Nevada County Behavioral Health Department must submit a Mental Health Services Act (MHSA) Annual Progress Report for fiscal year 2010/11 and an Annual Update to the Nevada County MHSA Three-Year Program and Expenditure Plan. This report has been prepared according to the Welfare & Institution Code, Section 5847 as amended by Assembly Bill 100. Due to legislation changes the State no longer will provide planning estimates. Therefore, future MHSA component budgets will be based on Nevada County Behavioral Health Departments anticipated MHSA revenues received from the State Controller Office beginning during fiscal year 2012/13.

Overall Implementation Progress Report on Fiscal Year 2010/11 Activities

General Nevada County Information:

Nevada County is a small, rural, mountain community home to 98,764 (2010 US Census) individuals. According to the 2010 US Census a little over 91% of the Nevada County residence identified their race as White. Less than 3% of Nevada County residence identified their race as African American, Asian, American Indian, Alaska Native, Native Hawaiian and Pacific Islander. Additionally, less than 3% identified their race as "Other." Lastly, 3% identified themselves by two or more races. Ninety-one point five percent of the population identified their ethnicity as Non Hispanic or Latino and 8.5 % of the population of Nevada County identified themselves as Hispanic or Latino, thus Nevada County has one threshold language, Spanish.

Our county lies in the heart of the Sierra Nevada Mountains and covers 958 square miles. Nevada County is bordered by Sierra County to the north, Yuba County to the west, Placer County to the south, and the State of Nevada to the east. The county seat of government is in Nevada City. Other cities include the city of Grass Valley and the Town of Truckee, as well as nine unincorporated cities.

MHSA Program Updates:

Community Supports and Services (CSS):

Full Service Partners:

1. Turning Point Providence Center provides Adult Assertive Community Treatment (AACT), an evidence-based practice that supports individuals at risk of, or with a history of psychiatric hospitalization, incarceration, or out of home placement. AACT individuals are sometimes homeless, or at risk of being displaced from family, jobs and suffer the loss of basic needs. AACT is designed to help adults, 18 years and older, with a severe psychiatric illness with recovery oriented services and supports. Individuals served may also have a co-occurring substance use or medical issue requiring treatment. Services are provided in the community, hospital (medical or psychiatric) or correctional facility and are available 24 hours a day, seven days a week. Included in AACT services are individuals who may also meet criteria for Assisted Outpatient Treatment (AOT) who, in addition to a severe psychiatric disability may have committed an act of violence or made a serious threat of violence (within 48 months of the

AOT referral) due to untreated mental illness. Services are grounded in a culturally responsive, respectful manner that fosters independence, self determination and community integration.

In fiscal year 2010/11 a total of 96 individuals where enrolled into the Turning Point Providence Center program.

Some notable outcomes for the fiscal year 2010/11 include:

- There was a 6.2% decrease in the number of psychiatric hospital days with fewer individuals needing hospital days compared to the previous fiscal year. This fiscal year there was a total of 122 psychiatric hospital days accumulated by seven individuals.
- There was a 19.8% decrease with fewer individuals having incarceration days. A total of 195 incarceration days accrued by five individual.
- There were seven homeless individuals for a total of 665 days. This shows an increase of 14.3% (one individual) of the number of individuals homeless, but the number of days each individual was homeless decreased by 14.4%.
- There was a 16.3% increase in the total number of emergency intervention days compared to the previous year. There was a total of 43 emergency intervention days for 38 individuals.
- The Client Satisfaction Survey Report showed that participants were satisfied with services at a rate of between 82.2% and 78.8%. Turning Point Providence Center's goal is to have an 80% or higher score.
- During the year 21 individuals were discharged from the program: 14 (66.7%) were transferred to a Lower Setting (people who no longer required intensive services); three (14.3%) were transferred to a Higher Setting (people who need more care than Turning Point can provide); and four (19%) were discharged to Other Settings (people whose whereabouts are unknown, who choose to discontinue services, or who's services were laterally transferred).

The number of emergency interventions increased slightly. This increase is in part a reflection of the scarcity of readily available housing options for individuals with severe psychiatric illness. Homeless individuals may stay at Hospitality House, a seasonal community shelter. However, individuals with a felony or history of disruptive behaviors, including substance use, are not eligible to stay at Hospitality House. Transitional housing at Odyssey House is designed for 10 individuals, primarily coming from hospitals or jail settings and is not intended to mitigate the effects of homelessness. Area motel accommodations are severely restricted options for temporary lodging of clients suffering from prolonged effects of mental illness. Therefore, to assist individuals in preserving current or temporary housing, it is necessary for the Turning Point Providence Center team to provide the necessary emergency interventions to preserve housing options. With these supports a higher number of emergency contacts were avoided.

Turning Point Providence Center made strides toward strengthening relationships among property owners and managers, thus increasing the trust and tolerance of existing housing providers. In addition to five permanent housing master leases established during this time, Turning Point Providence Center opened Catherine Lane Co-housing in Grass Valley to house six residents. This home is a model of Supported Independent Living. Individuals residing at Catherine Lane primarily come from higher level of restrictive placements. The residents are also supported by one personal service coordinator who acts as a touchstone, supporting independence. Residents receive daily medication outreach and assistance reaching self defined quality of life goals. As a result of the support, all residents avoided hospitalization or other more restrictive placement while living in a quiet neighborhood home.

Another benefit of staff support at Catherine Lane was the implementation of "on-call triage" and "evening outreach phone calls." These services and supports provide a triage response to incoming crisis calls, allowing the primary on-call staff to support clients who require more intensive 1:1 direct support. The outreach phone calls increased support to those on the "outreach call list" who request a check-in call or who have been identified as an individual who may benefit from a support call. This has proved to be an effective way to proactively provide support and minimize the risk of crisis. It also provides an efficient way of managing overtime hours needed to respond to individual client care, by utilizing existing staff.

2. The New Directions Program in Nevada County is a partial wrap program which includes Transitional Aged Youth (18-25 years), Adults (26-59 years) and Older Adults (60 years and above) who experience severe, persistent mental health issues and accompanying impairments. The program includes housing and employment options, educational and therapy groups, individual therapy and a peer counseling training program. Since the program's inception, no consumer has been placed on a waiting list for services.

   Housing and employment options address historically significant deficits in consumer needs. Currently the program offers two housing options, self-sufficient support and supported independent living (SIL) and, Catherine Lane which is a collaborative endeavor with Turning Point.

   New Directions continues to address housing issues with the SIL program which was developed to facilitate consumers obtaining community based housing which is affordable and provides support as necessary to residents. The program has demonstrated a reduction in hospitalizations or a need for respite housing at Odyssey House since the creation of the SIL program. During the current year the SIL project has supported five houses and a total of 11 to 13 adults.

   Program treatment options include service coordination to provide mental health rehabilitation, medication delivery, individual therapy, daily groups which provide an opportunity to further goals of developing healthy life options and a peer counseling training course.

   Nevada County is a small county and resource availability within the Behavioral Health Department is limited given budget constraints. In order to meet the criteria of 24 hour/seven day a week services, the following adjunct supports have been developed for holidays,

weekends and overnight coverage. Consumers have use of the 24 hour crisis line of Nevada County Behavioral Health as a contact resource. They have the further option of requesting contact with the program team coordinator or designee alternate for support in managing critical issues through the crisis line. For consumers in New Directions utilizing daily medication deliveries, service coordinators from Behavioral Health make weekday morning deliveries. Through a partnership with Turning Point Center, medication delivery services are provided at night, on weekends and holidays.

During the fiscal year 2010/11 New Directions served a total of 48 consumers.

Notable community impact is reflected by program outcomes measured by decreased hospitalizations, decreased legal issues, maintained or increased independent living which reduces the impact on community based homeless resources, increased volunteerism in the community, employment and a focus on medication compliance, nutrition and physical health to reduce utilization of emergency room services. The employment program provides enrolled consumers with additional resources which they spend locally and thereby are financially contributing members of the local community.

Challenges were experienced in that housing needs were greater than Supported Independent living and Self-Sufficient Support program could support. Strategies for housing needs were addressed by the addition of the Willo House in fiscal year 2011/12 which is providing intensive support services for consumers who are on conservatorship or in need of one or more support contacts a day.

Implementation of the Supportive Employment project has had some challenges on creating job opportunities and job opportunities that are not seasonal. Staff will continue to develop efficacious advertising to provide employment opportunities for the Supportive Employment component. Current responses have focused on outdoor jobs. We are working on the development of indoor tasks to provide consistent employment versus seasonal only options.

