

Innovation Work Plan Narrative

Date: 11/29/2010

County: Nevada

Work Plan #: _____

Work Plan Name: Rehabilitation and Behavioral Health Collaborative

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

The State of California's Department of Rehabilitation (DR) is working with a population of youth in transition (TAY) in the Truckee/North Lake Tahoe area. Annually we receive a significant number of referrals from the all of the area's high schools. A high percentage of these individuals are presenting with significant mental health problems. We are proposing the formation of a DR/Behavioral Health collaboration to increase access to mental health services for this population with the goals of increasing access to services and positive outcomes for this group.

Eighteen months ago, DR created a supported education program for all DR clients who are attending the new Sierra College campus in Truckee. This innovative program, that continues to provide individualized support services, has been very successful in serving the educational needs of young people in their transition from high school to college. This program has witnessed a critical need for mental health counseling services and the creation of a new program that provided TAY with access to counseling services would serve to form a more comprehensive safety net of services for this population.

We are very concerned about the TAY population with regard to their need for mental health services. We lost a young client to suicide this past year and another had to be hospitalized for psychiatric reasons. There were also two suicides reported of local high school students this year. The psychiatric issues that many of the TAY present in their interactions with DR staff are only appropriately addressed by mental health staff. Very few of the TAY we come into contact with are accessing Nevada County Behavioral Health services and this represents an unmet need that must be addressed if we are going to properly serve our young people. With the exception of the DR program at the college, transition services for TAY after graduation are nonexistent for this population in the Truckee area.

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Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

This proposal recommends the creation of a DR/Behavioral Health collaboration to increase access to counseling services for youth in transition in the Truckee area. The target population is Nevada County TAY, ages 18-22, who are Department of Rehabilitation clients attending Sierra College's Truckee campus, or those who are transitioning from their education at the college to work in the community. Funding a half-time therapist to work in collaboration with the DR Vocational Rehabilitation Counselor and the supported education program's staff at the college is expected to not only provide access to critical mental health services but to also increase positive outcomes for this at-risk group.

This program is a straight-forward way of creating a channel to the individual counseling services that the TAY need. It will also provide additional support to their struggle to become responsible adults. The DR program at Sierra College has proven to be an effective way to engage the TAY, but many have problems related to their mental health that interfere with their success. Because DR has been successful in forming a trustworthy support system for these individuals at the college, their mental health issues are frequently presented to the DR staff. We recognize our limitations in being able to effectively treat many of these issues and the need for a new program that could address these problems is very efficient.

This proposal will result in the creation of a way to support our TAY who face significant challenges related to their mental health issues. The MHSA-funded therapist would work in collaboration with DR to serve voluntary participants. The therapist would see the TAY separate from the campus environment. The counseling services would address personal issues that are barriers to success. The importance of these counseling services at such a critical time of life for the TAY, coordinated with DR and the community's overall efforts to establish a comprehensive safety net for this population, cannot be overestimated.

DR and the therapist will work collaboratively. DR can supply documentation of disability, information about the client's functional limitations, and other background information. Each client will have a Individualized Plan for Employment (IPE) and each is participating in DR services voluntarily. The counseling services provided by Nevada County for these individuals would be incorporated into the client's IPE. Cases can be staffed between the DR counselor, the therapist, and the DR-funded support staff who works with the clients at the college. DR has access to the college's staff, including the professors, who are able to provide invaluable information on each individual's functioning.

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Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

The DR-led supported employment program at Sierra College in Truckee, which came about in part through the advocacy of the Community Collaborative of Tahoe Truckee, is unique enough to have earned the Director of the Collaborative and the Rehabilitation Counselor responsible for the program an invitation to speak at the National Rural Mental Health Conference in Denver this past June. Our presentation was well received because it represents the creation of program through collaboration and a pooling of resources at a time when resources are scarce in our country's rural communities. We started with a collaborative "all ideas welcomed" approach and created all of the procedures needed for individuals to get what they need in terms of assistive technology, accommodations, and course materials by working with the college and our clients. We were surprised when we evaluated these procedures at the end of the first year and saw that they had all worked very well.

