Exhibit A

MHSA FY 2014-2017 3-YEAR PLAN
COUNTY CERTIFICATION

County: **SISKIYOU**

County Mental Health Director	Project Lead
Name: **Sarah Collard, Ph.D.**	Name: **Sarah Collard, Ph.D.**
Telephone Number: **530-841-4816**	Telephone Number: **530-841-4816**
E-mail**: scollard@co.siskiyou.ca.us**	E-mail: **scollard@co.siskiyou.ca.us**
Mailing Address: **2060 Campus Drive** **Yreka, CA 96097**	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and non-supplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on ______________________.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached FY 2014-2017 3-year Plan are true and correct.

Sarah Collard

Mental Health Director/Designee (PRINT)	Signature	Date

MHSA FY 2014-2017 3-YEAR PLAN
FISCAL ACCOUNTABILITY CERTIFICATION[1]

County: **SISKIYOU**

☑ Three-Year Program and Expenditure Plan
☐ Annual Update
☐ Annual Revenue and Expenditure Report

County Mental Health Director	County Auditor-Controller
Name: **Sarah Collard, Ph.D.**	Name: **Jennie Ebejer**
Telephone Number: **530-841-4816**	Telephone Number: **530-842-8020**
E-mail: **scollard@co.siskiyou.ca.us**	E-mail: **jebejer@co.siskiyou.ca.us**
County Mental Health Department Mailing Address: **2060 Campus Drive, Yreka, Ca 96097**	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update, OR Annual Review and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

Sarah Collard, Ph.D.
Mental Health Director/Designee (PRINT) Signature Date

I hereby certify that for the fiscal year ended June 30, 2013, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is dated year ended June 30, 201__. I further certify that for the fiscal year ended June 30, 2013 the State MHSA distributions were recorded as revenues in the local MHS Fund; that County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

Jennie Ebejer
County Auditor-Controller (PRINT) Signature Date

[1]Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
MHSOAC Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)

MHSA Community Program Planning and Local Review Process

County: **SISKIYOU** 30-day Public Comment period dates: 5/16/14-6/15/14
Date: 3/26/14 Date of Public Hearing: ?????___

Instructions: *Utilizing the following format, we will provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update per Title 9 of the California Code of Regulations, Sections 3300 and 3315.*

Community Program Planning
1. *Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2014-2017 3yr Plan. Include the methods used to obtain stakeholder input.*

The Community Program Planning (CPP) process for the development of Siskiyou County Behavioral Health (SCBH) FY 2014 – 2017 3 – Year Plan was considered successful this year in comparison to previous years due to our extensive and deliberate outreach efforts. The Agency held eight (8) focus groups in February 2014 throughout the various geographic regions of the County. Focus groups included a power point presentation giving an overview of the MHSA program, guidelines, current Siskiyou County projects and proposed 3-year plans for each component. Efforts to publicize the CPP process included distribution of over 300 flyers which were mailed or personally delivered to partners and providers. In addition, 80 posters were hand delivered and displayed in all areas of the county including our remote rural communities and in our two clinics. Newspaper advertisements were run in both North and South County newspapers; the only two papers in general circulation within Siskiyou County. Finally, the Family Resource Center (FRC) network was used to help publicize focus groups, and groups were held in the Tulelake and Happy Camp FRCs'. Based on the large size of our County, we believed it was very important to conduct focus groups in outlying communities as well as in both North (Yreka) and South (Mt. Shasta) County to ensure representative participation. As an alternative to attending focus groups, we mailed over 300 surveys to stakeholders in an effort to solicit program specific input. Surveys were distributed at each focus group and completed by participating stakeholders. In an effort to increase participation, refreshments were served, transportation was provided to and from groups upon request, and outreach materials such as water bottles, bags, t-shirts and pens from the *Each Mind Matters* Campaign were raffled off at the conclusion of each group.

Surveys provided stakeholders an opportunity to give feedback regarding their level of satisfaction with current MHSA programs and to offer comments on proposed projects being considered for the three-year plan. We also used surveys to solicit feedback regarding the need for specific behavioral health services in the various communities throughout the County.

2. Identify the stakeholders involved in the CPP process (e.g., agency affiliation, populations represented, ages, race/ethnicity, client/family member affiliation, primary languages spoken, etc.)