Lastly, we have had challenges with the development of peer counseling opportunities for graduates of the peer counseling training program. The role of peer counselor volunteers in the New Directions Program was modified to provide rotating internships for graduates to further develop skills, provide on the job training and to build confidence in program setting prior to moving to community based volunteer or paid positions.

3. The Nevada County Victor Community Support Services (VCSS) Intensive Treatment Services Program serves children diagnosed with a serious emotional disturbance or mental illness and their families through three modalities. The Assertive Community Treatment model provides mental health services, case management, medication support, crisis intervention; Therapeutic Behavioral Services (TBS); and Family Vision Wraparound which provides case planning and therapeutic services to children referred through the Senate Bill 163 Program. This report covers outcomes for children and youth being served through any of these modalities. VCSS clinicians and staff create individualized service plans for each youth and family and work to build upon each family's unique strengths, needs, and existing community supports. Over 95% of our services are delivered within the homes, schools, and communities of the youth and families we serve. There were 50 youth admitted during fiscal year 2010/2011, with 187 youth served since inception of the program.

   In fiscal year 2010/11, VCSS saw several noteworthy accomplishments of youth and families in our programs. Ninety-eight percent of youth avoided a congregate care placement, 94% remained in Nevada County, and 91% maintained their living situation. Eighty percent of youth avoided arrest, and 94% already on probation did not violate their probation during this fiscal year. One hundred percent of caregivers surveyed indicated they felt their skills and self-confidence in parenting had increased during participation in the VCSS Program.

   Internally, our main barrier in fiscal year 2010/11 was staff turnover due to unexpected and unforeseen circumstances.

4. EMQ FamiliesFirst (EMQFF) wraparound/full service partnership works with children, their families, community resources, and natural supports to advance goals that are family-driven, strength-based, and individualized to meet the needs of children, TAY, and families. EMQFF continues to have a team consisting of a facilitator and family partner who live and work in and around Truckee, California. EMQFF is currently serving 10 families, up from 7 the former year, in the Truckee area. EMQFF continues to serve non-English speaking children and families through the use of bilingual staff and interpreters. EMQFF also has their forms/consents in multiple threshold languages including Spanish. EMQFF has increased their coordination and outreach to the Family Resource Center for support and community collaboration. EMQFF services continue to serve both the youth and family if the youth is in juvenile hall. EMQFF staff attends yearly cultural competency trainings as well as other trainings including motivational interviewing and trauma-informed care. We are excited to have the opportunity to bring MAP, Managing and Adapting Practice. MAP is an emerging practice by Bruce Chorpita that allows a practitioner to use a "dashboard" of an individual's specific behaviors, symptoms, and diagnosis and the program reviews all evidence based practices (EBP) and selects the most effective interventions for that individual. The facilitator uses the dashboard to track the effectiveness of the intervention and the program makes additional recommendations as needed if the EBP is not working. Additionally, we continue to streamline the use of the CANS (Child and Adolescent Needs and Strengths) tool.

   Since the inception of the program in fall of 2007, EMQFF has served 127 youth from all areas of the county. We continue to have a team based in Truckee who are well situated to support

families in the far reaches of the county and can provide immediate on-call response to those families as needed. During the fiscal year 2010-11, we provided services to 76 children and families. These services include: specialized child psychiatric services including telepsychiatry and individualized evaluation and medication support, psycho education, rehabilitation, family support and advocacy, case coordination, and 24/7 after-hours crisis support. During the fiscal year 2010/11 we began providing individual and family therapy and we have adjusted our staffing pattern to meet the needs of the families and the program.

At EMQ FamiliesFirst, we are proud of the work we do and the services we provide to our families, and we believe that this hard work is reflected in our outcomes. During fiscal year 2010/11, 74% of children served were discharged from the program due to meeting their treatment goals. One of our predominant goals is to ensure the least restrictive placement for youth. Our goal was for 80% of children/youth to be maintained in the home or placed in a less restrictive environment and we exceeded this goal with 91% of children/youth being maintained or stepped down to a lower level of services. Our second goal was for 50% of children/youth to be able to identify at least one personal contact as a lifelong contact and we exceeded this goal with 76% of children/youth being able to identify potential lifelong contacts. Our third outcome was for 75% of parents to report an increased connection to natural supports and we exceeded this goal with 80% of parents identifying a natural support. Finally, our last noteworthy outcome was for 50% of parents to report increased academic performance for their children/youth and we exceeded this with 94% parents reporting that their children/youth maintained a C-average or improved their grades. We are extremely proud of these outcomes.

The primary challenge we faced this year continues to be finding ways to address and meet the complex needs of youth with co-occurring mental health disorders and substance abuse issues or juvenile justice involvement, and supporting families where the parent/caregiver also struggles with mental health, substance abuse, or co-occurring mental health and addiction disorders. This involves significant and detailed coordination of care with community partners, including probation, the Court, and substance abuse treatment programs. We have increased our level of coordination with Community Recovery Resources (CoRR), a community substance abuse treatment program, which has been a benefit to the children we serve.

System Development:

1. **Nevada County Children's Behavioral Health** worked closely with 58 children who were being wrapped with our Full Service Partner (FSP) providers. Some of these children we continue to see individually and work with the wrap team. Other children we do a transition with the child to the wrap team.

2. **Nevada County Behavioral Health Adult staff** provided services to 93 individuals in fiscal year 2010/11 with MHSA CSS funds.

3. **Intern Programs** provided benefits to consumers and interns. The program provided an opportunity for consumers to receive individual therapy in the department and, for interns to gain hours toward licensure by the State of California. A goal of the Intern Program is to

provide quality training to individuals dedicated to joining the mental health profession. For consumers, the program offers the opportunity for services that might otherwise be more challenging to obtain. During the 2010/2011 fiscal year, 15 interns provided services to consumers at Nevada County Behavioral Health Department. The Interns provided services to 41 individuals (funded by both CSS Plans and supervised with funds under WET) for a total of 12,063 service hours. In fiscal year 2010/11, five individuals provided supervision to the interns. Of all the hours of supervision provided to the interns, 340 hours of supervision were funded with MHSA funds.

4. Nevada County Behavioral Health has licensed therapists, **Network Providers,** who work in the community at private offices, who see children, TAY, adults and older adults we refer to them. We refer our lower risk clients to the Network therapists. These are individuals who do not appear to need medication and a lot of case management. Network providers help us to serve more individuals and offer to the individuals and families we serve a variety of specialties and locations that we would not be able to offer otherwise. Network Providers provided services to 311 individuals
Network providers are funded under both of our CSS plans.

5. **Sierra Family Services (in Truckee),** now known as **Sierra Mental Wellness Group** provided services to six children.

6. **MHSA Crisis Worker Position and Crisis Support Team:** The MHSA crisis worker provides services to the western end of Nevada County - 8 A.M. to 5 P.M., Monday through Friday. This service provides crisis outreach and intervention to the entire spectrum of the community population. In fiscal year 200/11 about 60% of the contacts were new individuals of all ages. Many of these individuals had been impacted by economic stressors, were veterans, and others suffer from legal factors and/or substance use. Evaluations included: 1) 22 jail responses; 2) 25 children; 3) 200+ face-to-face contacts; and 4) 900 phone interventions.

   The barriers faced in fiscal year 2010/11 were the lack of acute inpatient beds for minors and a lack of referral resources for acute care to meet the growing demand.

   The Crisis Support Services is an integrated program and can be funded with Prevention and Early Intervention funds and/or Community Services and Support funds.

7. **Sierra Family Medical Clinic (SFMC)**: SFMC CSS program is a collaboration between our Case Management services and our Counseling program. SFMC is a Federally Qualified Health Clinic (FQHC) in a rural area of Nevada County, providing medical and mental health services for the underserved of the area, including the homeless, seriously mentally ill, low-income patients, substance abuse patients, and veterans. Our case manager has been very active in providing education and outreach to the community regarding our behavioral health program, as well as providing care management to our needy population at the clinic. Medical providers and behavioral health providers make referrals to our case manager for a variety of needs, including housing, disability applications, employment guidance, transportation, mental health education,

and coordination of care between social service agencies. Our case manager also refers patients to our behavioral health department when she becomes aware of untreated mental health problems. Overall, this integration of services has been very effective, and the number of patients we have served has increased significantly, in fiscal year 2010/11 we provided services to 175 individuals.

8. **MHSA Housing:** A MHSA Shared housing Loan Application was sent to the Sate for approval on June 3, 2010. The application was approved by the Senior Loan Committee in August 2010. Nevada County Housing Development Corporation (NCHDC) received the pre-loan approval letter in August 2010. A Memorandum of Understanding (MOU) between NCHDC and the County was created to spell out each organizations roles, responsibilities and long term relationship and was approved by the Board of Supervisors in May 2011. NCHDC found a house in Grass Valley and put in an offer to purchase in May 2011. Escrow closed in October 2011.