This is the approach we are taking in the Truckee community. We do not have the answers to the multiple, complex problems that our TAY are presenting. We know we need professional mental health assistance at this time. We often respond to people interested in what we are doing to serve our TAY by saying, "we don't know what we are doing, but we know we are doing the right thing." We are constantly learning how to assist this population and perceive that the creation of a collaborative program with Nevada County is the "right" thing to do at this time. We know we will learn a great deal more about how to properly assist these individuals through our interactions with the therapist who is funded through this proposal. Because our TAY, even those with previously diagnosed Axis I disorders, are not accessing adult mental health services, we know we need to create a pathway to facilitate their engagement in services. The one result of the support services at the college that is perhaps the most gratifying, is that we have been able to engage, and keep engaged, all of the youth that we have served. We haven't lost anyone. Providing personalized, caring support is the key.

This would truly be an innovative program as there is nothing like it to our knowledge anywhere else. Because the support staff at the college is DR-funded, we have a direct knowledge of each individual's functioning at school. By sharing essential information that we are gaining through our personalized support services with the therapist, we know we will have a highly effective collaboration.

Our experiences with other DR/mental health cooperatives have been very positive, but this is a new kind of project because it is focused on youth in transition. We perceive this program as a model for success, not a maintenance program. We are teaching strategies for successful self care and responsible adult behaviors. We expect that some TAY that participate in these programs will not require future services, and if they do, they will be educated about how to access them. This proposed program would be

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unique to our area. The new Sierra College campus in Truckee, isolated from other colleges and without the resources available at bigger campuses, has become a supportive environment and can become testing ground for new behaviors encouraged by the therapist. We believe that linking the counseling services to the overall rehabilitation effort will have a greater impact that these services would have if provided separately.

We are also excited about the possibilities provided by our participation in the Community Collaborative of Tahoe Truckee. This large interagency group provides a forum for ideas that link community resources to solve community problems. The Collaborative meetings are attended by a wide range of agencies and individuals, including local faith-based communities, women's service providers, health organizations, and advocates for our Hispanic population. The collaboration between DR and the Collaborative has already shown us what can be done when we introduce our young people to community members who have a passion for mentoring. The Collaborative's Director's Group has been very supportive of DR's efforts to create these support programs for our young people and this proposal has their support.

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Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates: 08/11-06/14
MM/YY - MM/YY

Services funded by this proposal would begin in August of 2011 when the college's school year begins. At that time, DR clients are being referred to the existing supported education program at Sierra College and are beginning classes. The DR counselor will have met for several months prior to that with each client and their families to develop each person's Individualized Plan for Employment (IPE.) The DR counselor will refer interested individuals at that time to the therapist funded by MHSa under this proposal. The DR counselor would set up referral meetings and provide referral information that will include documentation of disability, a copy of the IPE, a referral form with concerns about each individual, and a release of information form. The counseling services contained in this proposal would be coordinated with the agreements contained in the IPE. Cases will be coordinated between DR and the therapist.

We project that the therapist would receive 5-10 referrals from the group of TAY who have exited high school in January or June of 2011. We project that there will be an additional 10 referrals of TAY already attending Sierra College who have voiced their need for counseling services. Additional referrals are expected to be made during the college school year as problems emerge and the need for counseling services becomes clear. It should be noted that DR's supported education program started with 9 clients 18 months ago. There are now 22 clients participating in the program. Each year, DR receives between 15 and 25 referrals from the high schools.

We hope that funds are available to conduct a three-year project. As we know, most mental health difficulties are not resolved immediately and a three-year program will allow for more comprehensive treatment. Data obtained over a three-year period will be more meaningful than that obtained over a shorter term; the benefits will be more apparent over time. A three-year program length will also allow for the program to mature and develop in ways that will improve its effectiveness. An individual who has benefited from the counseling services can be phased into an occasional check-in with the therapist that can prove to be very valuable in establishing and maintaining their functional stability.

