

**MHSA 3-YEAR PLAN FY 2017-2020
COUNTY CERTIFICATION**

County: **SISKIYOU**

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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 3-Year Plan 2017-2020 are true and correct.

Sarah Collard, Ph.D.

Mental Health Director/Designee (PRINT)	Signature	Date
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BACKGROUND

SISKIYOU COUNTY DESCRIPTION AND CHARACTERISTICS



Siskiyou County is a large, rural frontier county with an estimated population of 44,900 persons, located in the Shasta Cascade region of Northern California. Encompassing approximately 6,400 square miles, Siskiyou County is geographically diverse with mountainous terrain, lakes, dense forest and high desert. The county seat, Yreka, is located on I-5 about 20 minutes south of the Oregon border. Several smaller towns are located along the I-5 corridor; however, the majority of Siskiyou County communities are geographically isolated and accessible only by two-lane roads, with minimal public transportation in outlying areas such as East County (Butte Valley) and West County (along the Klamath River corridor and into Happy Camp). Geography and distance play important roles in determining service delivery to the inhabitants of this remote and lovely county.

Siskiyou County's main Behavioral Health clinic is located in Yreka and a smaller satellite clinic operates in Mt. Shasta, the second largest community in the County, located on the I-5 corridor bordering Shasta County. There are only nine incorporated cities in the County with multiple smaller communities widely dispersed throughout 6,347 square miles. The County's public transportation department operates buses connecting the more populated areas; however, due to distance and sparse population, trips may occur as infrequently as once a week in the remotest regions of the County. Round trips from the incorporated cities to Yreka range from 16 miles to 186 miles. Behavioral Health operates a fleet of vehicles and provides transportation services to clients throughout the County.

The current make-up of Siskiyou County differs significantly from that of many California counties in that it is less racially and ethnically diverse with the significant majority of inhabitants identifying as Caucasian.

County Demographics:

- 87% Caucasian
- 12.3% Hispanic
- 4.7% Native American
- 1.5% African American
- 1.4% Asian
- .3% Pacific Islander or Hawaiian
- 5.1% Two or more Races
- 23.5% are 65 or older
- Approximately 5,000 Veterans

- Median household income is \$37,170 (2011-2015)
- 22.6% of households are below poverty level
- 39.9% are eligible to receive MediCal benefits

County Challenges:

- Recruitment and retention of trained Clinicians and Psychiatrists is extremely challenging in Siskiyou County. With the passage of the Affordable Care Act (ACA), the expansion of behavioral health services and the resulting provider shortages across the state, Siskiyou County faces increasing challenges recruiting and retaining qualified staff.
- The geography of Siskiyou County is a barrier to providing services, particularly in the remote eastern and western regions of the County which are accessed only by two lane highways. During winter months, travel throughout the County is impacted by inclement weather which frequently leads to significant highway delays or road closures. Lack of transportation is consistently listed as one of the main barriers clients face when seeking access to services.
- The unemployment rate in Siskiyou County is 9.2% compared with the 6% average rate for other California counties.
- Small, rural counties have an increased potential for stigma, delaying people in need from engaging in services. Stigma regarding mental health and substance use disorders has been identified as a significant barrier in focus groups in Siskiyou 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 five open forums with question and answer sessions and completed written or electronic surveys in English. In Tulelake/Butte Valley, home to the largest Hispanic population, a Spanish language translator was available. Participants included consumers, and representatives 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, among others.

SCBH received completed surveys from 82 individuals. Not all respondents chose to answer all the questions. The following is a brief summary of the demographic make-up of those surveyed.

Ethnicity of 68 individuals who answered:

- 52% American
- 9% Native American
- 3% African American
- 13% Hispanic or Latino
- 23% Some other race or declined to answer



Age of 71 individuals who answered:

- 4% were ages 16-24;
- 80% were adults ages 25-64; and
- 16% were older adults (65+)

Twenty Two (22) individuals identified as Un-served/Underserved as follows:

- 5 identified as Veterans
- 9 identified as Hispanic/Latino
- 4 identified as Homeless
- 4 identified as LGBT

Eighty-five percent (85%) of respondents felt that Behavioral Health was meeting their cultural needs. Approximately thirty percent (30%) identified housing as an area of concern that BHS should be addressing through MHSA.