9. **Nevada County Continuum of Care (CoC) to End Homelessness (name changed to Nevada County Consortium of Care (CoC) to End Homelessness):** Nevada Counties CoC merged with Placer Counties CoC at the beginning of fiscal year 2010/11. The Behavioral Health Department is an active member of the CoC. We are using MHSA funds to help fund the CoC Coordinator. In August 2010 we started the process of merging our Homeless Management Information Systems (HMIS). Nevada County was able to purchase a web based system with a Homeless Prevention and Rapid Re-housing Grant. All homeless services providers are encouraged to use the HMIS system. In November of 2010 the Behavioral Health Department submitted a grant to the Department of Housing and Urban Development (HUD) for a Continuum of Care Homeless Assistance Grant in the amount of $130,800. The grant is for Project-based Rental Assistance for MHSA Housing. We will receive rental vouchers for four homeless individuals for five years. The grant was awarded to the County in April 2011. We were awarded $134,160, more funds than we requested.

Outreach and Engagement:

1. Sierra Nevada Memorial Home Care, **Community Outreach Program and Engagement (COPE)** Program provided follow-up services for individuals not hospitalized for 5150 and released from the emergency rooms. COPE provided services to 12 individuals in fiscal year 2010/11. Because the program was too challenging and costly to implement Sierra Nevada Memorial Hospital decided to terminate their contract to provide services in April 2011. No other provider has been providing these serves.

3. **Welcome Home Vets (WHV)**: According to the California Department of Veterans' Affairs (VA), there are approximately 11,400 veterans residing in Nevada County. Current estimates of the incidence of Posttraumatic Stress Disorder (PTSD) among veterans ranges from 14% to 30%, which indicates that there may be as many as 3,420 veterans afflicted with PTSD in the county. Combat veterans may be seen locally for psychotherapy under a contract with the Vet Center in Citrus Heights for a period of one year, but if they are given a disability rating for PTSD during that year, they must go to Auburn or Reno for continued treatment with a new

therapist and new therapy group at a frequency which is less than they are being seen in Nevada County. Most will drop out of treatment at that point, although they need continued therapy in order to remain in recovery from PTSD and avoid the social consequences of that disorder, such as a high divorce rate, incarceration at a rate greater than the average veteran, and a very high rate of suicide.

Welcome Home Vets provides ongoing psychotherapy through contracted providers in the local community for veterans who are afflicted with PTSD. Funding from the MHSA/CSS contract, which started on October 1, 2010, allowed a total of 19 veterans to continue psychotherapy in the 2010/2011 fiscal year, exceeding the goal of 13. Some clients reached maximum benefit from therapy and were discharged from treatment, which allowed another veteran to receive ongoing treatment. Most clients at this stage are seen for group therapy, with individual therapy only as needed.

Community Awareness Seminars are included in the MHSA/CSS contract. During fiscal year 2010/2011, two such seminars were conducted. The first was given on Veterans' Day, Nov. 11, 2010, and had approximately 30 attendees from the community, although only 23 completed evaluation forms. All those completing evaluations felt they had gained knowledge of PTSD from the seminar and would recommend it to others. This presentation was in the form of a panel discussion of PTSD by veterans in treatment after a presentation on the subject by a psychologist.

The second presentation was held on April 2, 2011, and was attended by approximately 75 community members. This presentation consisted of a showing of the HBO film "Wartorn 1861-2010," which demonstrates graphically the impact of PTSD over the specified time period. The film was followed by a panel discussion with veterans in treatment, therapists, and family members of veterans with PTSD. Once again, all attendees that completed evaluation forms said that they had gained knowledge of PTSD and would recommend the program to others.

The primary challenge facing this program is finding sufficient funding to allow for continued treatment of all veterans needing continued care. The 19 veterans who did receive continued care under this contract are only a fraction of those who would qualify for this care. In addition, there are veterans in the community whose PTSD is caused by factors other than combat, such as Military Sexual Trauma, that must leave the community in order to receive treatment funded by the VA. Also, there are an unknown number of veterans in Nevada County who have previously been diagnosed with PTSD and awarded a disability rating and do not qualify for treatment locally, but do not pursue treatment at a VA facility for a variety of reasons. These veterans might accept treatment if it is offered locally. Finally, there is a need to get veterans into treatment much earlier in the course of their disorder in order to prevent both personal and social consequences that are more difficult to correct in the long run. This need is especially prominent currently, with so many veterans returning from military service in the War on Terror. In order to fully meet the need, Welcome Home Vets continues to pursue other funding options, such as grants, fundraising activities, and donations from the community.

4. **NAMI (National Alliance on Mental Illness) -** Our Outreach and Engagement Services include NAMI (funded by both plans) as a partner to provide peer and family support/advocate services. NAMI Nevada County conducted three educational programs during the 2010-2011 fiscal year. These courses are taught by people in our local NAMI community who have been trained by NAMI National Education Program trainers. All classes are provided to appropriate community members for free including class materials.

   Basics class is specifically designed for parents and other primary caregivers of children, adolescents and young adults living with mental illness. This class meets for six, two and half hour sessions. Teachers are trained NAMI family members who have children with mental illness. Course elements include: family trauma, biology of mental illness, latest research on medical aspects and treatment advances, treatment options, impact of mental illness on whole family, overview of systems involved in caring for children and the importance of record keeping. We provided Basics education training to 11 individuals.

   Family to Family is a 12 week course for family and friends of individuals with serious mental illness. Class meets once a week for two and half hour and is taught by trained NAMI family members. Course elements include: current information about the major mental illnesses, co-occurring brain disorders and addictive disorders , medications and their side effects as well as adherence issues, current research in biology of brain disorders and evidence based treatments, coping skills, empathy, workshops for problem solving and communications techniques, strategies for handling crisis and relapse, care for the caregiver, guidance on locating support and services, and advocacy information. We provided Family to Family education training to 22 individuals.

   Peer to Peer is a 10 week recovery education course for adults with mental illness. Class meets once a week for two and half hour and is taught by trained NAMI peer mentors. Class offers a holistic approach to recovery through a combination of lecture, discussion, interactive exercises and stress management techniques. Participates share experiences with peers, gain insight into mental health, coping strategies, learn behaviors and events that can result in possible relapse, active involvement in treatment plan, strengthening interpersonal relationships, and experience new hope inspiration in regard to recovery. We provided Peer to Peer education training to 19 individuals.

   Participants express that they feel much better prepared to manage the problems that are present for individuals and families dealing with mental illness. They find others that are dealing with similar situations and find support as well as education as a result of participating in these programs.

   The challenge we face is being able to provide multiple presentations of these education programs because of a shortage of trained instructors. We will be recruiting appropriate individuals within our NAMI community to receive training so that more classes can be made available in Nevada County.

Prevention and Early Intervention:

1. **Homeless Outreach Program:** The Homeless Outreach Program that is provided by Hospitality House provides a bridge between the homeless members of our community whose life style, health conditions, and/or personal choices inhibit their ability to stay at Hospitality House and benefit from the wide range of services, care and attention that are available at Hospitality House. Hospitality House Case Managers provide outreach to homeless campers. The outreach includes: contact with the homeless individual at their camps, at free community meals, at food banks, Hospitality House and other spots in the community; building a relationship with the individual to gain their trust so that together they can determine the homeless individuals needs and goals; creating a plan to address the needs and goals, providing referrals to community based organizations; transporting individuals to appointments; collaborating with community based organizations; and follow-up with each individual as needed.

   In fiscal year 2010/11 The Homeless Outreach Case Managers served 236 individuals. Of this number, 74 individuals were provided with intensive case management services with the remaining 162 individuals being provided with some service to meet their needs and goals. The total number of outreach trips to transport clients to appointments or community based organization was 460 and reflects multiple trips for the same client. The average number of individuals requesting services and referrals was averaging 20-30 individuals per week with contact with each individual averaging two times per week. Some Individuals required more intensive services to accomplish their goals, while others, a simple follow up or referral was sufficient. MHSA funds were used in fiscal year 2010/11 to help to purchase a vehicle that provided Case Managers safe travel for hard to reach camp locations as well as travel in adverse weather conditions to conduct outreach and transport clients to appointments and community based services.

