TABLE OF CONTENTS

I. Purpose of the Implementation Progress Report……………. 2

II. Progress Report Elements

A. 1) Implementation of Program and Services, by Work Plan.

Full Service Partnerships……………………………. 3

Outreach and Engagement……………………………. 4

System Development…………………………………… 5

A. 2) Program and Services Implementation, by Work Plan:

California Code of Regulations ……………………….. 6

A. 3) Program and Services Implementation, by Work Plan:

SB 163 and inpatient………………………………….. 7

A. 4) Program and Services Implementation, by Work Plan:

General System Development…………………………… 7

B. Efforts to Address Disparities………………………………. 8

C. Stakeholder Involvement……………………………………. 10

D. Public Review and Hearing………………………………… 10

I. PURPOSE OF THE IMPLEMENTATION PROGRESS REPORT

Plumas County Mental Health (PCMH) has made progress in implementation of the Mental Health Services Act (MHSA) since planning began in fiscal year (FY) 2005/06. The Community Services and Supports (CSS) plan for MHSA services, covers the period from July 1, 2006 to June 30, 2008. On March 18, 2008 the California Department of Mental Health (DMH) provided PCMH with Information Notice NO 08-08 which identified the need to provide, by June 30, 2008, a progress report upon the CSS services. This document is PCMH's CSS Implementation Progress Report for the period of January 1st through December 31, 2007. The intent of the progress report is identified by DMH as to: demonstrate the programs and expenditures; highlight successes and identify challenges.

The CSS programs and the identified goals show that the implementation is progressing generally as outlined in the county's approved plan and adopted in the MHSA performance contract. The approved plan encompasses seven (7) areas of focus for services, including (numbering is used to distinguish among plans and does not indicate priority): integrated assessment and service teams (#1); regionalizing and telemedicine (#2); consumer involvement/anti-stigma campaigns (#3); maintain Children's System of Care (#4); supportive employment (#5); outreach to homeless – at risk (#6); and outreach/engagement to seniors (#7).

Plumas County's initial process of focus groups, town hall and agency meetings described unmet mental health service needs as including: identification of underserved groups that need more access to services; ideas for additional services to be provided to specific groups of people; and changes in the way the Mental Health Department operates. Stakeholders continue involvement, predominantly through the Mental Health Advisory Commission, in planning and implementation of Plumas County's CSS Implementation plan.

Plumas County's CSS services continue to require "system development", especially with respect to the regionalization (specific to Greenville service site development) and telemedicine infrastructure. Implementation of MHSA continues to transform the administration and support functions, greatly impacting system development.

II. PROGRESS REPORT ELEMENTS.

II. A. 1) IMPLEMENTATION OF PROGRAM AND SERVICES, BY WORK PLAN.

Plumas County reports in this document on their progress with CSS by representing the work plans in the following categories of services: full service partnerships; outreach and engagement; and system development programs.

FULL SERVICE PARTNERSHIPS

Implementation of "full service partnership" (FSP) in Plumas County occurs across several work plans, including: work plan #1 integrated assessment and service team; and work plan #5 supportive employments of partners (clients). Plumas County has reported the required Exhibit 6 form indicating the count of enrolled clients; thus, the data is not represented, or repeated, within this progress report [allowed for in DMH information Notice NO. 08-08 II.A.1)b.].

Work plan #1 is an integrated assessment and service team, a model of service delivery designed to enhance access through decentralizing services. The assumption is that decentralized services lead to an increased focus on special populations (children aged 0-5 years with behavioral problems, homeless or at risk youth, adults or older adults and incarcerated individuals). If the client was identified to be qualified for services, then the individual would be offered a "full service partnership (FSP)" array of opportunities.

The intended design was to develop a service structure consisting of a part-time "Access Coordinator" (licensed clinician) and a part-time Case Manager (paraprofessional). Staff assignment and hiring was significantly delayed from the anticipated model. PCMH was able to reassign a licensed clinician, for part of their workload, in January 2007 to perform both functions (i.e. assessment and brokerage to resources). PCMH requested within the county system for permission to hire a paraprofessional Case Manager; however, with a hiring freeze in place, this work plan operated with just the clinician. Lessons learned during this delay included: that the plan to utilize a paraprofessional for these case management services would be insufficient and not cost effective (due to medication needs, complexity of the cases, etc.). It was determined that the model of this provision of case management service should be a licensed individual. This infrastructure change also meant a reconfiguring of financial resources. Having recently secured more funding for a professional Case Manager, and received authorization from the county to staff the position, PCMH plans to undertake recruitment (as this will be an expansion of staff) and hire this professional Case Manager early in FY 08/09. In the interim, the existing MHSA Access Coordinator clinician currently performs all duties (both assessment and brokerage/management); thus, clients are not being underserved within this delay of infrastructure build-out.