Throughout the CPP process, Behavioral Health reiterated a 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 the FY 17/18 Three Year Plan, the goal of which is to meet the behavioral health needs of the varied and unique communities in Siskiyou 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.

The Youth Empowerment MHSA funded Access and Linkage program concluded in FY 16/17. This effort focused on linking children and youth to necessary services and educating teachers and other community members on available resources and referral procedures for at risk children. The educational objectives of this program were met in FY 16/17. Historically, the Happy Camp FRC has been funded by MHSA to facilitate access and linkage to services, however, the Resource Center

closed in 2016, and access and linkage to services in this remote community occurred primarily through the Youth Empowerment program. The Resource Center is currently open and funded by MHSA to facilitate access and referrals so while the Youth Empowerment program has been eliminated, access and linkage services continue to be available to the Happy Camp community. SCBH has also dedicated additional traditional mental health and case management services to Happy Camp and the other river corridor communities. These changes were discussed at the focus group conducted in Happy Camp, and community input was solicited.

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 began September 1, 2017 and ran through September 30, 2017. The public comment period was noticed in the *Siskiyou Daily News* and *Mt. Shasta Herald*, the two largest circulation publications available in the County. Notice was also provided through email distribution to partners and stakeholders, hard copies at both clinics and made available on the County website.

Public hearings were held **XX** in our South County Clinic, **XX** in our Yreka Clinic, **XX** at the Behavioral Health Board Meeting and finally, **XX** at the Board of Supervisors meeting.

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 Annual Update included the following comments:

Behavioral Health received **the following input at four hosted public hearings.** Although the current Plan Update addresses these concerns and no substantial changes to the plan were necessary, the department wishes to document stakeholder involvement and feedback.

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.

SCBH collaborates with consumers, providers and partners in the community to identify, prioritize and implement new and innovative services. In addition, SCBH funds Adult and Children's Systems of Care through CSS Outreach and Engagement, System Development and Full Service Partnership Services.

This Three Year Plan outlines programs generated in collaboration with consumers, family members, and community partners for FY17/18-19/20. Siskiyou County programs and services will be provided under the following guiding principles:

- Services are consumer and family-centered and emphasize recovery and resiliency.
- Provide effective and respectful quality care and services that are responsive to the diverse cultural communities in the County, specifically continuing to expand services to underserved Hispanic/Latino populations.
- Utilize evidence-based treatment models when possible.
- Services will be transparent and the Agency will be 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.
- Continue to collaborate with public and private agencies across systems so that consumers and family members experience a more integrated and holistic service experience.

Behavioral Health served the following consumer populations reported in the department's electronic health record and the Monthly Medi-CAL Eligibility File (MMEF) Data.

FY 16/17 Total Clients served by Age		
Years	#Clients	%Clients
0-5	32	3
6-17	224	18
18-24	115	9
25-64	779	64
65+	74	6
Total	1,224	100

FY 16/17 Clients by Race/Ethnicity		
	#Clients	%Clients
Caucasian	878	72
Hispanic	150	12
Asian/Pacific Islander	32	3
Alaskan/Native American	95	8
Black/African American	45	4
Other/Unknown	24	1
Total	1,224	100

Average Dollars per Client for FY16/17			
	#Dollars	#Clients	Dollar/Client
Total	\$6,188,987	1,224	\$5,056

The following Three Year Plan describes the Systems of Care funded through CSS for adults who are persistently mentally ill and children who have serious emotional disturbance.

Full Service Partnerships

Full Service Partnership (FSP) is a program that supports client engagement in recovery through the provision of comprehensive client-centered mental health and non-mental health services and supports focusing on recovery, wellness and resilience. Services are client and family driven, accessible, individualized, delivered in a culturally competent manner and focus on wellness, outcomes and accountability. An FSP is defined as a “collaborative relationship between the County and the client, and when appropriate the client’s family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals”.^{*} Services are tailored to a client’s ‘readiness for change’ and require a ‘whatever it takes’ philosophy. Whatever it takes may include the use of innovative approaches to service provision to engage clients, assess needs and strengths, and develop collaborative supports and services to foster recovery.