   Some notable impacts our program had in fiscal year 2010/11 was: 1) providing access and encouragement to drug and alcohol recovery programs, the follow through to dental, medical and mental health services, and access to fiscal benefit programs, we were able to create an atmosphere of elevated responsibility, accountability and self-empowerment; 2) collaborated with Twin Cities Church volunteers and the homeless campers and facilitated the removal of over ten thousand pounds of trash; 3) to work in collaboration with local law enforcement to resolve conflicts, carry messages and important fire/safety/environmental health information into the homeless community and help relocate campers to prevent campers from being fined, or ticketed on trespassing charges; and 4) provide successful housing placement for seven individuals.

   The overwhelming presence of drug/alcohol use and mental illness in the lives of our clients provides a perpetual and worthy challenge to our program. This last year we were challenged by the deaths of three long term clients. These individuals died in the woods and on the streets, depressed and battling violent alcoholism and mental illness. The gravity of the work performed by our Homeless Outreach Case Managers is never more evident, real and provocative than in these moments. In the past year we have partnered with Progress House, Community Recovery Resources, Nevada County Behavioral Health, AA/NA, Adult Protective

Services, The Salvation Army, Veterans Services and other agencies to confront the dual issues of addictions and mental illness.

2. **Western Nevada County Latino Outreach:** In Nevada County the Latino population is a small but growing community. Behavioral Health believes that this population is underserved, in accessing Spanish language resources, especially mental health services. The Hennessy Family Resource Center serves the Latino population in the area. The Family Resource Center created a Promotora Program that hires bi-cultural and bi-lingual paraprofessionals to help Latino families connect to health resources and to offer health education. The Hennessy Family Resource Center's Promotora Program will start Mental Health outreach and engagement groups for the Latino Community. The goal of the groups will be to educate and to decrease stigma and fear about mental health issues in the Latino Population. These groups will be conducted in Spanish and will have childcare available. These groups will be eight week sessions offered two times per year and will use a curriculum called Raices which addresses mental health issues specifically for the Latino population. The psycho-education group will educate people about mental health, attempt to decrease stigma and increase the number of Latinos receiving mental health treatment. The Promotora will be trained by the Nevada County's Suicide Prevention Coordinator on suicide prevention.

   The Promotora will also do outreach and engagement with Spanish speaking families by meeting families in their homes and communities and through collaboration with Nevada County Behavioral Health connect individuals needing mental health help with counseling and other needed services.

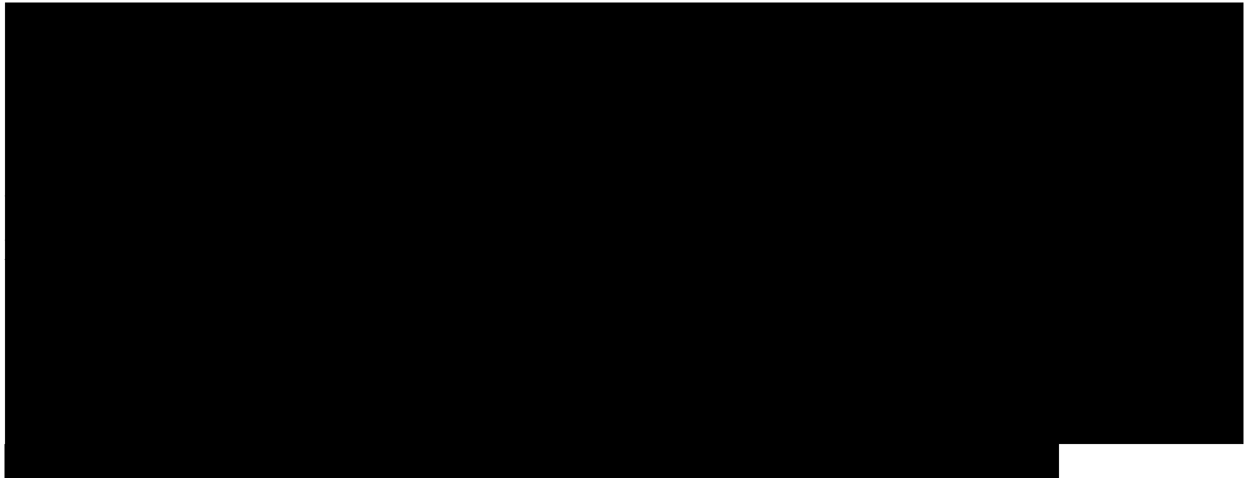
   The Nevada County Superintendent of Schools received this contract in May of 2011. Creation of the job description, recruitment and hiring of a Promotora took until June, so there implementation of the program did not get underway until after the 2010/11 fiscal year. Therefore there are no results to be reported for this period.

3. **Eastern Nevada County Latino Outreach:** The Family Resource Center (FRC) of Truckee is implementing the Promotora Program that hires bi-cultural and bi-lingual paraprofessionals to help Latino families connect to health resources and to offer health education. The goals of the MHSA program is to recruit and provide training on core strategies of effective outreach to new community members to become Promotoras; recruit twenty Latino community members to attend educational six-week workshops; and conduct four educational workshops each six weeks in length.

   In order to recruit Promotoras to carry out the FRC's mission in isolated Truckee communities, Family Advocates were asked to identify Promotoras among the FRC's client base. Potential Promotoras were identified and asked to join the FRC team as community educators. [redacted] [redacted] answered the FRC's invitation and committed to attend a six session training series provided by Amalia González del Valle, LCSW, MPH, PhD. PH, retired Program Manager of Contra Costa County Health Services Department. The purpose of training the Promotoras was to: 1) To identify the unique and universal factors that affect human interactions in the provision

of health services; and 2) to suggest culturally relevant conceptual models for the promotion of health and well-being in the Latino community.

The Promotoras Educational Series consisted of six training sessions, twenty-four (24) hours of "intercambios" (training), attended by eleven (11) residents of Truckee - one FRC Promotora, one FRC Coordinator, one FRC Board member who is also the Chair of Voz Latina, two (2) FRC volunteers and six (6) newly recruited Promotoras. The educational processes of the "intercambios" are experiential, based on participant's sharing of examples relevant to a particular concept presented in visual display of the models and introduced by the facilitator with personal experiences. The modeling emphasizes the principles of sharing life experiences as a way to develop knowledge, trust and the ability to reflect on differences and commonalities of who we are, our potential, and our vision for transformation.



The new Promotoras completed the twenty- four hour, six-week training were excited to begin working in their community and, in the words of one of the participants, "bring health" to those around them. The Promotoras participated in a total of 40 hours of training and engaged in 80 hours of supervised practice to implement the program they are trained in. The women receive a stipend for their activities.

The MHSA Suicide Prevention Intervention Coordinator provided an eight-hour training to the community Promotoras on safeTALK, a suicide prevention model. safeTALK is a training that prepares the individual to identify persons with thoughts of suicide and connect them to suicide prevention resources. The safeTALK training facilitated discussion among the Promotoras on how they personally were challenged discussing suicide with their friends and families. In exploring their own emotions regarding suicide the Promotoras were able to increase their comfort level discussing suicide. Promotoras moved beyond common tendencies to miss, dismiss or avoid suicide. The Promotoras felt comfortable applying the TALK steps (Tell, Ask, Listen and Keep Safe) to connect a person with suicide thoughts.

The mental health educational series goals are: 1) to increase the knowledge in the Latino community of the symptoms of depression, anxiety and mania; 2) to reduce the stigma in the

Latino community to seek support, information about mental health issues; and 3) to connect families and individuals in our community to mental health counseling if needed.

The Promotoras conducted outreach and recruited 18 Latino community members to attend the MHSA Innovation Community Planning meeting in Truckee.

The Promotoras conducted four six-week psycho-educational groups for Latino community members at the FRC of Truckee. One group was targeted to young mothers and three groups targeted Latinos of all ages. As the Promotoras conducted the series of educational workshops, they meet weekly for ongoing evaluation and development of the group's topics and materials, as well as continuing outreach in the Latino community. The Promotoras where so well received by the community they have a list of individuals who want to attend their workshops in 2011/12.

From the educational workshops and community outreach some individuals were identified as needing case management services and counseling with a licensed therapist. These individuals were referred to the FRC Family Advocates for case management services and to connect with county therapists. The Promotoras meet with the FRC Program Director weekly to check on the individuals they referred for case management.

The notable challenges that the participants faced from the Promotoras point of view are: transportation issues; isolation issues; and a high level of depression due to post-traumatic experiences and unresolved trauma issues.