Work Plan #5 enables structure and service delivery for supportive employment of several Full Service Partner (FSP) clients. PCMH provides supportive employment for both youth and adult populations. The infrastructure build-out occurred in 2006, which currently provides two Case Managers (paraprofessionals) to provide direct service and support to the two populations (youth and adults). Case Managers began training and then direct supportive employment services in early 2007. Many operational guidelines were developed as needed. Most of these initial supportive employment clients were hired by PCMH, as compared to within the general community. During the second half of the year, Case Managers began outreach to community businesses, and the youth clients were provided with education and practice of applying for work, developing a work resume and appropriate behavior plans.

OUTREACH AND ENGAGEMENT

Several agreements with other agencies, for outreach and engagement, were initiated in 2006 and continued in 2007. Plumas County Mental Health (PCMH) efforts ambitiously worked in several directions simultaneously, to encompass diverse target populations. PCMH's outreach efforts are described in several work plans as follows: work plan #3 consumer involvement; work plan #6 outreach to homeless; and work plan #7 outreach and engagement to seniors.

Work Plan #3 Plumas County Mental Health's support of the local chapter of National Alliance on Mental Illness (NAMI) facilitates local enhanced consumer education and outreach activities. Within 2007 the local NAMI chapter strengthened their presence and the communities' awareness of their services. Plumas County's NAMI undertook family trainings, campaigns of anti-stigma and other activities (such as a community walk) to heighten community awareness of mental illness. During this report period, the agreement between PCMH and NAMI was not amended or terminated and the provision of services occurred with greater success than planned.

Work plan #6 One half of this plan is outreach to homeless in Plumas County, and is primarily provided through Plumas Crisis Intervention and Resource Center (PCIRC, a local non-profit). PCIRC operates an emergency housing (motel voucher) program and supportive housing in which trailers are utilized in a nearby trailer park house clients participating in their human service programs. PCMH entered into an agreement with PCIRC to "buy bed access"; so that when a homeless mental health client is identified, a bed in a trailer is made available for housing the client. The other half of work plan #6, also contracted with PCIRC, improves access to psychiatric medications for homeless or at risk clients. During this report period, the agreement between PCMH and PCIRC was not amended or terminated and the provision of services occurred for both reduction of homelessness and medication support to individuals with mental illness.

Work plan #7 Plumas County has an existing model for outreach and engagement to seniors within the "Senior Companion Program". PCMH entered into an agreement in 2006 to enhance the collaboration between PCMH and the Senior Companion Program. Collaborative meetings including clinical staff and mid management of the Senior Companion Program occurred to assure the mutual understanding and obligations of both parties. The Senior Companions Program has implemented portions of the agreement but has substantially failed to implement the core elements of the agreement. PCMH has recently (early 2008) met with Senior Companions Program managers to attempt to determine the problems and solutions associated with implementation of the work plan. A plan to correct the current failure to comply with the Memorandum of Understanding (MOU) has been put forth by the Senior Companions Program that was not acceptable to PCMH. PCMH suggested modifications to the plan to assure accountability but it is as yet unclear as to whether or not a re-implementation will be feasible. It may be necessary to shift funding associated with work plan #7 to another plan or to develop an alternative plan. The director of PCMH is seeking consultation with the Mental Health Commission regarding continuing, modifying or redirecting funding associated with this plan.

SYSTEM DEVELOPMENT

Plumas County has reported the required Exhibit 6 form indicating the system development impacts (count of clients); thus, that data is not repeated within this progress report [allowed for in DMH information Notice NO. 08-08 II. A.1) c.].

Work plan #2 Regionalization and telemedicine are two strategies to enhance services to the underserved community of Indian Valley (with the build-out of a capital facility in Greenville) and provide services for the hard to serve populations in the jail (telemedicine) respectively.