Individuals qualifying for Full Service Partnership must meet the eligibility criteria in WIC § 5600.3 (a) for children and youth or WIC § 5600.3(b) for adults and older adults at risk. In addition to meeting eligibility criteria as defined under WIC, MHSA specific criteria are as follows:

Transition Age Youth (TAY) must be:

- 1) Unserved or underserved and one of the following:
 - A. Homeless or at risk of becoming homeless
 - B. Aging out of the child welfare system
 - C. Aging out of the juvenile justice system
 - D. Aging out of the child and youth mental health system
 - E. At risk of involuntary hospitalization or institutionalization
 - F. Involved in the criminal justice system
 - G. Have experienced a first episode of serious mental illness



Adults (aged 18-64) must be:

- 1) Unserved and one of the following:
 - A. Homeless or at risk of becoming homeless
 - B. Involved in the criminal justice system
 - C. Frequent users of hospital and/or emergency room services as a primary resource for mental health treatment

OR

- 2) Underserved and at risk of one of the following:
 - A. Homelessness
 - B. Involvement in the criminal justice system
 - C. Institutionalization

**Full Service Partnership Tool Kit*

Older adults (ages 64 and above) must be the following:

- 1) Unserved and one of the following:
 - A. Experiencing a reduction in personal and/or community functioning

- B. Homeless
- C. At risk of becoming homeless
- D. At risk of becoming institutionalized
- E. At risk of out-of-home care
- F. At risk of becoming frequent users of hospital and/or emergency room services as the primary resource for mental health treatment

OR

2) Underserved and at risk of one of the following:

- A. Homelessness
- B. Institutionalization
- C. Nursing home or out-of-home care
- D. Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment
- E. Involvement in the criminal justice system

FSP eligible individuals may receive the full spectrum of services necessary to attain their treatment plan goals. Under the Full Service Partnership agreement, services deemed necessary by the client, and when appropriate the client's family, and the County to address unforeseen circumstances in the client's life are made available. These services may include, but are not limited to:

- 1) Mental health treatment organized around specific, individualized treatment plan goals
- 2) Crisis intervention
- 3) Supportive services to assist the client, and when appropriate the client's family, in obtaining and maintaining employment, housing, and/or education
- 4) Wellness centers
- 5) Case management support to assist client in accessing ancillary services

FSP eligible individuals may also receive non-mental health supportive services in order to advance the client's goals and achieve outcomes that support the client's recovery, wellness and resiliency. These services include but are not limited to:

- 1) Clothing
- 2) Food
- 3) Funds to cover ancillary healthcare services
- 4) Funds for the treatment of co-occurring disorders such as substance use disorders
- 5) Housing, including, but not limited to, rent, subsidies, housing vouchers, house payments, residence in drug/alcohol rehabilitation program and transitional and temporary housing

Adult/Older Adult Full Service Partnerships - The practical application of "full service" for Partnership clients in Siskiyou County centers around intensive case management services. These services are client centered, strength based and driven by treatment plan goals that are developed collaboratively with the client, and if appropriate, his/her family, and take into account individual needs and interests. Goals reflect the belief that recovery can and does occur. Incorporated in treatment planning are objectives that focus on clients' eventual transition to lower levels of service and for many, a transition out of the mental health system to natural community supports. The services rendered are holistic, culturally competent, client centered, and may include medication management, primary care referral and support, 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 an array of services to meet housing, social/recreational, vocational, medical, and educational needs. In addition, services aim to reduce client involvement in the criminal justice system and support a more proactive relationship with law enforcement; identify financial goals and address insufficiencies; and address substance use disorders based on the client’s level of readiness for change and to extent possible integrate services across disciplines to best serve clients with co-occurring disorders. Multi-disciplinary teams utilize techniques that promote personal growth and self-responsibility to determine how to best address the clients’ needs from a holistic and sometimes non-traditional approach. Supports may include items such as food, clothing, temporary housing or other housing assistance, fuel, personal hygiene items, aides to physical health, and other items identified by clients and providers together that will assist with meeting client goals and objectives as outlined in individual treatment plans.