4. **Forensic Specialist Services:** The Forensic Specialist Services Program prevents and decreases incarceration and law enforcement contact with individuals experiencing mental health problems. The services provided are assessment, referral, consultation, and direct counseling interventions. The Forensic Specialist engaged with several community resources including law enforcement, behavioral health, adult protective services, public defender, NAMI and other social service providers. There were 57 referrals during a 12-month period and 48 of these individuals were assessed and served. Nine of the referrals were not provided services due to crime severity or early release. One of the goals of this program was to reduce recidivism resulting in only four individuals being reincarcerated out of the 27 participants that fully engaged in services. Evidence of need continues, indicated by approximately 50% of the individuals who refused services being reincarcerated, resulting in a total of 72 days of jail time.

   On April 30, 2011 we switched from a contractor providing services to county staff providing services. Our staff member providing services went out on medical leave at the end of this current fiscal year so the need for services has increase for the coming fiscal year. Also, with the passing of Assembly Bill 109 more forensic involved individuals are returning to our community or are staying in our community. Additional services will be needed to be provided to meet the needs of these individuals.

5. **Friendly Visitor Program:** The Friendly Visitor Program is designed to provide early intervention and prevention services by reducing isolation to seniors and people with disabilities. Isolation can be geographical or social. By intervening and providing community contact, this program hopes to increase mental and physical health of individuals who are at risk. Friendly Visitor volunteers provide peer support and community engagement by home visits to isolated individuals. The program is administered by FREED Center for Independent Living, an agency that provides a consumer driven, peer support model of services to people with disabilities in our community. In the 2010-2011 service year, 38 isolated consumers met with 31 volunteers for a total of 747 home visits and 870 hours of service, in addition to 150 contacts by phone and 139 additional hours of service. The Friendly Visitor Program served seniors in this fiscal year, although the program is available to adults with disabilities. Sixteen percent of the Friendly Visitor consumers were over the age of 90.

   The Friendly Visitor Program impacts the community in two distinct ways: 1) It brings the community to an individual reducing isolation and improving mental health and 2) It mitigates (in many instances) the reliance on County services such as the Senior Outreach Nurses by providing social contact.

   The main challenges we face are: 1) assuring there are a sufficient number of volunteers that match the needs of the consumers and 2) outreach to outlying areas can be difficult including: Alta Sierra, North San Juan and Truckee, in particular.

6. **Social Outreach Program:** The Social Outreach Program was initiated in 2009. This Program continues to emphasize connecting consumers to appropriate referrals and utilizing the Yesavage Geriatric Screening tool to help identify potential areas of focus related to depression. The Program has incorporated the Nevada County Adult Services Senior Outreach Nurses into the program by incorporating the Yesavage Screening tool into their assessments when indicated; in fact the Senior Outreach Nurses were the highest referral source this year. This collaboration has increased significantly the number of seniors who are being screened and connected to services in our community. The Social Outreach Nurse received 61 referrals and made 168 home visits; this is notably higher than the previous year. The average Yesavage Score at initial visit was 10.27 and after intervention or home visit the average score was 9.82 (15 is worst, 0 is best). This past year it has been evident that the definition of home bound seniors includes consumers who are unable to leave their homes as a result of depression, fear of falling, anxiety and isolation. The Nurse made referrals to numerous community resources including, FREED ILC, SPIRIT Center, Home delivered meals, Telecare and Public Authority to name a few. The Nurse continues to attend and collaborate monthly with the Falls Prevention Coalition and the Elder Care Provider's Coalition.

7. **SPIRIT Peer Empowerment Center (SPIRIT):** SPIRIT continues to serve those 18yrs and over with mental health issues. SPIRIT provides one-to-one Peer Counseling and offers 12 Support Groups weekly, a monthly Speakers Forum and offer space to a Dual Recovery Anonymous Group. They collaborated with Turning Point to offer a Grief Recovery Group. They also collaborated with The Food Bank of Nevada County and Nevada County Public

Health Department, to offer nutritious food for low income families. They have seen a drastic increase in homeless participants needing showers, food and clothing from the Center, as the economy has been especially hard on those with mental illness. In fiscal year 2010/11 SPIRIT provided services to 537 individuals. The Peer Empowerment Program is an integrated program and can be funded with Prevention and Early Intervention funds and/or Community Services and Support funds. In FY 10/11 it was funded in full by PEI.

8. **Integrative Behavioral Health Training Program:** Sierra Family Medical Clinic (SFMC) conducted a provider education series: "Behavioral Health in the Medical Setting" for Nevada County medical and mental health providers. The series consisted of four three-hour presentations by staff from the UC Davis Department of Psychiatry, complimented by a brief presentation by SFMC staff on their model of integrated behavioral health care. An emphasis was placed on the use of screening tools in the identification of mental health problems. We had an average of 75 attendees at each training. DVD's of all the presentations were made available to participants and for all those providers who were not able to attend. A Community Resources packet was also included for attendees. We believe that the project was not only educational in nature, but facilitated a strengthening of linkages between medical providers and psychotherapists in the community in an effort to help provide the most effective, efficient, and comprehensive mental health care possible. Prior to the training series, PDA's had been distributed to 26 medical providers in the county, which we feel have had a positive impact on physician's ability to accurately prescribe psychotropic medication.

9. **2-1-1 Nevada County:** 2-1-1 Nevada County is a free, confidential information and referral service that is available 24 hours a day, seven days a week. 2-1-1 Nevada County offers assistance in multiple languages, and services that are accessible to people with disabilities. Utilizing a comprehensive computerized database of more than 1,290 nonprofit and public agencies in Nevada County, trained information and referral specialists give personalized attention to each caller. Specialists can refer callers to a variety of service that best meet their needs. In the fiscal year 2010/11 there were 2,667 calls to 2-1-1 Nevada County. We continue to see basic needs as an integral part of what residents are seeking out. Some requested categories of incoming calls as defined by the National Alliance of Information and Referral Services (AIRS) include: Housing/Utilities: 307, Health Care: 188, Legal, Consumer and Public Safety Services: 173, Individual, Family and Community Services: 122, Food/Meals: 101, Mental Health/Addictions: 71, Income Support/Assistance: 92, Transportation: 69 Other Government/Economic Services: 37 Employment: 25, Clothing/Personal/Household Needs 17.

   These categories capture callers seeking individual counseling, mental health and substance abuse services, substance abuse counseling, anger management, crisis intervention, mental health hotline, telephone crisis intervention, suicide prevention hotline and domestic violence hotline, psychiatry, psychiatric day treatment, residential alcoholism treatment facilities and addiction/dependencies support groups, etc.

10. **Suicide Prevention Intervention (SPI) Program:** The Suicide Prevention Intervention (SPI) Program was created to make a more "suicide aware community." A SPI Coordinator is coordinating and leading the implementation of this program. The SPI Coordinator is working

with a cadre of concerned citizens - comprised of consumers, individuals, families, support groups, task forces, community based organizations, local & state governments, including schools, crisis lines & health clinics have all contributed towards this shared goal of creating a more "suicide aware community." The goals of the program are to: 1) Raise awareness that suicide is preventable, 2) Reduce stigma around suicide & mental illness, 3) Promote help seeking behaviors, and 4) Implement suicide prevention & intervention training programs.

In fiscal year 2010/11 the following community awareness and special events were provided by community based organizations: 1) Out of the Darkness Community Walk, a statewide event to create a more suicide aware community; 2) Turkey Trot; and 3) Dave Dravecky, a motivational speaker spoke at Nevada Union and Bear River High Schools and at Anew Day.

A number of trainings/workshops occurred to address different issues:

- To promote community awareness and program implementation: articles in The Union on the subject of "Access to Lethal Means" and a community forum was held in Truckee on the subject "Building a Suicide-Free Community: What Can We All Do?"
- safeTALK training for our community: workshops were held in Truckee at the Family Resource Center
- Expanding Outreach to Special Populations: 1) **Drug/Alcohol/Treatment**-Collaboration with Nevada County Drug Free Coalition with their NEO Youth Group and Thursday-Night Markets; 2) **Faith Based Communities**-conducted Post-vention & Suicide Prevention Panel and provided ASIST Training to the Gold Country Chaplaincy; 3) **Homeless Shelters/Transitional Living**- provided an in-services Suicide Awareness Training to Domestic Violence & Sexual Assault Coalition; 4) **Latino/Promotora Programs**-safeTALK workshop conducted at the Family Resource Center in Truckee; 5) **LGBTQY/PFLAG/Bullying Prevention**-presented "Bullied: A Student, a School, and a Case that Made History" and Hate to Hope-Bullying prevention; 6) **Mental Health Consumers/NAMI**-participated in Behavioral Health in the Medical Setting Seminars; 7) **Native Americans**-Introductions were done to staff at Chapa-De Indian Health Program and to the Native TANF Program Site Manger, John Schifferns and invited them to join the collaborative and ASIST Trainings were conducted for the Washoe Tribes of California and Nevada; 8) **Seniors/Friendly Visitor Program**- training on Suicide Awareness was provided to staff at Adult Protective Services and the Public Guardian; and 9) **Veteran's**-made introductions to the Nevada County Veterans Services Program Manager, Pamela Davidson and Jim Foley, the Veteran's Services staff member.
- School Communities: 1) provided suicide prevention and post-vention guidance; 2) participated in Every 15 Minutes at Bear River High School and provided post-vention support after several sudden-traumatic student deaths; 3) participated in the selection of suicide prevention curriculum to be used by the high schools; 4) collaborated with school administration to help develop county-wide protocols for suicide prevention, intervention and post-vention procedures for Nevada County schools; and 5) implementation of Sources of Strength into the schools in Nevada County.