We have attached a funding request for training to this basic proposal. Because our personal goal is to improve our services to the TAY population, we are requesting some training funds so that the staff involved in this program (the Rehabilitation Counselor, the DR-funded supported education staff, and the therapist) have the option of attending a conference each year to gain insight and learn different approaches that could be adapted to better our programs.

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Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The DR system is an outcome-driven system. More than most human service agencies, DR values successful achievement of individual goals. Data based on appropriate case closures is available as people exit the system and obtain employment. There are also other outcomes, besides employment, that are valued as a result of the provision of the educational support services at Sierra College. These include meeting individual goals for success at school, successful transition to job placement services, and client feedback regarding the benefits of services. We have already begun tracking these specific measures of progress.

DR clients are perceived as the owners of their individualized plans. Great efforts are made to teach TAY how to be responsible adults who are able to act to ensure the success of their chosen goals; a major component of this instruction is how to use available resources. While family members are encouraged to be actively involved, DR clients are in control of the decisions related to their plans. Measures of increased functional independence can be developed to assess the effectiveness of support services. Considering how few TAY actually access adult Behavioral Health services in the Truckee area, a measure of a success for this program would be the numbers of clients served. Survey results on how the clients perceived the counseling services will be another measure. In the counseling relationship, individuals are encouraged to set personal goals. Their progress toward achieving these goals can also be used to measure the success of the program. One additional service that this collaboration will provide is referral to other services, especially if further mental health services are warranted; this too can be tracked.

A major goal in serving at-risk populations like TAY is always the continued engagement of the individuals involved while minimizing dropouts, especially for psychiatric reasons. The success of this program may be observable in its low dropout numbers compared to other transition programs.

Each May, the DR counselor writes a report which reflects the activities of the supported education program that includes the numbers of clients and types of disabilities served. Meetings between DR staff and Sierra College staff are held during each semester to evaluate procedures and discuss appropriate actions with regard to individual clients. These activities will add data to the evaluation of the DR/Behavioral Health collaboration in the future.

We propose that referrals to this DR/Behavioral Health program be given a questionnaire intended to survey their barriers to success upon entry into the counseling program. They will be surveyed again at the conclusion of their participation in counseling services as well. The exit survey will ask about the effectiveness of various

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approaches and about how beneficial the individual perceived the services to have been for them.

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Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

The resources contained in this proposal are the staff involved. It should be noted that DR is funding the service provider in the college environment who will be supporting the clients involved in this collaboration. All of the funding contained in this proposal, with the exception of some of the training monies, goes toward the cost of the therapist who provides direct services. DR has already established a mutually beneficial relationship with Sierra College and the college environment is an ideal setting for TAY to impliment personal changes. DR is also bring additional resources to the individuals who would be involved in this program. These include assistive technology evaluations conducted by a Rehabilitation Engineer.

It is assumed that Nevada County's Joseph's Center, located near the Sierra College campus, would be utilized as the site for the counseling services contained in this proposal. Nevada County currently has a contract with a counseling agency, Sierra Family Services, that could be modified to provide the services contained in this proposal. DR and Sierra Family Services have had a mutually beneficial working relationship in the Tahoe area for many years.

EXHIBIT D

Innovation Work Plan Description (For Posting on DMH Website)

County Name

Nevada

Annual Number of Clients to Be Served (If Applicable)

15-20 Total

Work Plan Name

Rehabilitation and Behavioral Health Collaborative

Population to Be Served (if applicable):

This proposal targets transition-aged youth, ages 18-22, who are Nevada County residents that are clients of the Department of Rehabilitation (DR). Clients will all be attending, or transitioning out of, training at Sierra College's Truckee campus. The individuals served by this program will either have a mental health diagnosis or will be suspected of being worthy of a diagnosis. They will all be served concurrently by an established DR-led supported education program that is providing individualized support services to students with disabilities in the college environment.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

This Innovation proposal would provide MHSA funding for a half-time therapist who would be providing individual counseling services to the population identified above. Individuals would participate on a voluntary basis and their participation would be linked to their Individualized Plan for Employment (IEP). Referrals will be generated by the DR counselor and documentation of disability, along with information regarding barriers to success, will be provided to the therapist upon referral.

