

**Plumas County
Mental Health
Mental Health Services Act
Community Services and Supports**

Implementation Progress Report for July 1, 2006 through December 31, 2006

OVERVIEW AND ORIENTATION

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 January 23, 2007 the state Department of Mental Health (DMH) provided PCMH with notification (information notice No 07-02) of the need to provide a progress report upon the existing CSS services. The CSS Implementation Progress Report is for the period of July 1st through December 31, 2006. The intent of the progress report is identified by DMH as to: demonstrate the programs and expenditures; highlight successes and identify challenges, including those items needing policy and technical assistance.

The majority of PCMH's CSS programs and services have been implemented with various degrees of accomplishment. A review of the 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 encompassed 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 execution of the CSS Implementation plan has brought to light a number of challenges and learning points. There have been less than anticipated number of referrals for children ages 0-5 years; and lower than anticipated utilization of adult "access services" by community members or partners. Transformative activities have occurred within the CSS Implementation plan; such as, supportive employment; consumer education and outreach through a local chapter of National Alliance on Mental Illness (NAMI); as well as outreach to the senior population.

Plumas County's 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 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.

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FULL SERVICE PARTNERSHIPS

Plumas County implemented SB 163 Wraparound Program prior to Mental Health Services Act; thus, Wraparound progress reporting is not part of Plumas County's MHSA CSS Implementation Progress Report.

During the second half of 2006, implementation of "full service partnership" in Plumas County encompassed a couple work plans, including: work plan #1 integrated assessment and service team; and work plan #5 supportive employments of partners (clients).

Work plan #1 An integrated assessment and service team is 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). 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). These staff members were to have dedicated time for completion of assessments and brokerage to resources (respectively) on behalf of the identified populations above. If the client was identified to be qualified for services, then the individual would be offered a "full service partnership (FSP)" array of opportunities. It was anticipated that within this time period, at least one (1) person per quarter (for a total of 2 in the report period) were to be identified for FSP. However, during this initial 6 month period, staff assignment and hiring was significantly delayed from the anticipated model. Staff was not available until January 2007. Announcement of services, determination of method of referrals and practicum of process did not function within this report period, but was initiated in February 2007. In summary, the challenge had been to develop, in a short time period, the infrastructure for the integrated service team. Thus, the target to serve 2 children aged 0-5 years was unmet during this period, for the challenges noted above.

Work Plan #5 Supportive employment for both youth and adult populations is transforming PCMH system of services. System development milestones accomplished, in this report period, include: assigning MHSA oversight to two program managers; and identification and hire of two Case Managers (split among the adult and youth divisions). Although the model anticipated the hire of one individual to perform case management to supportive employment, PCMH's administration determined that client's needs would be best served if engagement occurred among the individual populations of youth or adult, and that transitional aged youth (TAY) would be considered on best scenario basis.

Because the hiring of 1 FTE case manager (implemented as two 0.5 FTE split among youth and adult services) and development of MHSA program operational guidelines and initial outreach to local businesses did not occur until after this report period (staff began in January 2007), the anticipated services to 1 adult and 1 transitional aged youth did not occur.

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OUTREACH AND ENGAGEMENT

During the second half of 2006, implementation of “outreach to and engagement of” clients has been achieved with the development of several agreements with other agencies. Direct services were minimal in this report period, while development of these agreements occurred. Plumas County Mental Health made efforts to work in several directions simultaneously, encompassing 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 opted to enhance consumer education and outreach through financial support of a local chapter of National Alliance on Mental Illness (NAMI). During this report period the administrators of both agencies negotiated a formal agreement. Within this report period, the MHSA supported efforts from NAMI engaged 3 clients, 5 caregivers and 6 community members; all of these individuals were not anticipated within the CSS Implementation Plan. Thus, the effort to conduct family trainings, campaigns of anti-stigma and other activities to heighten community awareness of mental illness is ahead of the plan.

Work plan #6 One half of this plan is outreach to homeless in Plumas County, and is primarily served by Plumas Crisis Intervention and Resource Center (PCIRC is a local non-profit). PCIRC operates an emergency housing (motel voucher) program and a trailer park in which trailers are available to 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 involves improving access to psychiatric medications for homeless or at risk clients. This service was also contracted with PCIRC.