Flex Funds:

MHSA funding may be used to purchase services or supplies deemed necessary for an FSP to meet their identified treatment plan goals. Services and supports funded under the Flex Fund program may include but are not limited to: emergency food, shelter or clothing, uncovered medical expenses, rent, moving expenses, educational expenses, household items, funding for dual diagnosis treatment, housing subsidies, residence in drug/alcohol rehabilitation programs and transitional housing. A revolving account has been established to assist with addressing identified emergencies or immediate FSP needs in a timely manner.

Services in the Adult FSP program are provided by County staff and goals include:

- Reduction in psychiatric hospitalization
- Clients maintained in the community
- Reduction in use of ER
- Reduction in incarcerations

Outcomes measures will include:

- Key Event Tracking (KET)
- Ongoing engagement in services
- Progress toward achieving treatment plan goals

Data and information will continue to be tracked in our electronic health record system and reported in State Data Collection & Reporting System (DCR).

Number of clients served and cost:

SCBH engaged 179 consumers in FSP services in FY 16/17 at a cost of approximately \$7,415 per client. Adult and Older Adult FSP’s totaled 143 at an average cost of \$7,607. As anticipated, the average number of adults enrolled in the project declined in FY 16/17 based on the expanded continuum of care in the community with the implementation of the Six Stones Wellness Center. Medi-Cal and client-share-of-cost (as determined by the UMDAP) will be accessed to leverage the investment of MHSA funds expended for this program.

Youth and Family Full Service Partnerships - The intent of the Youth and Family FSP program is to engage children/youth and their families in services that promote health and safety at home, in school and in the community. Services are aimed at keeping families intact and avoiding restrictive and expensive placements, including hospitalization, incarceration and group home placement. These services are available to youth who are juvenile justice involved, at risk of

foster placement, or are in foster placement and at risk of placement at a higher level of care. This project does not serve children/youth who are incarcerated. Children/youth receiving services under Katie A. are eligible to participate in Full Service Partnerships.

In order to qualify for FSP services, a child or youth must be identified as Seriously Emotionally Disturbed (SED) as set forth in WIC §5600.3, subdivision (a). In order to be eligible a child/youth must fall into at least ONE of the following groups:

Group 1:

As a result of a mental disorder, the child/youth has substantial impairment in at least two of these areas:

- A. Self-care
- B. School functioning
- C. Family relationships
- D. Ability to function in the community

and

Either of the following occur:

- A. The child/youth is at risk of or has already been removed from the home
- B. The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment

Group 2:

The child/youth displays at least one of the following features:

- A. Psychotic features
- B. Risk of suicide
- C. Risk of violence due to a mental disorder

Group 3:

- A. The child/youth meets special education eligibility requirements under Chapter 26.5 of the Government Code.

Transition Age Youth (TAY) between the ages of 16 and 25 years old, in addition to meeting the SED eligibility criteria, must meet all of the MHSA specific criteria referenced above in order to be eligible for FSP services.

Referrals to the Family and Youth FSP program are made by Behavioral Health clinicians and authorized by the CSOC Site Supervisor. Children reviewed by the Assessment Review Team (the County's MDT for out of county placements) are given high priority access to this program.

FSP services for children and youth are collaborative in nature and include innovative approaches that are strength based, culturally competent, and tailored to address individual needs. Services are unconditional and highly coordinated. The child and youth FSP program integrates wraparound principles including team based decision making, strength-based interventions, cultural competence, individualized plans, persistence and outcome-based strategies. Services for youth are family driven, collaborative and flexible. Each FSP child/youth and their family will work with the Behavioral Health Project Coordinator who will schedule and facilitate meetings, and with a Behavioral Health Specialist who will provide intensive case management/wrap around services to

the family which may include, but are not limited to, Intensive Care Coordination, Therapeutic Behavioral Services, and In-Home Supportive Services. Contracted service providers (Therapeutic Behavioral Aides), clinicians, extended family members, or others identified by the family, may also participate on family treatment teams.