Consumers, family members, partners, providers, staff and other stakeholders participated in eight open forums with question and answer sessions and completed written surveys in Spanish (Siskiyou County's only threshold language) and English. Participants included partners from law enforcement, the county jail, the two local hospitals, courts, probation, Family Resource Centers, Domestic Violence, schools, Social Services, FQHCs, private health care providers, Alcohol and Drug Services, Veteran's Service Office and Tribal communities.

We received surveys from 123 individuals. Thirty percent of the surveys were completed by consumers or family members and the balance were completed by partners, providers or other stakeholders. The following is a brief summary of the demographic make-up of those surveyed.

Ethnicity:

- 3% divided across our Asian, African American and API/Hawaiian ethic groups
- 4% Native American
- 7% Hispanic or Latino
- 73% Caucasian
- 13% of participants declined to answer regarding their ethnicity

Age:

- 5% were ages 18-25;
- 63% were adults ages 26-59; and
- 28% were older adults (60+)

Un-served/underserved:

- 7% Veterans
- 7% Hispanic/Latino
- 0% Homeless
- 0% LGBT

Fifty percent of the participants had received or had family members who had received mental health services; 43% of respondents felt that Behavioral Health was meeting their cultural needs, 15% did not, and 42% declined to answer.

Spanish is the only threshold language in Siskiyou County and therefore surveys were available in Spanish and translation services made available for the Butte Valley/Tulelake Focus Group, where the majority of the County's Hispanic/Latino community resides.

The results of the survey confirmed the need to improve outreach to underserved and rural populations, such as veterans and older adults, specifically in our outlying areas of Happy Camp and Butte Valley. Over 70% of respondents supported the proposal to expand Alcohol and Other Drug services outreach through the schools in order to reach our at risk youth.

Throughout the CPP process, staff reinforced Behavioral Health's commitment to open

communication and collaboration with consumers, family and community members, partners and stakeholders. The information gathered through the CPP process contributed to the development of a MHSA 3-Year Plan that is designed to meet the needs of the varied and unique communities in our County.

3. *If consolidating programs or eliminating a program/project, include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.*

Based on a previously approved CFTN plan in FY11/12, BHS proposed a revision and second phase to improve our technology capabilities and support Behavioral Health's migration towards electronic health records and data warehousing. The project was approved by the Board of Supervisors in January, 2014 after two public hearings and submitted to the MHSOAC. This is a phased project that is incorporated in our 3-year plan. An overview of the approval process and plan details was reviewed with all participants during our CPP process. Sixty-five percent of participants supported the implementation of this project.

Behavioral Health staff also thoroughly discussed plans for a pilot program which would focus on outreach and engagement of older adults and veterans in isolated and rural areas of the County. Over half of the comments received supported our intent to increase outreach and support for these underserved populations.

Local Review Process

4. *Describe methods used to circulate, for the purpose of public comment, the annual update. Provide information on the public hearing held by the local mental health board after the close of the 30 days.*

The thirty-day public comment period will begin May 16, 2014 and run through June 15, 2014. The public comment period will be noticed in the Siskiyou Daily News and Mt. Shasta Herald, the two largest circulation publications available in the County. Notice will also be provided through email distribution to partners and stakeholders and made availble on the County website.

Two (2) public hearings were held on TBD at the following times and locations:

5. *Include substantive recommendations received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the annual update that was circulated. Indicate if no substantive comments were received.*

Input from public hearings on the MHSA 2014-2017 3-year Plan included the following comments:

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MHSA Program Component
COMMUNITY SERVICES AND SUPPORTS

1. Provide a brief program description (must include number of clients served, age, race/ethnicity, cost per person). Include achievements and notable performance outcomes.

Community Services and Supports (CSS) provides treatment and recovery services to adults who are severely and persistently mentally ill (SMI) and to children who have serious emotional disturbance (SED). Approximately 80% of all MHSA funds are directed to these services which encompass several strategies to improve the overall MHSA system.

Over the past year, Siskiyou County Behavioral Health Services has undergone a major restructuring process. Changes have occurred in the Agency structure, in leadership at the management and line staff levels, and in programs and services. Although challenging at times, this transition has had a positive impact within the Agency and in the broader community. New administration provided opportunities for a fresh look at the services being provided and resulted in the consolidation, reorganization and in some cases, expansion of existing programs. In addition to evaluating internal staffing needs, reforms included rebuilding relationships with many of our community partners, such as hospitals, law enforcement and other stakeholders. This rebuilding of relationships was undertaken by all parties in an effort to identify, prioritize, and respond to the needs of our consumers. MHSA Community Services and Supports provides Siskiyou County with opportunities to bring to fruition many of the ideas generated through our collaborative partnerships.