Collaborations were developed and authorizations obtained from governing bodies to develop a "one-stop" human service delivery Family Resource Center in Greenville. Development of the Greenville office was delayed in 2006 due to additional planning needs to address disparities of disabled individuals. In 2007 the planning progress was dramatically stalled with the loss of staff at the partnering agency. In late 2007 plans for the build-out resumed and moved toward finalizing. Although delayed significantly, it is anticipated that potentially a dedicated service site for mental health services will be in Greenville by the summer of 2008.

Inundated with the various new MHSA components (Workforce Education and Training and Prevention and Early Intervention) alongside regular operations, PCMH experienced a crushing load of coordination of planning new infrastructure and service provisions. Thus, the telemedicine work plan was tabled until further information could be received from California Department of Mental Health regarding the Information Technology Component of MHSA.

Work plan #4 Plumas County Mental Health and the community believe in the work and outcomes of Children's System of Care. The CSS Implementation Plan supports maintenance of the previously unfunded Children's System of Care service delivery model. PCMH did not anticipate "counting" any individuals served, and efforts were predominantly for maintenance of infrastructure in 2007.

II. A. 2) PROGRAM AND SERVICES IMPLEMENTATION, BY WORK PLAN: California Code of Regulations

The Guidelines for the Implementation Progress Report (DMH Info No 08-08) cite that the report shall contain brief descriptions on the six general standards of California Code of Regulations, Title 9, Section 3320.

a. Community Collaboration [CCR, Title 9, Section 3320(a)(1)]

Through a Memorandum of Understanding (MOU) Plumas County enhanced community collaboration with Plumas Crisis Intervention and Resource Center to share information and provide services for the housing of homeless clients and crisis medication needs.

b. Cultural Competence [CCR, Title 9, Section 3320(a)(2)]

Through work plan #2, regionalization, and the efforts to develop a satellite office with improved presence in the community is intended to assist more of the Native American population, which is concentrated in the Indian Valley region, to have equal access to services.

c. Client Driven [CCR, Title 9, Section 3320(a)(3)]

Plumas County Mental Health has a long history of utilizing solution-focused services, which are utilized in all MHSA services/work plans, which engage the client in primary decision making with their needs, preferences, strengths and service plans.

Family Driven [CCR, Title 9, Section 3320(a)(4)]

Plumas County Mental Health has a long history of utilizing family input as a factor in service plans, departmental operations, etc.

d. Wellness, Recovery and Resilience Focused [CCR, Title 9, Section 3320(a)(5)]

For numerous years Plumas County Mental Health (PCMH) has provided services with the focus of wellness and recovery. Given that the recovery movement is diverse PCMH has used, "The 10 Fundamental Components of Recovery" as defined by SAMSHA to provide a clear bases for employees to understand and implement the recovery philosophy. These principles are nearly identical to those described by many strengths based approaches such as those of Solution Focused Therapy, a core treatment approach of PCMH for many years. PCMH is working to balance its struggle between the

hopefulness implied by the recovery model with the reality that there is still much to understand about mental illness and how to best mitigate its impact.

e. Integrated Services [CCR, Title 9, Section 3320(a)(6)]
Many of the "full service partners" are clients that receive "integrated services" by definition of receiving a full range of services. In 2007, PCMH worked with fifty-two (52) individuals in full service partnerships.

II. A. 3) PROGRAM AND SERVICES IMPLEMENTATION, BY WORK PLAN: SB 163 and inpatient services.

a. Plumas County implemented SB 163 Wraparound Program prior to Mental Health Services Act; thus, in 2007 Wraparound was not funded by MHSA and progress reporting is not part of Plumas County's MHSA CSS Implementation.

b. Plumas County did not utilize the MHSA funding approved as Full Service Partnership for short-term acute inpatient services.

