doctor and RN coordination for tele-psychiatry.

**MHSA Program Manager's Report**

1. MHSOAC PEI/INN Update- the oversight and accountability commission advocated at the state level for rural counties in regards to such detailed data collection, which could potentially break HIPAA for clients. They unfortunately were unable to get any changes made, but small counties will receive technical assistance and workshops to assist in the process. This should not change anything for community providers, but the MHSA coordinator will be attending any offered technical support. Also, we will be working to formalize our referral process.

2. Annual Update and Innovations Proposals- Annual update will be presented at next Behavioral Health Advisory Board Meeting on 10/19/16. Everyone will be sent the draft electronically as well in the next 2 weeks. MHSA Coordinator is consulting with previous MHSA Manager Christa Thompson on how to best present it.
-Homelessness and seniors are the top items
- The new 2 innovations proposal will also be presented. The first is the Co-Occurring AOD/MH teenage group. The second is the MACT prevention for pregnant mothers.

3. Capital Facilities and Technology Funds- MHSA coordinator review the success with the EHR including more ability to pull data. She introduced the Continuity of Care Documents that is for purchase through the electronic health record (i.e. electronic labs and prescribing, client's ability to email providers and to request an appointment online through the client portal).
Member of the meeting gave a heads up that this could be a lot of work for agency to keep each client's meds updated. Otherwise it could appear to client that they are on more medications than really true.

4. QI Funding by WET- This would include hiring a data person to run reports and start data collection to complete office PIPs and could be connected to the teen co-occurring group.

Member of the meeting had a question about using CFT funding for Crisis Stabilization. MHSA Coordinator gave update that the CFT funding is around $350,000 and a crisis stabilization facility would cost around 1.2 million dollars, and this is not an option at this point.

**Quality Improvement Update**

MHSA Coordinator introduced PIPs and had copies for references. She introduced the upcoming EQRO review happening on 9/22/16

**Cultural Competency**

See attached Handouts for reference.

-Review the statistics from the Friendship Line. Total calls in 2013- 175, 2014-447, 2015-264, 2016 so far-212. The statistics breaks out how many calls were completed by Veterans and by Spanish speaking calls. It does not represent the number of calls made in English on behave of a Spanish speaking client.

-Plans to re-vamp the Latino Engagement Meeting at ACBH to better serve the Spanish speaking population in the county. ACBH will work with local Promotoras on this.

- Plans to also continue working to connect with other identified areas such as Veterans, homeless, and LGBTQ. Victory Village mobile truck is reporting continued stigma with the population; they feel that clients do not want to enter the Van because other people would see. May look into locating the mobile van in another area.

- There will be a free LGBTQ training for the community in February

-MHSA coordinator looking into a training for 1st responders

- Added Senior Center to Community Resource list

-Will begin looking at local radio and TV stations to put out mental health ads. Nina with First five spoke to radio owner and he was interested and felt that the Sunday hour after church could be the best time. Nina also emailed Each Mind Matters to get one of their ads so we don't have to re-create one.

- One group member suggested we start working with WISE and look into their webinars

-MHSA Coordinator knows that the community wants Bridges to Poverty and ASSIT training and she is working to get these scheduled.

-1st Five is working to get Maternal Wellness Flyers more culturally competent.

Suicide Prevention: Nexus is working in the schools for suicide prevention. As of this year they will be in all the junior high and high schools. 90 kids went through the suicide prevention during Amador's Health classes. They also have Friday Night Live. They are starting to look at doing the Friend to Friend model to help with social support. They have ordered Suicide Prevention toolkits for the youth, as well as completed 2 Mental Health 1st Aides for youth. The students appear to be responding well to the Amador Youth Prevention Facebook Page.

September 10th, is world prevention suicide day; 9/5/16 to 9/11/16 is Suicide Prevention Awareness week. September 7th at the First Five Building there will be a FRED (Foothill Regional Educational Discussions) talk from 12-1 on Suicide Prevention. Next Spring there will also be a 6 week spring sessions of FRED Talks.

Every Mind Matters is working more with the 60 years and older population due to a recent increase in suicides in that population.

- MHSA Coordinator will bring the Each Mind Matters DVD that has the videos created by high schoolers to the next meeting to watch a few.

**Program Updates (See Flyers for more info)**

Grandparent Group- In August they created the dates and guests for the next meetings.

NAMI- Peer to Peer starts in October and they already have 5 signed up.