11. **First Responder Training-Crisis Intervention Training (CIT):** The initial Crisis Intervention Training (CIT) is occurring in fiscal year 11/12 and we are making plans for follow-up to this training in fiscal year 12/13.

    The CIT for fiscal year 12/13 will provide services to first responder groups throughout Nevada County. Special trainings will be provided to law enforcement agencies, fire departments, ambulance drivers, emergency room staff and other stakeholders who come in contact with behavioral health consumers in crisis. This will include quarterly and annual events where the public, consumers, and family members will be invited to participate because they may be the first responders to a mental health crisis. It is anticipated that the Sheriff Department's crisis negotiation team will be offered trainings specific to their staff needs. This training will be identified after the training occurs in fiscal year 11/12. The main outcome of the CIT will be to positively impact consumer needs by increasing immediate response skills of first responders in the community. It will reduce the mental health crisis impact on the individual, from the chronically mentally ill to consumers involved for the first time in a mental health crisis; on the local emergency room by providing more effective community-based screening; and law enforcement staff will have increased assessment skills and an increased knowledge of resources and referral options, resulting in less time spent in protracted events in the field.

12. **Big Pal Mentoring Program**: During the 2010/11 year, Big Brothers Big Sisters of Nevada County (BBBSNC) successfully took over the provision of the Big Pal Program in the Nevada City School District while continuing to provide the program in the Grass Valley School District. This transition involved changing the participant enrollment, matching, and support procedures to the more rigorous standards required by Big Brothers Big Sisters of America. Improved procedures included more in-depth information gathering on participants to make better quality matches; added training components for the Big Pals; regular on-going monitoring and support with Big Pals and Little Pals throughout the school year; the provision of agency-sponsored activities in which Big Pals and Little Pals could spend time together outside of the school site in a fun, supervised setting; and the collection of survey data to determine the strength of the match relationship and the impact of the mentoring on the Little Pal (details on the survey outcomes are below). Additionally, the end-of-year Pal Games celebration was continued under BBBSNC and allowed all program participants to come together for a final celebration of their mentoring relationships in May 2011.

    Because BBBSNC had to transition the program to higher quality and more labor-intensive, evidence-based practices while incorporating key Big Pal Program components, the student enrollment in the program was reduced to 64 matches between 3rd grade to 6th grade Little Pal students and high school junior and senior Big Pal students. Matches met weekly during the school year and Big Pals provided support and schoolwork assistance in addition to building a mentoring relationship with their Little Pals. With students from five schools served, it is estimated that a total of 1,344 match visits were made between Big Pals and Little Pals.

    For the 2010/11 year, we received teacher's surveys for 34 children of the 64 children served (53%). Of these surveys, the teachers reported that children improved the most in the following areas after being with their Big Pal for the school year:

- 63% improved their self-confidence
- 78% improved their ability to express their feelings
- 56% improved their academic performance
- 64% improved their attitude toward school

13. **Special Friends:** Both Glenshire and Truckee Elementary Schools have Special Friends Programs. In addition to having students meet with Special Friend Aides in the Special Friends office, Glenshire also has a Lunch Bunch Program. Both sites have operated the program successfully for many years. The students are identified for Tier 2 Intervention: Focused Supplemental Instruction (the Special Friends Program is a Tier 2 Intervention) through an assessment/referral at the beginning of the school year. Generally in October, teachers fill out a brief survey about the child. If the student appears to need intervention, they are referred to the program. Children can also be referred directly by their parents.

    The student meets with a trained Special Friend Aide for a half hour session for 10 weeks. As a team the Aides meet to discuss the needs and effectiveness of the program for each student. The Aides meet weekly with the School Counselor to discuss the students. The School Counselors supervise the program. Around week eight, the Aide informs the student that the program will be ending for them in two weeks. At week 10, the Aide and the student celebrate their graduation from the program. We ask the teachers to reassess the child's behavior in the class at the end of their 10 weeks.

    In fiscal year 2010/11 175 students participated in the program, The teacher survey at the end of the year showed the following:

    - 86% stated the child benefited from participation in the program Significantly or A Lot
    - 74% stated the behavior(s) in the classroom/home have improved
    - 100% stated the child appeared to have enjoyed the program
    - 76% stated there has been a decrease in behaviors that caused the initial concerns
    - 76% stated the child's self-esteem appeared to have improved

    Many of the student's emotional needs are met through Special Friends. They become aware that there are other caring adults (besides their immediate family) who care about them. In the research of the 40 Developmental Assets by Bonnie Bernard, it highlights that children benefit from having a variety of caring adults in their lives. By meeting this need in this school-based program, it takes the burden from community resources to meet the same need.

    The main challenge to operating this program has been the rigorous academic schedule for students. The main thrust at both schools is keeping academic sacrosanct leaving Special Friends time to a limited number of minutes per day. Teachers and Special Friends Aides have worked hard to achieve both academic time and the Tier 2 time. As it stands right now, Truckee

and Glenshire will continue their programs in fiscal year 2012/13, in addition, Donner Trail Elementary will conduct a Special Friends program in fiscal year 2012/13.

14. **Western Nevada County Second Step Program:** Program Overview: "Second Step" is a curriculum that teaches social and emotional learning for children from preschool to fifth grade. CASEL, the Collaborative for Academic, Social and Emotional Learning, recently published a meta-analysis that includes the findings of the largest, most scientifically rigorous review of research ever done of school-based intervention programs (Durlak, Weissberg, Taylor & Dynmicki). The findings indicate..."students receiving school-based Social Emotional Learning (SEL) scored 11 percentile points higher on academic achievement tests than their peers who did not receive SEL." Goals for the SECOND STEP program are for children to develop strong bonds to school, solve problems without anger, and treat others with compassion. The curriculum is implemented by the classroom teacher each day in several short segments using scripted lesson cards with photographs, boy and girl puppets, music CDs, and skills practice activities that lead to role playing and discussions. Parent's are sent weekly Home Link letters to inform them of what their children have learned and to give them ideas for supporting these concepts at home.

    This contract was received during the latter part of the third fiscal quarter. The following items were completed as of June 30th.

    - Nevada County Superintendent of Schools recruited, interviewed and hired a trainer who will train preschool teachers to teach the SECOND STEP Curriculum;
    - The trainer began receiving training in the SECOND STEP PRE-K Curriculum
    - Outreach to preschools was started and four (4) pre-k sites requested Second Step training.

    Goals for fiscal year 12/13- We will continue to expand training to more pre-k sites. While during the 11/12 fiscal year this program has been introduced and implementation begun in 10 different pre-k sites, there are a large number of additional sites, (up to 25) in the county that could receive and benefit from this program.

15. **Eastern Nevada County Second Step Program: "**Second Step" is a curriculum that teaches social and emotional learning for children from preschool to fifth grade. In late spring 2011, Tahoe Truckee Unified School District (TTUSD) prepared for the first-time launch of Second Step for Pre-school aged children by conducting outreach to all of the Early Learning Centers and Family Child Care Homes in Eastern Nevada County. We developed a Survey Monkey to assess the level of interest and, from the response, we felt Second Step Pre-K would be well-received in our community and prepared to order Pre-K curriculum kits. We also announced the expansion of the K-5 programs existing at different levels in the three K-5 Eastern Nevada County Elementary Schools. We developed a contract to hire a Second Step trainer for the new programs. Just prior to placing the order for curriculum kits, we found out that an updated curriculum for Pre-K through grade 5 would be ready for order in June. We also found out that the old train-the-trainer model for classroom teachers was being dropped and replaced by a model where teachers would train themselves via online training. Curriculum kits were ordered in June for implementation in fall 2011.