This 2014-2017 Three-Year Integrated MHSA Plan describes the new and improved programs that were generated in collaboration with consumers, family members, and community partners. These programs will be provided under the following guiding principles:

- Services are consumer and family-centered and emphasize recovery and resiliency.
- The expansion of services to underserved communities, especially the Hispanic/Latino community, is an Agency priority.
- Evidence-based treatment models will be utilized when possible.
- Services will be transparent and the Agency accountable through the following methods: data collection; the use of validated tools; and reporting of outcomes to consumers and other interested stakeholders.
- Behavioral Health will leverage MHSA dollars. Many mental health consumers have public health benefits, such as Medi-Cal, which when matched with federal dollars allow us to serve more residents. We will also assist those with private insurance to link to services covered by their insurance.
- Behavioral Health will continue to collaborate with public and private agencies across systems, so that consumers and family members experience a more

integrated service experience.

Full Service Partnerships

At least 51% of CSS funds are directed to Full Service Partnerships (FSP). FSPs offer comprehensive 24/7 services to support the recovery, development, and resiliency of children with severe emotional disturbance, and adults who are severely mentally ill. FSP Treatment Plans are designed to address the individual strengths, needs, and culture of consumers. Each consumer (and his/her family if the consumer is a child) works with a Case Manager to develop an individualized treatment plan. Services are culturally and linguistically appropriate and may include medication management, individual and/or group therapy, case management, wellness and recovery skills building, and referral and linkage to community resources. Driven by a "whatever it takes" philosophy, FSPs collaborate with a wide variety of community agencies and organizations to ensure a full array of services to meet housing, social/recreational, vocational, medical, and educational needs. Staff engages consumers in a multi-disciplinary process in order to determine how to best meet the consumers' needs from a broad, holistic and sometimes non-traditional approach. Supports may include items such as food, clothing, temporary housing or other housing assistance, fuel, personal hygiene items and many other items identified by consumers and case managers together that will assist with meeting consumer goals and objectives as outlined in their treatment plans. A revolving account as well as gift cards will assist with addressing identified emergencies or immediate FSP needs in a timely manner. Data and information will be tracked in our electronic health records system and reported in State Data Collection & Reporting System (DCR).

Wellness and Recovery Programs

Siskiyou County has faced significant challenges in implementing wellness and recovery oriented programs and in developing a Wellness Center. Since the closure of the day treatment program several years ago, consumers have identified the need for recovery oriented programs that target the seriously mentally ill. Services are needed to decrease isolation, create community, build skills, instill hope and foster recovery. The Agency is striving to meet this important demand for services. In 2013, in an effort to address this gap in service delivery a MHSA skills group was developed as a pilot project. This group was offered to adults with SMI and provided a supportive environment where consumers could develop skills in the following areas: nutrition, meal preparation, budgeting, health and wellness, and education regarding payee services. The program was developed with the goal of reducing isolation, the need for crisis services, and inpatient hospitalizations. Behavioral Health will continue to develop wellness and recovery oriented programs to meet consumer identified services gaps.

In 2012/2013, Behavioral Health served the following consumer populations:

12/13 Clients by Age

	# Clients	%Clients
0-15 years	200	17.7
16-25 years	165	14.6
26-59 years	564	50.0
60+ years	96	8.5
Unknown	102	9.2
Total	1127	100.0

12/13 Clients by Race/Ethnicity		
	#Clients	%Clients
Caucasian	771	68.4
Hispanic	88	7.8
Black/African American	33	2.9
Asian/Pacific Islander	38	3.4
American Indian/Alaska Native	89	7.9
Other/Unknown	108	9.6
Total	1127	100

Average Dollars per Client			
	#Dollars	#Clients	Dollar/Client
Total	$4,299,967	1127	$ 3,815

Due to the transition to an EHR in November of 2012, as well as Agency transition, reliable statistics are not available for specific CSS programs.