Services and supports that may be provided to children/youth who engage in FSP's may include but are not limited to the following:

- Community based services provided at home, in school and in the community
- Child/youth and family involvement in individualized treatment planning process
- Transportation
- Activities that facilitate the development of pro-social skills and build peer relationships
- Skill development training
- Evidence based treatment services when possible that support child/youth and family goals
- Linkage to family education services such as parenting classes and other classes offered through the local FRC network
- Supportive services

Flex Funds:

MHSA funding is available for purchase of non-mental health services and supports that are deemed necessary for the child/youth FSP to meet his/her individualized treatment plan goals. Flex funds may be utilized to promote family stabilization and may include, but are not limited to, the following:

- Emergency food, shelter and housing
- Educational supplies/expenses that promote academic success
- Membership fees at the local YMCA or fees for other recreational activities to support client progress toward treatment plan goals
- Uncovered medical expenses
- Transportation costs
- Skill building activities
- Household expenses including purchase of household items, moving and home improvement expenses that promote the likelihood of the child/youth residing in a safe living environment

Services in the Child/Youth FSP program are provided by County staff and/or under contract and goals include:

- Engage families in treatment
- Strengthen family unification and reunification
- Reduce out of home placements

Outcome measures will include:

- Child and Adolescent Needs and Strengths (CANS)
- Out of home placements (days)
- Psychiatric hospitalizations (days)
- Incarcerations (days)
- Key Event Tracking (KET)

Number of clients served and costs:

Twenty-on (21) children/youth and fifteen (15) Transitional Age Youth (TAY) were identified as FSP's in FY 16/17 at a cost of \$6,650 per client. Enrollment in this program is based upon need, and it is anticipated that the average number of children/youth served by the program will remain

consistent, as will the cost per child. It is also anticipated that an individual child may require additional funds and the cost per child is not limited to \$6,650.

Medi-Cal and client-share-of-cost (as determined by the UMDAP) will be accessed to leverage the investment of MHSA funds expended for this program.

Crisis Intervention & Response

Siskiyou County Behavioral Health provides phone or walk in crisis intervention services 24 hours per day, 7 days per week. In FY 16/17, 904 crisis interventions were conducted by SCBH staff in the jail, juvenile hall and at the two local hospitals. This is a decrease of approximately 100 from the previous year. In-person crisis responses averaged 75 per month, and 126 consumers were referred to acute psychiatric facilities in FY 16/17.

In early 2016, in response to an upward trend in the demand for crisis intervention services, and to gaps in the crisis continuum identified through the community planning process, a dedicated psychiatric emergency team (PET) was established. The PET team is comprised of three full-time crisis workers who staff after-hours crisis shifts. Dedicating staff to the PET team ensures individuals in crisis receive timely access to needed support and intervention services. Consumers presenting in crisis are eligible for immediate and/or emergency supportive services such as temporary housing, food and clothing. Provision of these 'whatever it takes' services enable clients in crisis to remain in the least restrictive setting possible with access to support networks while receiving crisis intervention and stabilization services. Siskiyou County does not have the population base to warrant development of a crisis stabilization unit. Having a dedicated crisis response team available after hours has allowed SCBH to provide safety measures for clients in crisis and to reduce the risk of homelessness, hospitalization, incarceration or additional deterioration. SCBH has established a revolving account to ensure that emergency service needs are met timely.

Incarcerated individuals presenting in crisis (209 duplicated crisis responses were provided at the jail/juvenile hall in 16/17) are not eligible to receive services under this project.

Crisis Intervention and Response Services are provided by County staff and goals for this program include:

- Increased consumer satisfaction with crisis response services
- Increased collaboration with County partners including law enforcement and local ED's
- Reduce placement in acute facilities by providing appropriate services locally when possible

Outcome measures will include:

- Consumer satisfaction surveys
- Days of psychiatric hospitalization

Number of clients served and cost:

The number of crisis interventions conducted in FY16/17 with non-incarcerated individuals was 695 at an average cost per contact of \$317. The unduplicated count for crisis interventions was 464 at an average cost of \$475 per consumer. It is anticipated that approximately 1500 (500 per year) clients will be served by this program in the next three years at an average cost per client of \$533. Insurance (including Medi-Cal) reimbursement will be accessed to leverage the investment of MHSA funds.