16. **School Mental Health Needs-Columbia Teen Screen:** In fiscal year 2010-11 Program Manager, Rebecca Slade, trained with Marin County on how to implement and screen youth using Columbia Teen Screen. Rebecca Slade then conducted outreach and education to high school administrators, counselors and educators. The Behavioral Health Department is planning to release a Request for Proposal for a provider to implement Columbia Teen Screen in June 2012 with implementation in fall 2012.

17. **Early Intervention for Youth at Risk-Motivational Enhancement Therapy-Cognitive Behavioral Therapy (MET/CBT 5):** Motivational Enhancement Therapy-Cognitive Behavioral Therapy (MET/CBT 5) is a brief adolescent substance abuse treatment program. MET/CBT 5 consist of two individual Motivational Enhancement sessions and three Cognitive Behavioral group therapy sessions. The individual sessions utilize focus on building rapport and developing the individual's motivation for change. The three Cognitive Behavioral Therapy group sessions focus on developing skills for refusal and maintaining abstinence. In fiscal year 2010/11 staff was trained in using this program. Staff has found the skills helpful, but we have not been able to fully implement the program following all the guidelines for MET/CBT 5. Many youths that we serve have a substance abuse problem and a co-occurring mental health disorder that MET/CBT 5 does not address. We have also had a difficult time finding enough clients to start the groups. We will continue to use the skills that were learned, but cannot use the reporting tools provided by MET/CBT 5 because we are not only using MET/CBT 5 when treating adolescent substance abusers.

Innovation (INN):

During fiscal year 2010/11 Nevada County was conducting Community Program Planning. From March 2010 to November 2010 Nevada County held 11 meetings throughout the county to get community input. At these meetings we received input from individuals representing consumers, family members, homeless population, transition age youth (TAY), Latino population, seniors, veterans, service providers and county staff. We started by advertising and holding six events that anyone from the public could attend. These meetings were held in Grass Valley, Nevada City, San Juan Ridge and Truckee. Two of the public meetings where provided in Spanish and English. One of the meetings was targeted to transition age youth. It was suggested by individuals that we needed to get more feedback and input from mental health consumers and mental health service providers so we held five events that targeted these two groups. We held meetings at SPIRIT Peer Empowerment Center (mental health peer support center), Hospitality House (emergency shelter for the homeless), New Directions (Full Service Partner consumers), Nevada County Behavioral Health, and at Nevada County Health and Human Services Agency. At all 11 meetings we had three goals: 1.) educate individuals on Mental Health Services Act Innovation Program; 2) receive input and ideas on areas that needed improvement where existing mental health approaches possibly didn't exist or were inadequate and what they wanted to learn/change/improve; and 3) provide participants with paperwork so that they could submit their ideas to us in writing.

Additionally, from December 2010 to April 2011 during the community planning time in Nevada County a group of primary care, substance use, behavioral health, health and human services, and public health service providers met to plan an MHSA Innovation program for Integrated Healthcare in Nevada County. This process was lead by Neal Adams, MD, consultant. In attendance was staff from Sierra Family Medical Clinic (Jennifer Sales, Peter Van Houten, MD, Wendy Barnhart, Kent Williams, and Lael Walz), Community Recovery Resources (Warren Daniels and Jeff Jones) Common Goals (Carl Jefferson, Fred Jefferson, and Joe Festersen), Miners Medical Clinic (Joanna Snider-Lipa, Francine Novak and Frank Lang Jr., MD), Chapa-De Indian Health Program (Susan Navarro and Pam Padilla), Public Health (Karen Milman), Health and Human Services Agency (Jeff Brown) and Behavioral Health (Michael Heggarty, Aubrey Eubanks, Annette LeFrancois, Darryl Quinn, and Michele Violett).

Some of the common threads of need that participants would like to see Innovation funds address were: isolation, employment, integrated healthcare, mentoring, transportation, transition age youth, housing, stigma, recovery model, substance abuse, Veterans services, peer-to-peer support, crisis services, respite care, individuals with disabilities, youth, prevention activities, seniors, Latino population, homeless population, and treatment.

Besides the valuable feedback we received at the meetings, we received 15 written proposals and emails on suggested Innovation ideas. All ideas and Innovation proposals were reviewed with a team of 12 individuals (Innovation Review Team). The Innovation Review Team was composed of family members, mental health consumers, Mental Health Board Members, mental health service providers and Nevada County Behavioral Health staff. The Innovation Review Team supported three proposals: Veterans' Family Wellness, Rehabilitation and Behavioral Health Collaborative, and Integrated Healthcare (multiple proposals and ideas combined). The Innovation Review Team recommendations were then shared with the Prevention and Early Intervention/Innovation Subcommittee, the MHSA Steering Committee and the Mental Health Board. All three supported the three selected plans. The three selected plans began implementation in fiscal year 2011/12.

Workforce Education and Training (WET)

Nevada County's WET plan was approved on June 17, 2009. Implementation is proceeding as outlined in the plan in several areas. These include Workforce Staff Support, Training & Technical Assistance and the Residency & Internship Program.

1. **Workforce Staffing Support:**
   MHSA WET Coordinator: The MHSA WET Coordinator worked on the implementation of the plan including facilitation of the WET Subcommittee, executing contracts and services per the WET plan, providing updates as required to the Mental Health Board and MHSA Steering Committee, participating in the state-wide WET conference calls, creating the multi-media library, and providing leadership for ongoing trainings, WET activities and development. *MHSA Coordinator:* The MHSA Coordinator participated in the development of the Superior

Region WET plan and activities, and coordination of those activities in Nevada County. *Clerical Support:* Clerical staff have supported the ongoing administrative support for the WET Coordinator, MHSA Coordinator, staff, contractors, consumers and families as related to WET implementation.

2. **Training and Technical Assistance:**
Numerous training events have been offered by the county for staff, providers, and stakeholders, including consumers and family members. When appropriate, MHSA PEI and WET funds were utilized for training opportunities. For fiscal year 2010/11 events included: Treat Them Well, Co-Occurring Disorders, Military Culture 101, LGBTQ Cultural Competency, Advanced Motivational Interviewing II, Becoming Trauma-Informed and Mental Health First Aid. Additionally, the WET Training and Technical Assistance funds were used to helped with coordination and funding for the PEI "Behavioral Health in the Medical Setting" workshops sponsored by Sierra Family Medical Clinic. In addition to the above, individual staff members and stakeholders have attended training outside the county for courses including Parent Child Interactive Therapy Skills, Immersion Training, Bi-Polar An Updated Slant, Risk Assessment & Mental Status, Wellness Recovery Action Plan (WRAP) Facilitation, HIPAA & Medical Records Law, County Mental Health Directors Association Children's Conference, Evidence Based Practices, Transference Based Therapy, California Mental Health Advocacy for Children and Youth Conference, Complicated Grief, Critical Incident Stress Management Suicide Prevention, Psychiatric Emergencies, Abriendo Caminos: Latino Conference, Leadership Institute, Substance Use & Mental Health Collaboration, Emotional Manipulation, Autism & Aspergers Syndrome, Transforming the Difficult Child, Screening, Brief Intervention, Referral, and Treatment Training, Healthcare Reform, Psychiatric Disorders, and Eye Movement Desensitization & Reprocessing. A total of 104 individuals have attended a training event, and participated in 553 days of training. Purchases continue to be made to expand the training library. A range of topics are included. Staff and providers are welcome to check materials out and use them as it fits their schedule. CEU's are available for some of the materials.

3. **Mental Health Career Pathway Programs:**
The development of the WET Superior Region plan for distance learning for Social Workers has the community colleges involved for collaboration and articulation. In fiscal year 2010/11 Sierra Community College was invited to participate in this effort and participated in a few meetings. Additionally, in fiscal year 2011/12 the WET Superior Region partnership is working on a Request for Proposal (RFP) from Community Colleges to provide a Career Pathway for high school students. Sierra College will be invited to respond to the RFP. The WET Superior Region has made great strides in this area and plan to release the RFP in fiscal year 2012/13. At the local level, the MHSA Coordinator made some contacts with Tahoe Truckee School District and their Regional Occupational Program (ROP) staff to see if we could collaborate on a Mental Health Career Pathway Program. Because of the small funding amount there was little interest. Additionally, in fiscal year 2010/11 two Nevada County residents participated in WRAP Facilitation offered at the Regional level. In fiscal year 2011/12, 15 additional individuals were trained to become WRAP Facilitators. This has become an opportunity for Mental Health Career Pathway development and expansion, as the ROP and Sierra College routes have stalled or are being supported by the Superior Region Partnership. So in fiscal year 2011/12 the WET

Subcommittee met and decided to make the recommendation to utilize the $15,000 Mental Health Career Pathway funds to further support the WRAP Facilitators in Nevada County.