During this report period PCMH and PCIRC finalized a Memorandum of Understanding (MOU) and service delivery was initiated. Although the plan anticipated 2 individuals being served for this report period, there were no beds or medications provided due to the lengthy development of operational details.

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 to enhance the collaboration among, the education of volunteers and staff on the topics of mental illness and resources; while the Senior Companion Program refers potential clients and continues to remain in support of active senior mental health clients. There were no planned, or actual, services for this period as the working relationship between the two agencies was in development during this report period.

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SYSTEM DEVELOPMENT

Work plan #2 Regionalization and telemedicine is a strategy to enhance both 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). Collaborations were developed and authorizations obtained from governing bodies to develop a “one-stop” human service delivery Family Resource Center in Greenville. Then the planning hit a snag with the build-out considerations for the components of addressing disparities of disabled individuals. Thus, the development of the satellite office did not occur within this report period and the targeted services to two individuals unattained. Also, during this initial 6 month period, PCMH experienced a greater than anticipated challenge in technical know-how for the telemedicine project; thus, progress was greatly diminished while adjustments to the plan of development were considered. Implementation of telemedicine will require contracting for technical assistance and additional budgeting for completion of the system.

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 infrastructure development.

TRANSFORMATIONAL ACTIVITIES

Wellness, recovery and integrated services

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.

PCMH has a long history of offering work opportunities to consumers and is using MHSA funding to expand those opportunities. PCMH recognizes that developing a sense of meaningful, purposeful existence is a key element of restorative health and that work is a key element to accomplishing this goal. As a result PCMH has directed significant funding to the goal of offering expanded work opportunities and remains very committed to this effort.

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Community collaboration

Plumas County has strengthened its community collaboration with Head Start, but there have been less than anticipated referrals for children ages 0-5 years per the access plan. However there has been an increase in referrals into the general mental health services through Head Start and more collaborative meetings and consultations. Additionally, Plumas County newly engaged an avenue of community collaboration with Senior Companions and is on the horizon of experiencing the outcomes of this work. Although PCMH has experienced lower than anticipated utilization of adult “access services” by community members or partners, it is anticipated that in the near future individuals will be referred and served.

EFFORTS TO ADDRESS DISPARITIES

Plumas County Mental Health (PCMH) uses penetration rates to broadly assess access to services. Data on Medi-Cal eligibles indicates that other than Caucasians there is no Race/Ethnic group that exceeds 5% of the population. PCMH’s data on penetration rates has consistently indicated high service penetration rates to the full range of ethnic groups over time with a Hispanic rate over double the Statewide average and a Native American rate double that of the Superior counties average. PCMH was able to access additional research in 2006 as a result of a study conducted by, “Sierra Institute for Community and Environment” regarding Health access for Latinos. This research funded by the California Endowment and conducted by the Sierra Institute for Community Development indicated that Latino satisfaction and accessibility to mental health service in Plumas was very good. Satisfaction related to mental health service was nearly double that of physical health care/dental care and generally consistent with that of the general public. The “Sierra Institute for Community and Environment” research and subsequent community forum offered the Mental Health Director an opportunity to meet with Latino community members, and to listen to and discuss their concerns. Language was identified as the primary concern of the Latino community and focused on access to Spanish to English classes and interpreter services. Difficulties in attaining access to health care were largely attributed to language issues and more global issues such as naturalization and immigration policy.

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. In spite of the data PCMH recognizes the importance of cultural sensitivity, awareness, competence and the importance of continuous effort to improve access across all populations and geographic areas.

Plumas County Mental Health (PCMH) continues its efforts to improve awareness and access by working with its providers to see their role as including inviting the participation of Latinos and Native Americans. Efforts include offering providers language training opportunities, assuring improved access to interpreter services, and

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providing cultural competency articles and educational materials. Outreach efforts include participation in the, “Proyeto Salud” a participatory research project to engage the Latino community in defining their needs and strengths as well as strategies to attain resources. PCMH also implemented a “project improvement program” (PIP) in 2005-2006 to increase public awareness of mental health services for the Latino population in the Eastern area of the county. This facilitated a clinician in meeting with health care providers and other community organizations to increase direct referrals of Latinos for mental health services.

