

TEHAMA COUNTY
MHSA/CSS Annual Progress Report 2008
(Reporting Period - January 1,2007 through December 31, 2007)

Program/Services Implementation

1) Tehama County's MHSA CSS plan has been approved since August 1, 2007. Until that time, we were participating in the approval process. Since August 2007, we have been steadily implementing each of the work plans. In the Tehama County MHSA Community Services and Supports plan there are 6 work plans. Specifically, these plans include: Access, Employment, Housing, Outreach, Transition Age Youth Full Service Partnership, and Older Adult Full Service Partnership. This report is somewhat brief, based on the late approval of the plan, and the time frame prior to approval is not reported on, as the focus was obtaining approval of the Tehama County Plan.

A. Tehama County's MHSA CSS implementation activities are generally proceeding as described in the approved plan that was adopted in the MHSA Performance Contract/MHSA Agreement. There have been some delays in implementation of certain aspects due to unforeseen circumstances. For example, in the Access work plan, we have not been able to fully implement the Crisis Response program element. We are attempting to be able to respond to the local hospital when there is a mental health crisis. We have had several meetings with the hospital regarding making this happen, and it is anticipated that we will be fully implemented by July 2008. The issue has been around how to get Mental Health staff credentialed, so they have hospital privileges. Law Enforcement, the hospital and Mental Health staff are working together on this issue. We have responded to crisis situations by getting emergency privileges and have been able to respond to crisis situations which are not at the hospital, but have not been able to fully implement the hospital response as indicated in the work plan.

In addition, we have not fully established a clinician at a primary health care clinic. We have determined which clinic we will begin with and are working out the process to maximize effectiveness and minimize any disruptions that may occur with adding a new service at a clinic. The planning is going very well and the clinic is very open to partnering with Mental Health. Mental Health has also applied for and been awarded a CMSP Pilot Project grant to provide services in a primary health care clinic. This will allow an additional funding stream that can be utilized to maximize services to the primary care clinic patients.

The employment work plan has been slowly developing. We have helped to facilitate placement of several clients in positions in a few businesses in town, and are continuing to develop relationships with other businesses. We have established relationships with a pool company, a tire company, and the local cemetery. We have been cautious in expanding too quickly, as we want to establish a positive track record so other businesses will be able to see that it can be a success and be more willing to employ Mental Health consumers. We are

working collaboratively with the Department of Rehabilitation to obtain training for clients. In addition, we have had a small work experience program with consumers at Mental Health that is being expanded to include a full training program. We were in the recruiting process during the first few months and therefore did not have all of our staff on board during this reporting period.

The housing work plan has had a few setbacks. The City of Red Bluff lost funding for the needs assessment. We will continue to partner with the city when funding becomes available. In the meantime, we are actively pursuing the development of new housing with new landlords for up to 25 consumers. We have been able to locate housing for 14 new consumers during the reporting period of August 1, 2007 through December 31, 2007. Six of these consumers were Transition Age Youth candidates, and three were Older Adult candidates.

In the Community Outreach Work plan, we were able to institute several new outreach activities for the Latino population. We arranged to provide outreach at a local migrant farm work facility in October 2007. There were approximately 80 men, six women and no children at the migrant camp initially, and then an additional 20 workers joined the group. They were at the camp for the olive harvest season. The workers expressed an interest in general health check-ups as well as general information on mental health issues. Several visits were made and we arranged for Public Health to participate and give flu vaccinations. On October 21st, 2007, we participated in the Bi-National Health Fair at Maywood Middle School in Corning, in the South County area. The event included free health screenings and outreach information to the community and surrounding areas that are hard to reach. We distributed 200 MHSA surveys and collected 20 completed surveys. On October 27th, 2007, we participated in the Bi-National Diabetes Workshop, which was also held in the South County area, at Rolling Hills Casino. This event provided free various health screenings, including oral cancer, diabetes, and high blood pressure, workshops and various other health outreach information, including mental health. We distributed 20 MHSA surveys and collected six completed surveys. The MHSA Outreach Coordinator has worked with several consumers to help them obtain citizenship. Also, we are making progress in developing a more collaborative relationship with the local tribal organizations. We plan to have a Native American training in 2008.