First Five- Behavioral Specialist now available; Ages and Stages screening has appeared popular because people are calling the office asking for it; Mom to Mom is happening on monthly basis (hard to get moms engaged but Christa Thompson is having conversations with mom prior to them starting to help with a warm handoff); Spoke to Well Space who is in the process of starting to offer services in the county; Still have the Little Free Libraries; Special Needs Play Group (24-36 month) for small kids.
Nexus- Suicide Prevention Workshops happening, Youth and Mental Health 1st Aide happening, and they provided 300 backpacks for back to school kids
Sierra Wind- Trina promoted to a supervisor; 2 new hired staff; Currently has 17 groups a week and adding more! All facilitators have attended trainings and number of members is increasing.

Next Meeting Is November 3rd, 2016

Stephanie Hess <shess@amadorgov.org>

# Work Request 24883 Has Been Completed

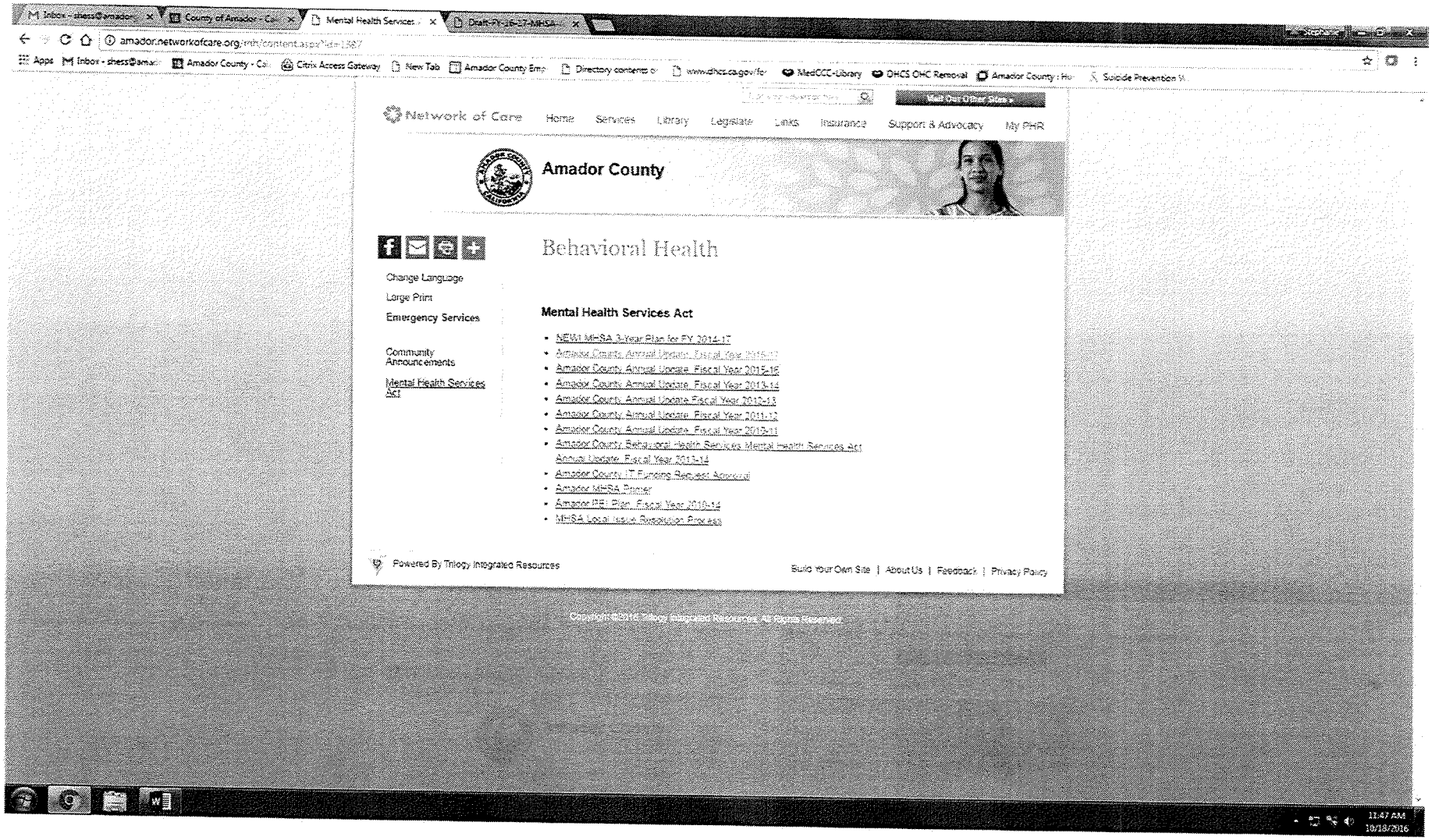
**info@networkofcare.org** <info@networkofcare.org> Mon, Sep 19, 2016 at 3:40 PM
Reply-To: info@networkofcare.org
To: shess@amadorgov.org