Plumas County Mental Health’s (PCMH) long term strategy is to improve the regional access points. A core belief is that service delivery must be regionally equitable. PCMH was able to move forward with improved facilities in the Portola area and this has dramatically improved service access to Latinos. An identical strategy will be implemented in the Greenville area with the build out of a facility that offers a variety of community services including mental health services. The site will be centrally located and in walking distance of most residents. It will meet ADA requirements and will be inviting to the Native American population that is prominent in the Greenville area.

PCMH has a significant history of employment of individuals with diverse backgrounds, particularly as associated with our board and care and drop in center. The increased use of interpreters has expanded contracts with Latino interpreters. PCMH’s MHSA work programs reflect the diversity of the county.

There is no current plan money given directly to Native American organizations. Invitations to Native American organizations to attend planning meetings were not responded to until after the plan was approved in a public process. It is our understanding that Native American organizations were pursuing carve out of funding from State DMH. There is no federally recognized tribe in Plumas County.

PCMH continues to build on its experience with gender based treatment opportunities. Over eighteen (18) years of experience in developing and operating mixed gender therapeutic activity based groups has taught us the importance of offering gender specific treatment opportunities. We have consistently expanded our models to address this need.

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STAKEHOLDER INVOLVEMENT

The Plumas County Mental Health Services Act Committee was revised and assumed into the Mental Health Commission. With recent aggressive outreach to fill the membership “seats” described in their by-laws, the Commission has increased the consumer and family “filled” seats. MHSA stipends have helped to increase consumer/family interest in serving as a member.

Responses from stakeholders with regard to the public review and hearing... *to be inserted once obtained.*

CONDITIONS AND TERMS

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

TECHNICAL ASSISTANCE AND OTHER SUPPORT

For this report period, Plumas County did not have any needs for technical assistance, requests for policy development, or program clarification needs for continued operations with regard to the 2005-2008 CSS Implementation Plan. DMH’s liaison to Plumas County, Kathleen Carter-Nishimura, has been supportive and provided clarification and guidance along this start-up period.

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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. 07-02 requesting a progress report for the period of July 1 through December 31, 2006. PCMH has completed this report on the county CSS Implementation plan.

PCMH's progress report on the CSS plan is being made available for public review, and comment during the period of June 13, 2007 through July 13, 2007. PCMH's circulation plan involves:

- A press release will be issued on or about June 13th, 2007.
- A copy of the public notice will be posted in the lobby of all PCMH service sites. One hard copy of the Implementation Progress Report will be available at these sites.
- A cover letter and the Implementation Progress Report will be distributed, on or before June 13, 2007, to:
 - All Mental Health staff and contractors (Psychiatrists and interpreters).
 - All Plumas County libraries, for public access.
 - An electronic copy posted to the county website <http://www.countyofplumas.com>.
- A cover letter with notification of ability to access electronic copy on website or request a hardcopy will be e-mail notified or 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. participants of the planning process.

We invite you to provide feedback on this CSS Implementation Plan Progress Report. The public is invited to attend the scheduled hearing at the regularly scheduled Plumas County Mental Health Commission's meeting of July 25, 2007 or submit written comment. Public comment forms are included @ the end of this report and on website. Please complete and send this form to:

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John Sebold, LCSW
Director
Plumas County Mental Health
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530-283-6307

Summary and analysis of substantive recommendations for revision:

This section to be completed following the public comment period.

Description of substantive changes made in response to public comment:

This section to be completed following the public comment period.

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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?	
<input type="radio"/> Yes	<input type="radio"/> no
MY ROLE IN THE MENTAL HEALTH SYSTEM	
<input type="radio"/> client/consumer <input type="radio"/> family provider <input type="radio"/> service provider <input type="radio"/> other _____	<input type="radio"/> law enforcement/criminal justice <input type="radio"/> probation <input type="radio"/> social services <input type="radio"/> 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.	