II. A. 4) PROGRAM AND SERVICES IMPLEMENTATION, BY WORK PLAN: General System Development

The impact of the implementation of MHSA work plans as related to system development is difficult to evaluate and conceptualize largely because at the same time MHSA funding has become available other core funding has decreased and or MHSA funding gains have been offset by dramatic increases in the cost of doing business. There has been up to this time no net gain, for Plumas County Mental Health, in funding and no increase in service providers over the past 7 years. When these hard facts are combined with dramatic increases in MHSA mandates and bureaucratic process it is amazing that the department continues to function effectively. It's also important to note that other key small county structures have deteriorated significantly over the past three years. The Probation Department has only one juvenile officer and the Sheriffs Department is extremely short staffed with over 6 open patrol officer positions at this time. The Social Services Department Child Protective Services unit has literally turned over all of its caseworkers in past 3 years, (two resignations this week) and the Alcohol and Drug Department has only two service providers at this time. In addition the local school district is on the precipice of failing financially having cut all but one psychologist, all school counselors and Principals covering multiple schools. These facts and others speak to a slow but persistent degradation and marginalization of small county systems. With this backdrop of misery in mind MHSA funding and programming has little impact on the coordination of services between key system partners in the community. This is

simply due to the fact that overall there is considerably less resource in the community as a whole and this can not be mitigated by the relatively small investment offered by MHSA. Within the department itself MHSA funding has facilitated more consistent service delivery and decreased gaps in service delivery. This is primarily due to the fact that MHSA funds permit a degree of flexible use and application so that services can be applied as needed, to the degree necessary to an individual who might not otherwise qualify or have the resources to attain immediate service delivery. This, "can do" element associated with MHSA funds has generated positive changes in the way providers and consumers experience each other and in how they view the potential of the service delivery system.

In general MHSA has offered the Plumas County Mental Health an opportunity to marginally maintain basic service delivery while supporting and moving forward in defining and in some cases redefining its role with consumers and the community. Fortunately for Plumas County Mental Health the philosophical underpinnings and goals of MHSA are consistent with the department's history of service and commitment to partnership with consumers.

CONDITIONS AND TERMS

There were no conditions that were specified in DMH approval letter that need to be addressed here.

II. B. EFFORTS TO ADDRESS DISPARITIES

California Department of Mental Health requests that PCMH describe the following:

II. B. 1) A successful effort or strategy, of the CSS plan, that addresses disparity in access and quality of services has occurred within Plumas County Mental Health's work plan #6, outreach to homeless and at-risk clients. A contract with a nonprofit organization, Plumas Crisis Intervention and Resource Center, whose mission is to provide support and services to individuals in crisis (through hotline operations, emergency housing, food vouchers, etc.) has enabled eight (8) emergency psychiatric medication purchases and four (4) individuals to be temporarily housed.

II. B. 2) A challenge faced in overcoming disparities. In general the comparative data does not suggest either focused or wide spread disparities in mental health service access in Plumas County based on ethnicity. At the same time Plumas County Mental Health recognizes that disparities in health care and mental health service accessibility remain serious issues of concern in the broader context. The department continues to implement strategies to assure ongoing awareness and efforts in this area. Plumas County Mental Health's (PCMH) long term strategy is to improve regional access points; thus,

increasing access for those individuals who experience the most significant barriers to attaining service. A core belief is that service sites must be viewed as part of the community, be welcoming and receptive environments that invite every community member to enter and return comfortably. For community members that experience either physical or emotional barriers to entering service sites, PCMH strives to respond in a manner that overcomes those barriers by either addressing those issues as part of treatment or by overstepping those barriers and going directly to consumers. One example of this is Plumas County Mental Health Community Services and Support Plan (work plan #7) that provides direct access and outreach to seniors (a community identified underserved population). In addition, outreach efforts to individuals that feel disenfranchised from society are served directly in work plan #6 a plan designed to bring services directly to Plumas Crisis Intervention and Resource Center's homeless clientele to assure assessment and treatment. Work plan #2 unexpectedly resulted in (PCMH) addressing ADA barriers that had persisted over many years. The Greenville office development necessitated that the (PCMH) and its partners develop a workable access plan, the first plan in county history to be approved by an ADA consumer represented committee. We believe our insistence in developing physically accessible service sites conveys an important message of receptivity to all individuals.

Plumas County Mental Health has historically aggressively pursued specific populations to prevent or mitigate the potential for disparities. Our experience informs us that progress in the area of cultural and racial disparity will be most effectively addressed by maintaining a long term approach that invests primarily in modifying the perceptions of youth and children regarding the role of mental health services in their lives. This approach additionally impacts parents and families. By assuring respectful treatment approaches with children we are able to attain a window of change opportunity with parents who recognize that we seek to forge a different, inclusive relationship with all people. We deliver services in a format that engages and inspires children and youth to be true customers that are motivated to express their specific needs and motivations. We believe this experience is significantly different then what children and youth typically experience in mental health treatment settings. To structurally support this shift in our partner/consumer relationship the department locates services in each elementary school in the county to assure easy access and operates an extensive year round activity based treatment program with approximately 30 full day wilderness activities and additional weekly partial day activity based treatment experiences. The result is that penetration rates for children across race and culture is regularly in the top 5-10% in the state. The department believes this approach creates a positive foundational experience regarding mental health services that will resonate well into the future. Thus current child consumers across race and culture will feel welcome respected and comfortable in seeking services as adults.