Hello,

This work request has been completed. If you have any questions, please call Kathy Sterbenc at (415) 458-5900 or email her at kathy@trilogyir.com.

The Staff at Trilogy

(415) 458-5900


Network of Care
Home
Services
Library
Legislate
Links
Insurance
Support & Advocacy
My PHR
Amador County
Behavioral Health
Change Language
Large Print
Emergency Services
Community Announcements
Mental Health Services Act
Mental Health Services Act
NEW! MHSA 3-Year Plan for FY 2014-17
Amador County Annual Update, Fiscal Year 2015-16
Amador County Annual Update, Fiscal Year 2013-14
Amador County Annual Update, Fiscal Year 2012-13
Amador County Annual Update, Fiscal Year 2011-12
Amador County Annual Update, Fiscal Year 2010-11
Amador County Behavioral Health Services Mental Health Services Act Annual Update, Fiscal Year 2013-14
Amador County IT Funding Request Approval
Amador MHSA Primer
Amador ISF Plan, Fiscal Year 2010-14
MHSA Local Issue Resolution Process
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# [Auto-Reply] Amador County FY 2016/17 MHSA Annual Update

news @thepinetree.net

Fri 9/16/2016 11:22 PM

To: Stephanie Truelsen <stephaniemarie21@hotmail.com>;

Thanks for your news submission!

# Amador County FY 2016/17 MHSA Annual Update

Stephanie Truelsen

Fri 9/16/2016 11:22 PM

To: news @thepinetree.net <news@thepinetree.net>;

Hello,

I am Amador County Behavioral Health's Mental Health Services Act Programs Coordinator. I would like to do a quick press release on your Amador page to show people that the Amador County FY 2016/17 MHSA Annual Update is available for public review and comment and to announce our public hearing coming up on October 19, 2016. Is there a fee associated with this? If so, can you send me details on that. If not, can you please do this press release:

*Amador County Behavioral Health Services is pleased to announce the release of the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2016/17. This is an Update to the County's MHSA 3-Year Plan, which was approved by the Board of Supervisors in FY 2014/15. This Update is based on statutory requirements, a review of the community planning over the past several years, and extensive recent stakeholder input.*

*Amador County Behavioral Health Services is seeking comment on the attached Annual Update during a 30-day public review period ending October 19, 2016. A copy of the Annual Update may also be found at www.amador.networkofcare.org and will be available at the Amador County Behavioral Health Services front desk as well.* ***A Public Hearing regarding this Annual Update will be held during the Amador County Behavioral Health Advisory Board on October 19, 2016, at 3:30 pm at Health and Human Services, located at, 10877 Conductor Blvd., Sutter Creek, CA. All are invited to attend.***

*All comments regarding the Annual Update for FY 2016/17 may be directed to Stephanie Hess, Mental Health Services Act Programs Coordinator, via email at shess@amadorgov.org or by calling 209-223-6308 during the 30-day public review period. Thank you for your ongoing interest in the Mental Health Services Act.*

Please let me know at your earliest convenience what I need to do in order to get this press release out. Thank you so much for your help---it is so much appreciated!

Thank you!

Stephanie Hess
MHSA Programs Coordinator
Amador County Behavioral Health
shess@amadorgov.org
(209) 223-6308

Stephanie Hess <shess@amadorgov.org>

# Bus Transportation

2 messages

**john jahn** <john.jahn@att.net> Sun, Sep 18, 2016 at 5:01 PM
Reply-To: john jahn <john.jahn@att.net>
To: Stephanie Hess <shess@amadorgov.org>

I believe the following statement as written in the 2016/2017 MHSA Update is inaccurate:

"Public transportation to obtain centrally located services is often limited to 1-2 buses a day or does not exist."