The therapist funded by this program will address issues presented by the consumer. The clients will be encouraged to use the therapist to address any appropriate issues of their own choosing. Counseling will be done off-campus and appointments can be as often as once per week or as infrequently as once per month. The duration of the counseling services can be short term or last the length of the funding period, which, hopefully, will be three years. Referral for auxiliary services can be made by the therapist or the DR counselor. Cases will be coordinated between the DR counselor, the DR-funded staff providing support services at Sierra College, and the therapist.

This proposal's purpose is to create a program that will improve access to Behavioral Health services for our youth in transition from high school. The Behavioral Health services contained in this proposal are needed to address the mental health issues being presented by the targeted population.

EXHIBIT E

**Mental Health Services Act
Innovation Funding Request**

County: Nevada

Date: Dec-10

Innovation Work Plans			FY 09/10 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
No.	Name	Children, Youth,		Transition Age Youth	Adult	Older Adult	
1	Rehabilitation/Behavior Health	133,500		133,500			
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
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16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26	Subtotal: Work Plans		\$133,500	\$0	\$133,500	\$0	\$0
27	Plus County Administration						
28	Plus Optional 10% Operating Reserve						
29	Total MHSA Funds Required for Innovation		\$133,500				

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Nevada

Fiscal Year: 2009/10

Work Plan #: _____

Work Plan Name: Rehabilitation and

New Work Plan

Expansion

Months of Operation: 8/11 to 6/14
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	42,000			\$42,000
2. Operating Expenditures				\$0
3. Non-recurring expenditures				\$0
4. Training Consultant Contracts	2,500			\$2,500
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$44,500	\$0	\$0	\$44,500
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. (insert source of revenue)				\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$44,500	\$0	\$0	\$44,500

Prepared by: John Pillsbury, SVRC

Date: 11/30/2010

Telephone Number: 530-541-3281

Exhibit F:

Innovation Projected Revenues and Expenditures
Nevada County
Department of Rehabilitation and Behavioral Health Collaboration
New Work Plan
Months of Operation: August to May 2011-2014

	County Mental Health Dept.Funds FY 2011-2012	FY 2012-13	FY 2013-14	Total
Expenditures:				
1. Personnel	\$42,000	\$42,000	\$42,000.00	\$126,000
2. Operating expenditures				
3. Non-recurring expenses				
4. Training or consultant contracts	\$2,500	\$2,500	\$2,500	\$7,500
5. Work plan management				
6. Total Proposed Work Plan Expenditures	\$44,500	\$44,500	\$44,500	\$133,500
Revenues:				
Total Revenues:	\$0	\$0	\$0	\$0
Total Funding Requirements:	\$44,500	\$44,500	\$44,500	\$133,500

This project involves M HSA funding and has no revenue.

Exhibit F

Part II, Budget Narrative

Project Name: DR/Behavioral Health Collaborative

This request for funds is very straight-forward. We are requesting \$42,000 in MHSA funds each year to fund a half-time therapist who will serve transition-aged youth in the Truckee area. We have been informed that this is the amount necessary to fund this position. We are also requesting funding in the amount of \$2,500 per year to fund training for the staff involved in the collaboration. There are three staff involved in this proposal, the Department of Rehabilitation's Vocational Rehabilitation Counselor, the Independent Service Provider (that is funded by the Department of Rehabilitation to provide services to our clients who are involved in this program) and the therapist who would be funded by this proposal.

The rationale for the training dollars is that there is a tremendous amount of work being done in California to improve services to youth in transition at this time and we are working in a rural area that is in large part isolated from these greater efforts. By participating in a seminar or conference, we may be able to improve our understanding of the issues involved in serving this population and then improve our services. It is also possible, as this has already occurred when we were invited to speak at the National Rural Mental Health Conference, that we would be invited to make a presentation about our collaborative at a conference.