- B. For the Transition Age Youth FSP Work Plan, we anticipated there would be one TAY FSP by December 31, 2007. We actually have two, so we are 200% over the anticipated consumers to have been enrolled. For the Older Adult FSP Work Plan, we anticipated one, and have two, so we are 200% over the anticipated clients to have been enrolled.
- C. For the Access Work Plan, 100% of the anticipated consumers have received school-based services. Specifically, 53 new youth were served in the "Thinking Ground" program. We have not actually been able to fully implement the services at a physical health care facility, but expect that to be in place by early in

2008. For the Employment Work Plan, our goal was 15 consumers and 10 were served. 66% of the anticipated consumers have participated in the employment program, either by obtaining employment in the community, starting a training program in the community, or participating in our employment training program. In the Housing program, 100% of the anticipated consumers received housing assistance in some manner. Specifically, six Transition Age Youth candidates, three Older Adult candidates, and five other consumers were served through the outreach program.
- D. The major implementation challenge that Tehama County has encountered is that the overall cost of doing business is higher than anticipated. The cost of fuel, building, and ongoing increases in staff cost all contribute to the overall challenge of implementation. This is coupled with the challenges of recruitment of bilingual-bicultural staff and retention of existing staff. Distrust of county mental health and other governmental agencies takes great effort over a long period of time. Moving in a new programmatic direction when traditional approaches are suffering budget shortfalls is a huge systemic challenge.
- 2) Below is a very brief description of one example of a successful activity, strategy or program implemented through CSS funding and why we think it is an example of success.
- A. Community Collaboration between the mental health system and other community agencies, services, ethnic communities, etc.: We implemented a school-based open group for adolescents, facilitated by a clinician and a substance abuse counselor, called Thinking Ground. The first group was so successful that other school programs requested the program be made available to their students as well. Therefore, we expanded the Thinking Ground group to two more school programs, one at the local high school and one at a middle school in the North County area.
- B. Cultural Competence: We were very successful in reaching out to migrant workers in Tehama County. We were able to provide outreach and services on site at the camp, in full cooperation with the owner. In addition, the camp outreach was so successful that the owner has offered to talk with other farmers and orchardists about having the same type of outreach for the workers next year, thus allowing us to expand the service further. In addition, in December of 2007, a relationship was established with Indian Dispute Resolution Services Inc. of Sacramento, California. Future plans include training of our staff and other agency divisions and county agencies regarding Native American culture and how to work with tribal nations in our community.
- C. Client/Family Driven Mental Health System: Tehama County had been unsuccessful in establishing a local NAMI chapter for over 30 years. In order to successfully transform the mental health system, more advocacy and support groups need to be available to consumers and their families. Therefore, Mental

Health provided support to help establish the Tehama County chapter. One of our Consumer Support Workers was extremely instrumental in making the Tehama County NAMI chapter a reality.

- D. Wellness/Recovery/Resiliency Focus: During Fall 2007 and Spring 2008, five mental health clinicians, two mental health supervisors and two alcohol and drug counselors attended Motivational Interviewing Techniques training. This training provides common language and techniques for substance abuse counselors and mental health clinicians to discuss treatment needs of dually diagnosed clients and develop treatment plans.
- E. Integrated services being seamless or coordinated so that all necessary services are easily accessible to clients and families: Establishing a clinician that is based in a primary health care clinic and being able to pair the MHSA CSS work plan services with the CMSP Pilot Project has been a very successful strategy to make services easily accessible to clients and families. The CMSP Pilot Project allows for 10 counseling sessions and 20 substance abuse group sessions for individuals that are referred by their primary care physician. The mental health services are based at the clinic. The Pilot Project involves three different clinics. This project will help to further the MHSA CSS Work Plan transformation goals and allow even more consumers to receive services. MHSA CSS services target the Latino population and others that have not had access to mental health services or a fund source to pay for these services.