Please consult the website **amadortransit.com** to see a full schedule or call April Miler, the Amador Transit Mobility Manager at 267-8142.

Thanks,

John Jahn
Bus Rider and former SSTAC member

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**Stephanie Hess** <shess@amadorgov.org> Mon, Sep 19, 2016 at 9:01 AM
To: john jahn <john.jahn@att.net>

Hi John,

Thank you so much for your comment. After reviewing the website, I did find that transportation services have greatly improved in our county. Therefore, you are correct, this is an inaccurate statement. At the hearing I will announce that we will remove the statement from the update as it is no longer valid.

Thank you,

Stephanie Hess
MHSA Programs Coordinator
Amador County Behavioral Health Services
(209) 223-6308
shess@amadorgov.org


[Quoted text hidden]

Stephanie Hess <shess@amadorgov.org>

# MHSA Annual Update

4 messages

**john jahn** <john.jahn@att.net> Wed, Oct 5, 2016 at 9:09 AM
Reply-To: john jahn <john.jahn@att.net>
To: Stephanie Hess <shess@amadorgov.org>

Hi -

I just wanted to confirm something and make an observation.

I glanced through the MHSA Annual Update and noticed that the Clinical Program Manager position (Melissa's old job) will be filled by a NorcalMHA employee embedded in the BH department.

I would like to confirm this.

The observation is that in reading about the Primary Care Liaison position I wondered why the number of contacts has remained relatively static over the past few years (basically since the position was created.)

I'm looking forward to the Public Hearing later this month.

Sincerely,

John Jahn

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**Stephanie Hess** <shess@amadorgov.org> Wed, Oct 5, 2016 at 11:59 AM
To: john jahn <john.jahn@att.net>
Bcc: Melissa Cranfill <mcranfill@amadorgov.org>

Hi John,

I hope you are doing well!

Can you please direct me to where you read that the Clinical Program Manager position would be filled by a NorCal MHA employee embedded in the BH Department? This is not accurate and if you can tell me where in the document you read this, I would greatly appreciate it so I can address any mistakes at the hearing and clarify the language in the Annual Update itself.

Actually, the department is not filling the Clinical Program Manger position. Instead, we recruited internally and hired Tamara Garner (Tammy) as a Clinician III last month. She has taken over a lot of the duties of the Clinical Program Manager, however, Melissa still oversees and supervises the clinical teams.

With regards to your observation about the Primary Care Liasion and the number of contacts remaining stagnant--you are right. This number has remained stagnant and we are currently working on ways to address the factors that surround this. One issue is creating a way to collect data that truly reflects what the Primary Care Liasion is doing. I am currently working on ways to make this process easier and more accurate for this fiscal year's reporting. The other main issue is that a lot of primary care providers in Amador County are Sutter affiliated and therefore are no longer accepting new Medi-Cal patients. So, a lot of our clients with Medi-Cal are unable to be seen. Additionally, the providers in this county are all at capacity and no new providers are coming in. Therefore, we are having a very difficult time creating new relationships when no new providers have come into the area and there is no one to assist us with our consumers and there physical health needs. This is limiting the number of people we can get connected. However, we are still trying. We have gone out of county to start developing new relationships with providers in nearby communities so that we can start referring our consumers to them. Kaybee does have a 'waiting list' for consumers who are in need of a primary care physician. She remains in regular contact with these providers and as spots open up, she then makes referrals as appropriate. She just informed me that her 'wait list' is currently down to zero. So, although the number is remaining stagnant, we are working very hard to make the situation in our County work. I am hoping to see some improvement this fiscal year and we will be addressing this issue when we do our planning for the next Three Year Plan.

Thank you so much for taking the time to review the Annual Update. It is very much appreciated that you are taking the time to make these observations. Please let me know if you have any more questions, comments or concerns.

Stephanie Hess
MHSA Programs Coordinator
Amador County Behavioral Health Services
(209) 223-6308
shess@amadorgov.org


[Quoted text hidden]

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**john jahn** <john.jahn@att.net> Wed, Oct 5, 2016 at 5:02 PM
Reply-To: john jahn <john.jahn@att.net>
To: Stephanie Hess <shess@amadorgov.org>

Thanks for the great clarification.

A second reading revealed some errors on my part. I apologize. I saw that the Clinician position that is part of the Mobile Crisis Unit and who is paid with regular CSS funds is not a part of NorCalMHA and I also saw the that the two embedded Family Advocate positions are. Finally, I saw that the Crisis Counselor is the one who dispatches, so to speak, the Mobile Crisis Unit. That is also a BH department expenditure. (Pgs 19 and 20)

A more careful first reading would have led me to see this in perspective.