2. Describe any challenges or barriers and strategies to mitigate.

Behavioral Health has been working to effectively implement a meaningful MHSA program since the passage of Proposition 63. This endeavor has taken many forms over the years. Over the last year, with significant changes to the management team, extensive efforts have been made to focus on the development and implementation of a Siskiyou County plan that meets the needs of consumers and the community.

Staff shortages, fiscal difficulties, and limited resources present significant barriers to providing timely and cost-effective services. Behavioral Health continues to experience staff shortages throughout the system. With limited Clinicians and Case Managers, providing a full-spectrum of services to all eligible consumers is challenging. Active recruitment of trained staff is a priority for the Agency, but until additional qualified staff can be hired, we are referring children to our contracted partners for service.

In addition, county-wide understanding of the Mental Health Services Act and the needs of persons with a Serious Mental Illness (SMI) create on-going barriers to the

development and implementation of a successful system of mental health care.

Outreach, engagement and access to services were identified as significant concerns in all of our focus groups, especially to the underserved and rural populations. We are pursuing additional programs to help address this need in our outlying areas. Geography is a significant barrier to accessing services. Due to the fact that the County is very large geographically, and public transportation is extremely limited with some communities completely lacking this resource, consumers with limited financial resources have difficulty accessing timely, appropriate and comprehensive services. While the Agency strives to provide clinical services in outlying communities, it is not an efficient or effective use of the clinical staff resource. Instead the Agency offers clients transportation to one of the two Behavioral Health offices. We must continue to expand and/or develop transportation programs and services to ensure all clients have access to services. Programs may include purchase of bus passes and paying costs associated with transporting clients to services.

We will continue to use State MHSA funding to provide the match for federal Medi-Cal dollars to expand our services and improve access and outcomes for clients.

3. List any significant changes for FY 2013/14, if applicable.

Continuing System of Care Enhancements

MHSA services have been integrated with the Systems of Care to create a comprehensive service delivery system. This includes identifying persons needing FSP services, coordinating services between Mental Health and Child Welfare Services to meet new Katie A. legislation, and enhancing services for children and Transition Age Youth. As part of this analysis and integration, a plan was developed to incorporate the FSP program into the Children's System of Care. We will expand our flexible funding for FSPs to include all ages and clients presenting in crisis or in emergency situations due to their mental illness. Implementing a revolving account will assist with this expansion and allow access to funding for FSPs and crisis clients. We will continue to expand our transportation services to ensure improved access from all areas of our County. We will strive to assign Clinicians to the rural areas of Happy Camp and Dorris to coordinate and oversee our Peer Support Workers. Peer Support Workers will identify underserved or un-served consumers and assist them with accessing services in those and other outlying areas.

Our Program Goals include:

- Reduce the subjective suffering from serious mental illness for adults and serious emotional disorders for children and youth
- Increase self-help and consumer/family involvement
- Reduce the number of multiple out-of-home placements for foster care youth
- Reduce the frequency of emergency room visits and unnecessary hospitalizations
- For the whole mental health system, to ensure that our funds leverage the greatest amount of services by implementing thoughtful partnerships with community contractors; strong utilization management; a commitment to excellence as borne out by the dissemination and requirement of evidence-based practice; careful oversight of high cost services that deplete the more proactive aspects of our system of care using 'outside-of-the box' thinking

Crisis Intervention & Response

Crisis intervention and response has been a controversial subject amongst stakeholders in Siskiyou County for many years. We continue to strategize about how to effectively manage the local crisis system. In December 2013, we expanded crisis services by assigning staff to the local hospital emergency room after business hours and on weekends to provide direct services to consumers who present in crisis. Assigning staff to the local hospital after hours allows for immediate contact and assessment, which in many cases mitigates the need for a psychiatric hospitalization and facilitates linkage to the least restrictive services and supports while freeing hospital staff to deal with medical emergencies that arise. In addition to providing immediate intervention for consumers in crisis, staff are available to provide follow-up for individuals who are at high risk and require support over the weekend or on holidays. Full Service Partnerships will be established for consumers in crisis that meet criteria, allowing for any immediate and/or emergency supportive services such as temporary housing, food and clothing. This will facilitate safety for consumers and others, and reduce the risk of homelessness, hospitalization, incarceration or additional deterioration. The establishment of a revolving account will assist with ensuring that emergency needs are met timely.