The rationale for requesting funding for a three-year period is contained in our proposal. It states that many of our young people's mental health problems are not going to be quickly resolved and therefore the ongoing support of the therapist may well be a key element in establishing a stable level of functioning for many clients of this program.

Again, we appreciate your consideration for this proposal as we consider the services provided through this proposal to be critical to the well being of the young people we serve. Thank you very much.

Community Program Planning Process

This proposal is the result of a unique collaboration between Sierra College, the Department of Rehabilitation (DR), the Community Collaborative of Tahoe Truckee, and the Tahoe Truckee Unified School District. It is the result of an evolution of this collaboration that began when the Truckee campus opened two years ago. At that time, a subcommittee of the Collaborative (a large interagency group) was formed called the Educational Advocacy Committee. It was formed to advocate for programs and services at the new college campus. Led by the local Vocational Rehabilitation Counselor, the committee included participants from a wide range of community organizations, not all of whom serve people with disabilities. This cross-section of community members led the committee to advocate for a wide range of programs that would benefit the community, not just those needed by people with disabilities. The committee was assisted by a Truckee local who is a recognized expert on supported education programs for those with mental illnesses, Tim Stringari. Mr. Stringari provided invaluable assistance as the committee formulated a list of requests that were presented to the new Dean of the college by the Rehabilitation Counselor and the Director of the Collaborative. While the Dean was not in a position to grant some of the requests, she did grant permission for the Rehabilitation Counselor to function in the college environment. This was the start of a collaboration between DR and the college. The Rehabilitation Counselor recruited an Individual Service Provider (ISP) to provide support services within the college environment to DR clients and a supported employment program, one that served people with all types of disabilities, was born. It was created because of the absence of many support services at the new Truckee campus that are normally available to students with disabilities on larger college campuses. The college staff have all proven to be support team members as well, with the result that the entire environment at the school is now exceptionally supportive in nature.

Members of the Special Education Department of the Tahoe Truckee School District are also involved in the collaboration on an on-going basis and have acted to improve the high school's transition services by working with DR and the Collaborative. A Transition class was started at Truckee High School this school year and was supported by the Community Collaborative in that many Collaborative members have volunteered to speak with the students of the Transition class. The School District's Director of Special Education has been particularly supportive of the efforts to improve transition services and her staff continues to be active on the Educational Advocacy Committee.

As soon as DR's support services began at the college, the need for mental health services for young people in transition became apparent. The referrals for DR services that came from the high schools (which include all of the alternative schools) were striking in that about half of them were perceived to have significant mental health problems. A number had Axis I diagnoses, or were suspected of having such a diagnosis, and many presented with psychiatric

symptoms such as depression. The prevalence of young people with histories of parental abuse, childhood trauma, social problems, and involvement with Child Protective Services was striking. When the ISP began working with these individuals outside of the high school environment, and as adults separate from their parents, the mental health issues immediately began to emerge. In response, the DR counselor wrote a proposal for MHSA funding during the last round of proposals and it was accepted, then it was discovered that there was not enough funding to impliment it. We are not giving up on our effort to secure the mental health services these individuals require because their needs are so dramatic.

When our clients were advised that there might be individualized counseling services available to them free of charge linked to their participation in DR, the response was overwhelming. Every client that was informed of the possibility that this service might be available responded that they would be interested in participating. We have clients whose parents committed suicide by substance abuse, those who have suffered emotional and physical abuse, those graduating from foster care, and those with diagnoses like Post Traumatic Stress Disorder and Pervasive Developmental Disorder. We know our limitations and recognize the need for mental health professionals in these cases.

In a very real sense, these clients are the people responsible for the motivation behind the planning of this proposal. Their need for mental health services are observable and dramatic in many cases. They are aware of their needs for assistance and will voluntarily participate in a counseling program. Their needs combine with our knowledge that our jails and welfare systems have a high percentage of young people with disabilities. Statistics also show that a high percentage of young women coming out of special education programs become pregnant within three years of graduation from high school. The Department of Rehabilitation is very committed to assisting this population, but we need your help.

We sincerely appreciate your consideration of this proposal.

Contact Information

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