CSS - Outreach & Engagement

Day Reporting Center Outreach and Engagement Project - In collaboration with the Community Corrections Partnership (CCP) comprised of Probation, Jail and Healththerapy Inc., a local service provider, SCBH will engage Seriously Mentally Ill (SMI) individuals at the Day Reporting Center in medication support services. This project seeks to engage post-release adult and older adult offenders who have been diagnosed with a severe mental illness or those who identify themselves as severely mentally ill by addressing barriers to service. This project also supports continued engagement in services as offenders transition into the community by providing seamless access to medication support services at SCBH if such services are warranted. This project is not intended to serve incarcerated individuals or those on parole. As identified through the community planning process, the criminally involved SMI population in Siskiyou County is historically un- or underserved, at risk and faces many barriers to accessing services. Identified barriers include service location, transportation, lack of benefits and service gaps. By providing psychiatric services at the Day Reporting Center and linking participating individuals directly to medication and other medically necessary services at SCBH, this project seeks to address barriers to service for this vulnerable population.

Services in the Day Reporting Outreach and Engagement Project are provided under contract. Goals include:

- Reduced recidivism
- Reduction in psychiatric hospitalizations
- Reduction in ER visits

Outcome measures:

- On-going engagement in treatment as measured by successful transitions into follow up care when necessary
- Reduced recidivism
- Reduced psychiatric hospitalizations (days)

Number of clients served and cost:

In FY16/17 this program served 40 duplicated individuals (28 unduplicated) at the Day Reporting Center at a cost of approximately \$15,000 or \$375 per contact. Forty-two percent (42%) were successfully linked to services at SCBH.

Homeless Outreach— Over the last two years, stakeholders including business owners, law enforcement, city employees, Health and Human Services (HHSA) staff and other concerned citizens have convened to discuss strategies to address homelessness in Siskiyou County. Initially focused on issues in Mt. Shasta, 'Team Shasta' was instrumental in initiating a county wide conversation regarding homelessness, conducting a survey of the homeless, and developing strategies to address the needs of this vulnerable population. One strategy identified in the county wide report generated through Team Shasta's efforts, was engagement of street level, chronic homeless individuals through collaboration and outreach by service agencies including County, community, faith based organizations and others. This outreach program includes development of a multi-disciplinary team (MDT) consisting of agencies that serve the homeless population, i.e. law enforcement, behavioral health, emergency departments, social services, FRC's, the faith based community and an individual who has lived experience. Individual cases will be brought before the MDT, prioritized by highest needs. In collaboration with homeless consumers, the MDT team will develop action/treatment plans outlining necessary interventions and support services. The desired

outcomes will be an increase in the number of mentally ill and substance using consumers who are in stable housing. MHA funding for this program will support facilitation of MDT meetings, outreach, data tracking and collection, and consumer involvement.

Goals include:

- Increased referrals to Behavioral Health
- Increase transition to housing
- Support guests with linkage to other county resources
- Decrease use of ER
- Decrease law enforcement contact with mentally ill homeless individuals

Outcome measures:

- Decrease homelessness among mentally ill consumers
- Increase mental wellness
- Reduce isolation
- Increase self sufficiency
- Decrease stress

Number of clients served and cost:

It is anticipated that 25 homeless individuals will be served annually in this program at an approximate cost of \$45,000. Funding will support a facilitator, outreach activities, peer provider participation and tracking and collection of data.

Veterans Outreach and Engagement - Siskiyou County is home to approximately 5,000 veterans who have been identified through the community planning process as an unserved/underserved demographic with limited access to Behavioral Health services. In an on-going effort to address disparities, Behavioral Health provides community based Outreach and Engagement services targeting veterans living in Happy Camp, an isolated community with a high concentration of veterans. Travel from Happy Camp to services provided by the Veteran's Administration takes approximately 3 hours one way, and is cost prohibitive for many veterans who would benefit from services. Behavioral Health provides Outreach and Engagement services to this community including linkage and referral to appropriate resources such as wellness and recovery services, and as appropriate, behavioral health services provided through the local Tribal provider, SCBH or the managed care network.