Currently, the Agency has arrangements with local hotels to provide temporary housing for consumers who are released from jail or the hospital, or are currently homeless and trying to secure permanent housing. Siskiyou County's options for temporary housing are limited. When capacity exceeds the local resources, the only alternative options for temporary housing are located 2 hours away in Shasta County. This isolates consumers from existing support networks and creates barriers for those consumers seeking to engage in services. We will continue to pursue more cost effective long-term solutions for housing by collaborating with local vendors who may be able to provide beds until we can assist consumers with permanent housing alternatives.

CSS - General System Development

In 2014 – 2017 Systems Development strategies will continue to be funded by Community Services and Supports and will include expanded Adult and Children's Systems of Care; expanded FSP services including more flexible funding; increased transportation to ensure access to services for consumers living in rural communities; enhanced services for clients in crisis; and the development of additional options for temporary housing. The MHSA Coordinator is funded through this component and will continue to oversee the programs, present innovative strategies to improve services and assist with implementing policies and procedures for new programs as they are developed. By managing the data collected through our FSP programs, quality improvements can be identified by administration. The Coordinator will also ensure this data is reported properly to the State through the DCR to support measurable outcomes and accountability.

Bi-Lingual Services

These services are administered by Siskiyou County Behavioral Health and through our contract with The Language Line, will continue to improve mental health access for Latino and monolingual Spanish-speaking consumers. We are committed to recruiting and retaining bi-lingual staff to provide culturally relevant services to Spanish speaking consumers. Our clinicians receive cultural competence training and will maintain

caseloads that include mono-lingual, bi-lingual, and bi-cultural clients. With the assistance of bi-lingual staff, services and supports will be tailored to meet the needs of Latino consumers and their families. Demographically, the highest concentration of bi-lingual and mono-lingual Spanish speaking consumers reside in eastern Siskiyou County; the Agency will make every effort to assign a bi-lingual clinician to the Dorris area. The focus will be to provide direct services and to create and maintain linkages with other programs to ensure that Latino consumers receive appropriate services. Reports will include demographic information (age, gender, ethnicity, city of residence), client outcomes for treatment, including CANS scores, when appropriate, pre- and post-intervention and reports of completed linkages for clients who need additional referral and treatment.

Children's System of Care

Currently, the demand for services for children and youth, particularly children that meet criteria under the Katie A. legislation, exceeds the resources of the Agency. The County operated CSOC programs serve approximately 200 children and youth at a given time, and an additional 86 children and youth are currently receiving services through our organizational provider network.

In the absence of funding to meet the mandates of Katie A., an existing Behavioral Health staff position was assigned to manage the Katie A. caseload. All Katie A. services including ICC and IHBS are currently being provided by staff with previously dedicated caseloads. With the full implementation of the Katie A. program, the demand for services has exceeded the Agency's capacity to provide for them, resulting in significant gaps in case management services across the system. Many of the consumers referred for Katie A. services meet criteria for FSP; however, with limited case management available to provide the on-going service and support required in Full Service Partnerships, these children and youth are currently underserved. In order to appropriately serve children and youth who meet FSP criteria, and those receiving services under Katie A., clinical staff will be hired in our Children's System of Care program. These new Clinicians and/or Behavioral Health Specialists will assist with eligibility determination, assessment, care coordination and treatment of both Katie A. and FSP eligible consumers. Priority populations for this project will include children and youth placed out-of-home or those in families where there is substance abuse or violence, depression or other mental illness, lack of care giving adults (e.g., as a result of a serious health condition or incarceration), poor maternal bonding or attachment, rendering the children and youth at high risk of behavioral and emotional problems. Our goal will be to expand our Children's System of Care program to offer a holistic approach to treating Siskiyou County children and youth that is accessible for families, increases resiliency and provides optimal outcomes.

CSS -Outreach and Engagement

Veterans Outreach

There are approximately 5,000 veterans residing in Siskiyou County. This demographic comprises 11% of the population according to our Veteran's Services Officer. Research and community feedback has identified veterans as an unserved/underserved demographic that have limited access to Behavioral Health services in Siskiyou County. Under the 2014-2017 MHSA Plan, a Clinician and/or Behavioral Health Specialist will be assigned to the Happy Camp area to begin to address this service need. There is a large veteran population that resides in this community and access to services is

currently limited due to geography and lack of public transportation. Services to this community will include treatment and linkages to resources to promote wellness and recovery.