4. **Expansion of Nevada County's Internship Program:**
   Clinical supervision of interns has been funded by this program. In fiscal year 2010/11 we had 15 interns who provided 12,063 hours of services for Nevada County citizens. The interns provided services in both adults and children's system of care. Additionally, five different individual provided supervision to the interns. Of the total hours of supervision provided 340 hours of supervision was funded with MHSA WET funds.

5. **Financial Incentives:**
   Our Voices Matter (referred to as the Speaker's Bureau in the WET plan): has become a highly successfully consumer/family run group. The core group conducts monthly training, development and support meetings to assist individuals in telling their own story. Individuals are coached, and when they are ready to present to a group such as Mental Health Board Meetings, NAMI meetings or other community events, they are provided a stipend for their time. We have also been able to infuse these stories into our trainings including the Military Culture 101 and the LGBTQ Cultural Competency Training.

Technological Needs:

The Nevada County Behavioral Health Department is in Phase I of IV in implementing a fully integrated electronic health system (EHR), Anasazi, to support both Mental Health and Alcohol and Drug Programs. The system provides an electronic clinical health records system for both Mental Health and Drug and Alcohol programs to optimize efficiency, eliminate redundancy, and improve services to consumers for registration, eligibility, billing, clinical assessment and treatment, program monitoring, and reporting for management and State requirements, sharing clients, insurance and associated data.

Fiscal year 2010/11 began with a Core Team of staff members meeting weekly to work on the system development, policies and procedures, implementation training and implementation roll out of Phase I of this project, implementation of the billing portion of the system. Early in the fiscal year all client data from our old ECHO system was entered into Anasazi manually by the Core Team. In the middle of the fiscal year it was determined that we needed additional system set up support and training and we entered into a contract with Kings View to provide the needed support. With the support of Kings View and the Core Team the staff started to use "New Client Forms" in April, 2011, training occurred in April and May of 2011, and over 1,000 client's data was entered into Anasazi by the end of June 2011. The new EHR system went live on July 1, 2011.

Capital Facilities

Nevada Counties third Capital Facilities Project, the remodel of Odyssey House, was completed in fiscal year 2010/11. Odyssey House is a ten bed transitional living facility that is licensed by the

State Social Services Department, Community Care Licensing Division and certified by the State Department of Mental Health. Nevada County residents who are leaving an IMD (Institute for Mental Disease) and who have the recovery potential to live in the community, but are in need of transitional assistance are placed in Odyssey House. Individuals can remain at Odyssey House for a maximum of 18 months. The majority of occupants at Odyssey House are receiving services from one of the Adult Full Service Partner Agencies.

Odyssey House staff also provide triage and adult crisis services for Nevada County on a 24/7 basis. Odyssey House staff provide crisis and routine evaluation, treatment, referral and authorization of services for persons meeting crisis criteria.

The remodel of Odyssey House included:

- Remodel of both the living areas for the residents and the office space of the service providers
- Overhauling and improving the heating, air and water heater
- Painting of the interior of the building
- Added attic insulation
- Replacement of single pane windows to dual pane windows
- Enclosed the cupola
- Installed a concrete walk, ramp and porch with a metal hand rail from the existing disabled parking stall to the front main entrance
- Upgraded the existing backup generator and replaced the existing electrical breaker panel that was obsolete with one that works with the new generator

Individuals Served by MHSA in Fiscal Year 10/11

PROGRAM: Community Services & Supports - Children System of Care			
Age Group	# of FSP individuals	# of GSD individuals	# of OE individuals
Children & Youth			
TAY			
Adults			
Older Adults			
Unkown			
TOTAL	183	215	246
Race & Ethnicity	# of individuals	Primary Language	# of individuals
Caucasian		English	
Latino/Hispanic		Spanish	
African American		Arabic	
Asian		Cambodian	
Pacific Islander		Cantonese	
Native American		Farsi	
Multi		Hmong	
Unknown		Mandarin	
Other		Russian	
Culture		Tagalog	
LGBTQ		Vietnamese	
Veterans		Other	
Other		Unknown	
PROGRAM: Community Services & Supports - Adult's System of Care			
Age Group	# of FSP individuals	# of GSD individuals	# of OE individuals
Children & Youth			
TAY			
Adults			
Older Adults			
Unknown			
TOTAL	146	623	363
Race & Ethnicity	# of individuals	Primary Language	# of individuals
Caucasian		English	
Latino/Hispanic		Spanish	
African American		Arabic	
Asian		Cambodian	
Pacific Islander		Cantonese	
Native American		Farsi	
Multi		Hmong	
Unknown		Mandarin	
Other		Russian	
Culture		Tagalog	
LGBTQ		Vietnamese	
Veterans		Other	
Other		Unknown	

Individuals Served by MHSA in Fiscal Year 10/11

PROGRAM: Prevention & Early Intervention-Access to Services			
Age Group	# of individuals		
Unkown			
Children & Youth			
TAY			
Adults			
Older Adults			
TOTAL	8570		
Race & Ethnicity	# of individuals	Primary Language	# of individuals
Caucasian		English	
Latino/Hispanic		Spanish	
African American		Arabic	
Asian		Cambodian	
Pacific Islander		Cantonese	
Native American		Farsi	
Multi		Hmong	
Unknown		Mandarin	
Other		Russian	
Culture		Tagalog	
LGBTQ		Vietnamese	
Veterans		Other	
Other		Unknown	
PROGRAM: Prevention & Early Intervention-Outreach Projects			
Age Group	# of individuals		
Children & Youth			
TAY			
Adults			
Older Adults			
TOTAL	1076		
Race & Ethnicity	# of individuals	Primary Language	# of individuals
Caucasian		English	
Latino/Hispanic		Spanish	
African American		Arabic	
Asian		Cambodian	
Pacific Islander		Cantonese	
Native American		Farsi	
Multi		Hmong	
Unknown		Mandarin	
Other		Russian	
Culture		Tagalog	
LGBTQ		Vietnamese	
Veterans		Other	
Other		Unknown	

Individuals Served by MHSA in Fiscal Year 10/11

PROGRAM: Prevention & Early Intervention-Children, Youth and Families at Risk

Age Group	# of individuals		
Children & Youth			
TAY			
Adults			
Older Adults			
TOTAL	239		
Race & Ethnicity	# of individuals	Primary Language	# of individuals
Caucasian		English	
Latino/Hispanic		Spanish	
African American		Arabic	
Asian		Cambodian	
Pacific Islander		Cantonese	
Native American		Farsi	
Multi		Hmong	
Unknown		Mandarin	
Other		Russian	
Culture		Tagalog	
LGBTQ		Vietnamese	
Veterans		Other	
Other		Unknown	

PROGRAM: Workforce Education & Training

Age Group	# of individuals		
Children & Youth			
TAY			
Adults			
Older Adults			
Unknown			
TOTAL	104		
Race & Ethnicity	# of individuals	Primary Language	# of individuals
Caucasian		English	
Latino/Hispanic		Spanish	
African American		Arabic	
Asian		Cambodian	
Pacific Islander		Cantonese	
Native American		Farsi	
Multi		Hmong	
Unknown		Mandarin	
Other		Russian	
Culture		Tagalog	
LGBTQ		Vietnamese	
Veterans		Other	
Other		Unknown	

Individuals Served by MHSA in Fiscal Year 10/11

PROGRAM: Innovation-No programs implemented in FY 10/11			
Age Group	# of individuals		
Children & Youth			
TAY			
Adults			
Older Adults			
TOTAL	0		
Race & Ethnicity	# of individuals	Primary Language	# of individuals
Caucasian		English	
Latino/Hispanic		Spanish	
African American		Arabic	
Asian		Cambodian	
Pacific Islander		Cantonese	
Native American		Farsi	
Multi		Hmong	
Unknown		Mandarin	
Other		Russian	
Culture		Tagalog	
LGBTQ		Vietnamese	
Veterans		Other	
Other		Unknown	
MHSA TOTALS			
Age Group	# of individuals		
Unkown			
Children & Youth			
TAY			
Adults			
Older Adults			
TOTAL	11765		
Race & Ethnicity	# of individuals	Primary Language	# of individuals
Caucasian		English	
Latino/Hispanic		Spanish	
African American		Arabic	
Asian		Cambodian	
Pacific Islander		Cantonese	
Native American		Farsi	
Multi		Hmong	
Unknown		Mandarin	
Other		Russian	
Culture		Tagalog	
LGBTQ		Vietnamese	
Veterans		Other	
Other		Unknown	