Thanks for your extensive explanation on the difficulties with the Primary Care Liaison referrals. Anybody who has read the Covered California booklet knows how difficult it is to find a doctor in Amador County. I had to help my daughter find a doctor while she was living with me last year and I know how difficult it was. I'm encouraged by the fact that Kaybee has reduced her list to zero at this point.

Mostly, as the day of the public hearing approaches, I want to tell you that I will be there to advocate for the process which is your right to carry out under legal mandate. (Hopefully by my quiet presence.)

I always like to see my old and new friends there. Guess I'll always want to keep my foot in the door even if I stub my toe once and awhile.

Sincerely,

John Jahn

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On Wed, 10/5/16, Stephanie Hess <shess@amadorgov.org> wrote:

Subject: Re: MHSA Annual Update
To: "john jahn" <john.jahn@att.net>
Date: Wednesday, October 5, 2016, 11:59 AM
[Quoted text hidden]

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**Stephanie Hess** <shess@amadorgov.org> Wed, Oct 5, 2016 at 5:17 PM
To: john jahn <john.jahn@att.net>

Thank you, John. See you in a few weeks!

Stephanie Hess

MHSA Programs Coordinator
Amador County Behavioral Health Services
(209) 223-6308
shess@amadorgov.org



[Quoted text hidden]

County of Amador
Behavioral Health Advisory Board Meeting
Wednesday
October 19, 2016
3:30-5:00PM
Amador County Health and Human Services Bldg.
Sutter Creek, Ca 95685
Conference Room E

**I Call to order-Governance Guidelines for Members (5 minutes)**

A Current Roster is 10 (50% consumers or family, min. 20% consumers)
We need new members who utilize BH services
B WIC code 5600.1 Mission Statement
B WIC code 5604.2- Eight Responsibilities of the Board
C Amador County BHAB By-laws

**II Welcome and Introductions-**

**III Non-Agendized Public Comment**

Discussion items only. No action to be taken. Any person may address the Board at this time upon any subject within the jurisdiction of the ACBHAB. However, any matter that requires action may be referred to staff and/or a board member for a report and recommendation for possible action at a subsequent Board meeting. Please note that there is a **3 minute time limit for each item.**

**IV Approval of Minutes from August 17, 2016-(E-Mailed) (5 minutes)**
Corrections, additions, deletions
Motion: Second Yes__ No__ ABS__

**V SPECIAL AGENDA ITEM –PUBLIC HEARING at 3:45-4:30**

MHSA ANNUAL REPORT 30 minutes Melissa Cranfill Behavioral Health Director
Question and Answer 15 minutes

**VI Old Business – (30 minutes)**

1 Report from sub-committee site visits for the ACBHAB Annual Report (10 minutes)

Sutter Amador Hospital- Sheila, Richard

Behavioral Health-Aaron

Amador County Jail -Melissa, Philip

Amador School District (pending) Arnie

2 Progress Report on 2016 Goal/timeline –Mobile Crisis Program –Linda Crabtree

3 Support to determine feasibility of a Tri-County Collaboration for addressing Unmet Needs

4 New legislation Expands the use of MHSA for Crisis Stabilization for Voluntary and Involuntary clients

HHS-Department of Health Care Services (prior Handout and attachment)

MHSUDS Information Notice NO:16-034

SUBJECT: MHSA Use of Funds for Crisis SERVICES (prior Handout and attachment)

Does Amador have funds that can be used for this Unmet Need?

Now, or in the future?

**NEXT MEETING: December 21, 2016,**

County of Amador

Behavioral Health Advisory Board Meeting

October 19, 2016

**ATTENDANCE:**

**Board Members:** Dr. Arnie Zeiderman, Sheila Vinson, Lynn Morgan, Ashley Carnicello, Michele Siefer, Rebecca Tracy, Richard Reinoehl

**Absent Members:** Aaron May, Karen Pantazis, Philip Young, James Wegner

**Guests:** Kaybee Alvarado (NORCAL MHA), Angela Geddis (Sierra Wind/NORCAL MHA), Pat Porto (ATCAA), Sherry Parkey, Sandy Johnson (NAMI), John Jahn, Jolie Chain (ATCAA), Jerry Evans, Michael Eslinger, Maryanne Reinoehl, Vanessa Compton