Our Alcohol and Other Drug (AOD) Division is developing services to support veterans presenting with substance use disorders. BHS will work with AOD to expand and enhance services to include identification of unserved or underserved veterans suffering from mental illness as well as drug and alcohol abuse, and will develop an integrated system of care that provides a holistic approach to recovery for these consumers. The Agency is exploring options to provide wellness and recovery oriented groups to support veterans with SUD and mental health issues to become active members of their communities. We will work closely with our Veteran's Service Office to develop resources and support as well as other community stakeholders to improve services to this growing population.

MHSA Program Component
PREVENTION AND EARLY INTERVENTION

1. *Provide a brief program description (must include number of clients served, age, race/ethnicity, cost per person). Include achievements and notable performance outcomes.*

Ten community-based Family Resource Centers (FRCs') are funded through MHSA PEI to offer outreach, prevention, and early intervention services to prevent and/or reduce early signs and symptoms of mental health. The FRCs' offers these services to persons throughout Siskiyou County, primarily to underserved populations. Prevention and Early Intervention Services offered to the community are based on two concepts; linkage to services and group activities.

Linkages to services are provided to individuals of all age groups and ethnicities and focus mainly on prevention by connecting consumers, family members, or individuals at risk to services and support resources they may not be aware of. Goals include increasing knowledge about mental illness and improving individual functioning at home, school and work. Linkages to services throughout the community is one facet of the system of care which strives at all levels to provide culturally responsive services, increase capacity and access, improve policies and protocols for how individuals move between systems, and provide wellness and recovery oriented services in the least restrictive setting. Consumers receive counseling and support, education, training, and referral to community resources such as employment, housing, nutrition, and clinics for mental as well as physical health care services.

Group activities provided by the FRC network focus on targeted populations such as children/youth at risk of school failure, justice involvement, homelessness, or trauma exposed individuals among others. Groups include *Nurturing Parenting*, a family-based program for the prevention and treatment of child abuse and neglect, *Girls Circle*, a structured support group for girls 9-18 years old that focuses on resiliency and skills training, and *Boys Council* which promotes safe and healthy passage through boys' pre-teen and adolescent years.

Our Family Resource Centers are frequently the first point of contact for underserved and unserved populations throughout Siskiyou County. The FRC's promote wellness and recovery activities, work to reduce stigma, and are a vital partner in the effort to promote an integrated service model that is accessible to consumers and those at risk of developing mental health or substance abuse issues.

In response to increased monitoring and evaluation activities by the California Department of Health Care Services (DHCS), the Agency will continue to work with the FRCs' to clearly identify and deliver PEI evidence-based and/or promising practices. The Agency and FRCs' collaborate in the selection and implementation of PEI programs that target specific populations. FRCs' collects measurable data and outcomes on each individual receiving services and reports this data monthly to the Agency.

Based on reports for calendar year 2013, our Family Resource Centers provided approximately 4,000 linkage and support services to our community members at a cost of approximately $88/service.

Rural Area Peer Support

In an on-going effort to meet identified needs of our community, the Agency will be pursuing agreements with FRCs' in Happy Camp and the Butte Valley/Tulelake communities to support expanded outreach to our veterans, older adults and other underserved populations in these remote areas. BHS will collaborate with the FRCs' to hire a Peer Support Worker to provide direct outreach, engagement and linkage to mental health services as needed. These services will be contracted for part-time peer support workers who live in the specific areas to allow for enhanced access to and knowledge about the communities. Peer support providers will work with underserved or unserved populations in order to engage them in appropriate services. Clinicians assigned to each area, Happy Camp and Butte Valley/Tulelake, will coordinate with the Peer Support Worker and oversee the program, in conjunction with the Family Resource Centers. Our goal will be to have local support to connect with these consumers, or follow up with potential consumers regarding their current status and engage them in services when needed.

Wellness and Recovery Services

These services are oriented toward consumer's individual needs and promote hope, personal empowerment, respect, social connections, self-responsibility, self-determination, and other concepts key to the recovery of consumers with mental illness. With the success of our pilot Skills Group in 13/14, we will expand this group platform to engage more consumers and increase the number of hours this program is available each week. Transportation will be available to assist consumers in getting to groups when necessary. Without an established Wellness Center in the County, alternative options are needed to engage consumers in wellness and recovery activities.