In addition to racial and cultural issue we respect that gender issues require a special set of respectful responses including gender specific groups and individual activities. The

department has developed year round gender based activities with repetitive feedback and input from youth.

II. B. 3) There is no current MHSA plan money given directly to Native American organizations. Local Native American groups did not respond to invitations for input until after the plan was approved in a public process and then only to voice a desire to receive a special carve out of MHSA funding. There is no federally recognized tribe in Plumas County.

II. B. 4) No policy or system improvement, specific to reducing disparities, was developed in this report period.

II. C. STAKEHOLDER INVOLVEMENT

The Plumas County Mental Health Services Act Committee was revised and assumed into the membership and work of the Mental Health Commission. Recent aggressive outreach to fill the Commission's membership, along with offers of stipends (from MHSA resources) have helped to increase consumer/family interest in serving on the Commission.

II. D. PUBLIC REVIEW AND HEARING

Plumas County Mental Health (PCMH) has a state approved Community Services and Support (CSS) Implementation plan for the period from July 1, 2006 to June 30, 2008. The Department of Mental Health (DMH) provided guidance in the information notice No. 08-08 requesting a progress report for the period of January 1 through December 31, 2007. PCMH has completed this report on the county's CSS Implementation plan.

PCMH's progress report on the CSS plan was made available for public review, and comment during the period of April 23, 2008 through May 28, 2008. PCMH's distribution and notification of the plan involved:

- A press release was issued and printed on April 23rd, 2008, with the only publisher in the county (Feather River Bulletin).
- A copy of the public notice will be posted in the lobby of all PCMH service sites; and one hard copy of the Implementation Progress Report was available at these sites.
- A cover letter and the Implementation Progress Report were distributed, before April 23rd, 2008, to:
    - All Mental Health staff and contractors (Psychiatrists and interpreters).
    - An electronic copy posted to the county website, at http://www.countyofplumas.com.
- A cover letter with notification of ability to access electronic copy on website or request a hardcopy were e-mailed to community partners, including:
    1. All Mental Health Board members.

2. County Human Services Departments (Public Health; Alcohol and Drug; Social Services);
3. county legal systems: Sheriff and Probation and Juvenile Justice Commission;
4. hospitals;
5. private mental health providers;
6. Native American Council;
7. Human Service non-profits;
8. Family Resource Centers;
9. School SELPA Director;
10. NAMI; and
11. remaining participants of the planning process.

Community members, agencies and stakeholders were invited to provide feedback on this CSS Implementation Plan Progress Report. The public was invited to attend the public hearing at the regularly scheduled Plumas County Mental Health Commission's meeting of May 28, 2008 or submit written comment. Public comment forms were included @ the end of this report including with the electronic version. Completed forms were to be sent to: John Sebold, LCSW; Director; Plumas County Mental Health; 270 County Hospital Road, Suite 109; Quincy, CA 95971; FAX 530-283-6045.

Summary and analysis of substantive recommendations for revision:

tbd

Description of substantive changes made in response to public comment:

tbd

30 Day Public Comment Form

PERSONAL INFORMATION	
Name: ______________________________	
Agency/Organization, if any: ______________________________	
Phone Number: ____________________	**e-mail address:** ____________________
Mailing address:	
DID YOU ATTEND THE PLUMAS COUNTY MHSA MEETINGS in 2005?	
o **Yes**	o **no**
MY ROLE IN THE MENTAL HEALTH SYSTEM	
o client/consumer o family provider o service provider o other ____________________	o law enforcement/criminal justice o probation o social services o education
WHAT DO YOU SEE AS THE STRENGTHS OF THIS REPORT? Additional pages may be added if desired.	
IF YOU HAVE OTHER COMMENTS OR CONCERNS ABOUT THE REPORT, PLEASE EXPLAIN. Additional pages may be added if desired.	