**Staff:** Jim Foley (HHS Director), Stephanie Hess (MHSA Coordinator), Linda Crabtree (NORCAL MHA), Melissa Cranfill (Behavioral Health Director), Amy Hixson (Behavioral Health),

I. **Call to Order:** By Dr. Arnie Zeiderman at 3:30 p.m.
   a. **Current Roster:** Currently have 11 members, Chris Medeiros has resigned and Paul Danczyk term expired Sept 23, 2016.
   b. **WIC Code:** Dr. Zeiderman reiterated the Mission statement and responsibilities of the board.
   c. **Board Bylaws:** Dr. Zeiderman reminded the board to review the Bylaws and if anyone needs a copy, please contact him.
   d. Jerry Evans brought up the correlation between drugs and alcohol and behavioral health and the importance of reflecting that in the Annual Report. He will meet with Amy Hixon and present his meeting notes to the board for a possible addition into the annual report.

II. **Welcome and introductions:** No introductions needed.

III. **Non-Agendized Public Comments:** No public comments.

IV. **Approval Of Minutes:** Minutes for August 17, 2016
   a. **(M)** Sheila Vinson **(S)** Michele Siefer Motion carried unanimously

V. **Special Agenda Item:**
   a. **MHSA Annual Update:** Stephanie Hess, MHSA Coordinator, presented on the MHSA 16/17 Annual Update, which is essentially an update to the 3-year plan of MHSA. Purpose of discussing the public hearing today is to provide public comment which will be recorded and included in the plan as an attachment. If there are any comments that necessitate changes, it will be taken into consideration.
      i. Through the MHSA 2016/17 Annual Update Community Input Survey, it was shown that there is some work to be done with regards to Children, youth and cultural competency. The lowest poor score that was received were regarding serving the

Homeless Population. Stephanie reported that this is an issue that will be addressed in the steering committee as well as the 3-year plan. They have also seen an improvement is serving the LGBTQ community. Overall, the survey shows what MHSA needs to improve on as well as gives some guidance on the brainstorming process for the 3-year plan and what MHSA can work on for the next year.

ii. There was a substantial increase in the budget this year. That increase is reflected in the Sierra Wind Wellness Center line item. A number of reasons led to the increases, 1) the number served, 2) the severity of symptoms in the clients served 3) increase in clients requesting SSI application assistance 4) material needs 5) staffing shortages. NAMI received an increase due to the increase in numbers served as well.

iii. There are two proposed innovations projects that MHSA are looking into for FY 2016/17.

1. Amador County Behavioral Health would pilot a youth alcohol and drug treatment program with an added therapeutic program treating co-occurring disorders at the same time. This would target ages 16-24.
2. Partner with MACT clinic and First 5 Amador to support clinical treatment in all pregnant women who are receiving services at the MACT clinic. This would serve native and non-native women and would be a prevention/early intervention service.
3. A question was brought about during the meeting regarding the innovations process. Stephanie explained that the innovations have to be unique to the State and would have to develop a plan and present to the Mental Health Services Oversight and Accountability Commission. They would then have to approve that it is a unique and efficient use of the funds.

iv. A question was proposed to elaborate on the Crisis Residential Project. Jim Foley explained that a couple of years back an outside agency proposed that the project come to fruition, however it is not viable because there is no funding available to create such a project.

v. Highlights in the last fiscal year 2015/16 through participant feedback showed that:

1. psychiatric hospitalizations were reduced by 20% after participation in the Full Service Partnership program. Jim Foley explains that two of the things they try to do is focus more on prevention and utilize the mobile support unit which has contributed to this reduction.
2. Sierra Wind, NorCal MHA Family Advocate, NAMI, First 5 Behavioral Consultation, NEXUS, The Resource Connection, and the College Foundation all received very positive feedback from consumers and family members.

vi. Another question was asked regarding the percentages in the participant feedback surveys with regards to the size of the population. Stephanie explained that the MHSA programs are contracted out with exception to 50% of the mobile support unit and the FSP's that are kept in house. Every contractor is supposed to have their

participants fill out the surveys which are then given to Stephanie on a quarterly basis. Stephanie can look at the unduplicated reports that are given to her to give a more specific number on the population that was surveyed.