State Joint Powers Agreement (JPA)

The Agency has great support through the MHSA JPA for Suicide Awareness and Stigma & Discrimination Reduction. Stakeholders were mixed in their feedback regarding these services; those who saw the outreach materials were very supportive of the campaign, while others who had not been exposed to the materials supported an increase in distribution. Stakeholders expressed a desire for the Agency to expand the collaboration with the schools to promote Student Mental Health Awareness. Based upon stakeholder feedback, the Agency will contribute to the State JPA to ensure the availability of tools necessary to address Stigma Reduction and Suicide Awareness. For the initial year of our 3-Year Plan, we will contribute 5% of the PEI funds for Suicide Prevention and Stigma and Discrimination reduction. Once we see how services are to be provided to the County under the new contract, the Agency will reevaluate the level of funding for continued years and consider increasing the contribution to cover Student Mental Health awareness as well.

2. Describe any challenges or barriers and strategies to mitigate.

State PEI standards require the identification of clear, distinct programs that are measureable and produce outcomes for each person receiving PEI services over time. The Agency and FRCs' are committed to working collaboratively to identify, develop, implement, and evaluate PEI services in a manner compliant with MHSA PEI guidelines. We have identified a gap in our tracking of referrals for services to/from the FRCs'. We will implement an improved system of oversight to ensure accurate data collection for this important program.

The Agency provides training and on-going support in delivering programs and offers technical assistance as needed to enhance collaboration and for quality improvement purposes.

3. List any significant changes for FY 2013/14, if applicable.

The County will renew its contract with the Siskiyou Community Services Council (CSC), which will continue its efforts to implement integrated community-based mental health prevention and early intervention programs throughout Siskiyou County. The CSC continues to promote enhanced planning, communication, and coordination with Behavioral Health Services.

Day Reporting Center

Under the 2014 – 2017 MHSA 3-Year Plan, Behavioral Health will join the Community Corrections Partnership (CCP), a collaboration between Probation, Jail and Heal Therapy, a local partner providing services to mentally ill clients at risk of incarceration. As a partner in this collaborative, Behavioral Health will provide medication evaluation and support services approximately 2 hours per week for consumers referred by the Day Reporting Center (DRC). The collaborative will identify consumers who are at high risk of incarceration who may benefit from medication and/or other psychiatric services. The DRC will provide linkages to the Behavioral Health Division or to primary care providers as appropriate.

MHSA Program Component
INNOVATION

1. Provide a brief program description (include number of clients served, age, race/ethnicity). Include achievements and notable performance outcomes.
Siskiyou County currently does not have an Innovation project in place.
2. Describe any challenges or barriers and strategies to mitigate.
Although many MHSA 'innovation' plans have been submitted and approved throughout California, Siskiyou County has faced numerous challenges in developing and implementing innovative programs. The Agency has explored various models with local Federally Qualified Health Centers (FQHC's) to begin the process of integrating behavioral health with primary heath care services, but have yet to settle on a viable project. We will continue to work collaboratively with our local FQHC's to develop an Innovation project and may consider hiring staff to work directly out of the FQHC's.
3. List any significant changes for FY 2013/14, if applicable.
In our 13/14 Annual Update, the Agency submitted an Innovation Project plan which included collaboration with a local FQHC to provide case management services to mutual clients. Unfortunately, the proposal was not approved by MHSOAC, so we postponed a new submission until our 3-year Plan.