3) For the Full Service Partnership category only:

- a. SB 163 Wraparound (Welfare and Institutions Code, Section 18250) has been fully implemented in Tehama County for many years now, and therefore is not a part of MHSA.
- b. No Full Service Partnership funds were used for short-term acute inpatient services.

4) For the General System Development category only, briefly describe how the implementation of General System Development programs have strengthened or changed the county's overall public mental health system:

Through MHSA funding, Tehama County now has an MHSA coordinator and a bilingual bicultural educator to lead development and coordination of MHSA services. Co-location of mental health staff and medical clinic staff will soon be a reality that will provide for the concurrent treatment of physical and mental emotional needs. The placement of staff in schools and other institutions is providing services to youth and their families as never before. Locating staff in the community is very important as transportation becomes an ever-increasing expense and public transportation is very basic. The remodel of our too-small and outdated reception area will provide a children's area, computer banks for consumers and adequate space when waiting for services.

Efforts to address Disparities:

- 1) Briefly describe one or two successful current efforts/strategies to address disparities in access and quality of services to unserved or underserved populations targeted in the CSS component of your Plan. If possible, include results of the efforts/strategy.

It is difficult for community members that are undocumented to receive services in general. We have made it a priority to serve these individuals. Currently, we provide counseling services to monolingual clients that are undocumented, utilizing MHSA CSS funds. In addition, the MHSA Outreach Coordinator has actively assisted individuals in obtaining citizenship. Much of the Latino outreach is done on a one-to-one basis, with successful results. As individuals trust that Mental Health is a safe place to come, the word spreads and others seek out the Outreach Coordinator and/or our bilingual therapist.

- 2) Briefly describe one challenge you faced in implementing efforts/strategies to overcome disparities, including where appropriate what you have done to overcome the challenge.

One challenge has been serving our Latino community in Tehama County. We have hired a bilingual bicultural Latino clinician and a bicultural bilingual Latino outreach public educator. Our clinician sees clients in both north and south county. We believe these efforts will soon show increased numbers of Latinos receiving outreach and direct services.

Tehama County has not had a strong link to our Native American community, however, with the support of a Native American student intern from Cal State Chico, we were able to make contact with the Indian Dispute Resolution Services, Inc. of Sacramento, California. We hope to utilize their training services to better educate staff in Native American culture and how to build mutual and lasting relationships to better serve Native Americans in Tehama County. Our Native American intern was hired in a neighboring county before graduation. For small rural counties, not being able to attract or retain culturally diverse staff is a common challenge.

- 3) No Native American organizations or tribal communities have been funded to provide services under MHSA. However, we are working with several organizations and plan to have training in FY 2008 provided by a Native American organization.
- 4) We have implemented cultural competence language into all of our contracts, but this was done prior to MHSA CSS implementation. We are in the process of changing our job descriptions to include emphasizing the importance of consumer or family experience in job qualifications.

Stakeholder Involvement

Tehama County has not made any significant changes regarding stakeholder involvement. We have continued to have regular meetings with the consumer group, the Mental Health Advisory Board, the Interagency Coordinating Council, and partners in the community. In addition, as the Tehama County chapter of NAMI has been initiated, we are regularly seeking input from the organization. It is our belief that, in order to successfully transform the mental health system in Tehama County, there must be an active NAMI organization. There had been attempts to establish a NAMI chapter for over 30 years, without success. Therefore, the MHSA CSS plan has strongly supported the establishment of this group, including providing a place for the meetings, flyers, advertisement, and clerical support as needed until the group can become established and function independently. The group has established the Tehama County chapter, with over 30 members, and is close to obtaining their non-profit status.