**VI. Old Business**

a. Report from sub-committee site visits for the ACBHAB Annual Report

i. Sutter Amador Hospital-Sheila, Richard Reinoehl

1. Sheila and Richard Reinoehl met with Anne Platt, CEO of Sutter Amador Hospital on September 19, 2016. Anne expressed interest in speaking at an ACBHAB meeting and bringing John Boyd who is the representative from the Governor's Commission on Behavioral Health. Sheila and Richard Vinson went back for a second interview on October 14, 2016 with Anne Platt. Anne took Richard and Sheila to the emergency room and explained the process of a 5150 hold.
2. Sutter Amador is in the process of setting up a pilot in the first quarter of 2017 for telepsychiatry services in the hospital. There is concern that Amador County does not have a crisis facility or a psychiatric facility which makes it difficult for family and friends to visit and encourage the patient.
3. Jim Foley discussed the movement with the Hospital Association to remove some of the authority of 5150s from county behavioral health's to doctors in the ER's. He explained how he has worked with Sutter Amador Hospital to developed an agreement that they will work together and cooperatively to help patients. This movement would mean instead of calling behavioral health when 5150's come into the ER, the doctor in the ER would meet with the patient and decide whether the person was ok or not; behavioral health would not be involved. This is still pending legislation.
4.

ii. Behavioral Health-Aaron

1. Dr. Arnie Zeiderman read Aaron's report regarding his meeting with Melissa Cranfill, Behavioral Health Director. In that meeting, Melissa explained the process of a 5150 hold from Behavioral Health's perspective and their role in finding placement for patients and follow up services once released from the hospital.
2. Behavioral Health has a number of issues that come up with placement and releasing individuals from facilities. One such issue is brought up when some facilities will not call them back which makes it difficult for our Behavioral Health to prepare for discharge planning which results in last minute planning.
3. Questions were asked regarding case management, assessments and eligibility of services. Melissa explained that if a patient meets medical

necessity and are clients of behavioral health they are eligible for case management. The clinician meeting with them will connect them with a case manager to meet any needs they may have. She also explained that the clinician makes the assessment for a patient. The Utilization Review team reviews the assessment to determine the medical necessity. If a person comes in initially with Medicare or private insurance they would be referred out unless it is a crisis situation. Currently there is no triage but they are in the process of trying to implement a screening process to determine the severity of the symptoms. They only serve specialty mental health and are unable to serve those with mild to moderate symptoms because of the changes of affordable care act so they refer them out. With this screening, they will be able to hit the main points on what the medical necessity would be and would then complete the full assessment. If it doesn't seem that they would meet medical necessity with the initial screening, they would then be able to help speed up the process by referring them out. Michele would like to add the discussion regarding the intake process and the severity of symptoms to the Behavioral Health Report.

iii. Amador County Jail-Phillip, Michele

1. Phillip and Michele met with Undersheriff Jim Wegner to discuss behavioral health issues in Amador County Jail. Everyone who is arrested is screened for Behavioral Health Issues. Jail personnel can call Behavioral Health if they feel there is a behavioral health issue. There were some areas of concerns that were discussed. One such concern was the lack of an appropriate observation holding cell for anyone who may be at risk of harming themselves or others. Currently, they hold them in their sobriety cell. Another area of concern is the nurse who dispenses medications is only available during business hours and new bookings are unable to get their medications until the nurse is there to dispense them. It is also strenuous on the inmates and jail staff to see those with behavioral health issues decompensate in the jails because they are unable to obtain necessary long term placements and they struggle with room to conduct group meetings (currently they have to use the visiting room). It was noted that currently the jail is doing the best they can right now with the resources they have available however, the new jail will be helpful in combating many of these issues.
2. A question was asked if there was a behavioral health worker who works with Law Enforcement full-time. Melissa explained that currently, there is not however there is a crisis worker that comes weekly to the jail and will spend at least 4 hours per week there. The worker meets with inmates that are put on a list to talk to the worker.

They also get called out to the jail if there is a crisis situation and their services are available to the jail 24 hours a day, 7 days a week.

iv. Amador School District (Pending)-Arnie, Lynn

1. Lynn and Arnie will meet in the upcoming weeks.

**Motion was made by Ashley Carnicello to adjourn the meeting at 5:05 p.m. agenda items that were not discussed were tabled until next meeting. Motion was seconded by Rebecca Tracy. Motion carried unanimously.**

Minutes submitted by Ashley Carnicello, Secretary