Exhibit H

MHSA Program Component
WORKFORCE EDUCATION AND TRAINING

1. Provide a brief program description.
Project #1: E-Learning – The Agency currently contracts to provide on-line education opportunities for staff. This program allows staff to meet requirements for CEU's and other mandated trainings while minimizing time away from work, reducing travel and associated costs. For example, trainings are often located 4 or more hours away, in Sacramento or the Bay Area, requiring two-day absences for staff to obtain 6 hours of training. Project #2: Provider/Partner Training – Through our focus groups it came to our attention that our partners could benefit from additional training. Partners such as the Family Resource Center staff will be provided training as needed to enhance services to consumers. The County has offered ASIST and safeTALK trainings and has received good feedback and requests for additional classes. Suicide Awareness trainings will continue to be offered to providers and partners throughout Siskiyou County and neighboring counties. Funds will be utilized to pay for training and travel costs associated with maintaining trainer certification as well as offering classes in our communities. Project #3: Continued Education Assistance Program (CEAP) – In an effort to retain qualified staff, the Agency will investigate opportunities to develop a program to financially assist staff interested or enrolled in higher education courses related to the mental health field. Assistance could include payments for tuition, registration fees, books, and travel, as well as other costs associated with obtaining the desirable degree.
2. Describe any challenges or barriers and strategies to mitigate. Identify shortages in personnel, if any.
Recruitment and retention of qualified staff is extremely challenging in Siskiyou County. Salaries are considerably lower than in neighboring counties and benefit packages and salaries offered by the County are not competitive with local hospitals and other providers. We have several entry-level employees and interns that are interested in pursuing higher education, but cannot afford tuition and fees. With the CEAP we can assist these employees with education costs while maintaining their employment with the Agency.

3. List any significant changes for FY 2013/14, if applicable.
Considering the success of the MHLAP program in previous years, we are considering the CEAP as described above.

MHSA Program Component
CAPITAL FACILITIES/TECHNOLOGY

1. *Provide a brief program description (include number of clients served, age, race/ethnicity, costs per person). Include achievements and notable performance outcomes.*

In FY 11/12 Annual Update, Siskiyou County Behavioral Health (BHS) began the necessary steps to migrate toward Electronic Health Record (EHR) and a phased technology upgrade and standardization of our core infrastructure network. The initial plan included purchasing software for the EHR migration and user licenses, support, housing and training on the program. This first phase took two years to implement. Over the next 3 years, BHS will start the next phase in the project which will include updating our entire system, including delivery of network, security, application, file storage, back up and disaster recovery. This proposed upgrade will be done holistically and will include hardware and software purchases to support more efficient interoperability, backup and disaster recovery as well as data warehousing and paper conversion projects. Agency IT consulted with County IT on the development of this project to ensure integration with all County requirements. Agency computer workstations will be replaced to include uninterruptable power supplies (UPS). Additional hardware such as servers and switches will also be updated. The new servers are designed to run a number of *virtual* servers per machine. With the addition of four Microsoft Standard server licenses, BHS will have the capability of running four virtual servers per piece of hardware – for a total of eight servers. A Hyper V Control Center will assist with management of the servers. The Agency must update its imaging capabilities to include networked, secure and multifunction devices. The new servers and Control Centers will support the Agency's conversion to electronic health records. Software will be purchased such as Backup Exec. 2012 and VEEAM to ensure replication and server recovery is guaranteed. In addition to backup, additional storage will be required to house the surplus of electronic data. This will be handled through the purchase of a Drobo B2100i device. This device is designed to work with the Hyper V virtual environment and with software we will be utilizing. We will bring all desktop licenses up to Windows 7 as well as back office applications. In addition, Adobe and Omni form software licenses will be purchased and brought up to date. HIPAA security for e-mail, encryption and auditing of file access will be provided by purchasing additional software licenses to utilize current systems in the Health and Human Services Agency. A DSL router will be purchased for the 1107 Ream Avenue, Mt. Shasta (South County location) to provide continuity to and from that office. The use of mobile technology is a necessity if we are to address the geographic challenges we face providing services in Siskiyou County. In order to meet the needs of our clients throughout the County, staff will be working in the field and will need to access data remotely (or from remote locations). We will purchase 8 Dell laptops and 5 Microsoft surface tablets for staff, as well as 3G connectivity, to ensure our technology is available in these isolated communities. As with any upgrade to technology, software, hardware and other multi-function devices, on-going maintenance and support is a necessity. Funds will be utilized to ensure staff has the support needed to navigate the newly implemented software for our EHR, as well as maintenance and support for our multi-function devices that will be used for data warehousing and other electronic conversion projects.

2. Describe any challenges or barriers and strategies to mitigate.
No significant barriers in the implementation of these projects have been experienced.
3. Describe if the county is meeting benchmarks and goals, or provide the reasons for delays to implementation.
N/A
4. List any significant changes for FY 2013/14, if applicable.
As stated, the plan described above is a continuation of the approved update from FY 11/12. In order to meet proper County procedure timelines; i.e. bidding and purchasing requisites, the Agency started working with IT and developing the next steps earlier this year. A public hearing was held and the project was approved by our Board of Supervisors in January, 2014.