The incidence of co-occurring disorders among veterans is well recognized, and to this end a Substance Use Disorder (SUD) Counselor has been certified to work with veterans experiencing issues related to substance abuse and mental illness. This provider attends monthly meetings with the Siskiyou County Veteran's Leadership Council, participates in outreach events targeting veterans through the Family Resource Center (FRC) network, and facilitates groups at the Six Stones Wellness Center. During Armed Forces Day in 2017, staff provided outreach materials to 32 veterans and 38 veteran family members. Outreach and Engagement activities targeting veterans are provided throughout the County and include outreach and linkage to services for un- or underserved veterans suffering from mental illness and/or substance abuse, and coordination with the Veteran's Service Office and other community providers to foster development of resources and supports for this growing population. The cost of this program is estimated at \$5,000, and includes staff time, outreach materials, travel and promotion of events.

CSS - General System Development

System Development strategies are funded by Community Services and Supports and include funding for Adult and Children's Systems of Care; transportation to ensure access to services for clients 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 CSS and provides program oversight, develops innovative strategies to improve service delivery and assists with implementation of policies and procedures. The Coordinator also ensures data is collected and reported properly to the State in order to support measurable outcomes and accountability, and to identify areas where quality improvement is needed.

Over the next three years, SCBH will continue to partner with the Siskiyou County Health Care Collaborative to identify efficient and cost effective ways to provide access to physical and behavioral health care services, and to explore opportunities for health care integration. The Collaborative meets monthly and SCBH will contribute \$1,500 annually to this membership to support organizational and facilitation activities.

SCBH strives to provide clinical services in outlying communities; however, limited human resources, distance, and the lack of adequate facilities in which to conduct treatment are among the challenges associated with providing healthcare in small, isolated communities. In an effort to facilitate access to necessary services, SCBH provides transportation to the two Behavioral Health clinics, to other services, and to the Six Stones Wellness Center. Transportation services have expanded to ensure all clients have access to care, and CSS General System Development funds are utilized to increase access through the purchase of bus passes for clients who wish to access services via public transportation.

General system development funds will also be utilized to support facilitation of integrated care projects piloted by the Behavioral Health Task Group. In FY 17/18, funds will support facilitation of the Tulelake project. The Tulelake team is comprised of law enforcement, Behavioral Health, the Family Resource Center, Tulelake Health Clinic, school personnel and others that identify individuals with unmet needs and collaborate to facilitate access to needed services. The anticipated cost of this program is \$5,000 and includes organization and facilitation of meetings, and data collection.

Housing –SCBH is committed to partnering with community members and agencies to address the unmet housing needs of mentally ill consumers in Siskiyou County. The shortage of affordable housing has been identified as a high priority need through this and several community planning processes. There is currently a substantial body of research that supports the housing first model, and developing supported housing is a high priority for the Department and the community. To this end, SCBH will continue to pursue potential funding opportunities through the No Place Like Home initiative, Partnership Healthcare, and in conjunction with the regional Continuum of Care. Where possible, SCBH will leverage funds, and unspent MHSA housing funds will also be utilized as appropriate in this effort. Until funding is awarded and the scope of this project is determined, it is difficult to ascertain costs. In the absence of permanent supported housing options, SCBH will continue to work collaboratively with partner agencies to ensure consumers with unmet housing needs receive support and services.

SCBH will continue to leverage MHSA funds to provide the match for federal Medi-Cal dollars when appropriate to expand services and improve access and outcomes for clients.

In accordance with WIC Code § 5892, subd. (b), SCBH will transfer funds to the local Prudent Reserve Fund. Maintaining the Prudent Reserve Fund will ensure monies are available to maintain services at the current level in the event that State revenues suffer a short fall in the future.

Wellness and Recovery Programs

Wellness Center programs across the California have been identified as playing a prominent role in promoting self-healing, resiliency and recovery for the seriously mentally ill. Wellness Centers provide a non-stigmatizing and welcoming setting where participants receive an array of services including life skills training, support groups, and social interaction. Organized around recovery and resiliency principles, wellness services include but are not limited to communication skills, physical health, social skills, self-advocacy, recreational activities, hobby development and healthy living activities.

In late 2015, after several years of community planning focus groups identifying the development of a Wellness Center as a priority for Siskiyou County residents, Behavioral Health successfully executed a contract with an organizational provider for the *Six Stones Wellness Center* program. Located in Yreka, Siskiyou County's most populous city, transportation is provided from surrounding communities to facilitate engagement by clients from all regions of the County. Six Stones Wellness Center programming is client driven, focused on peer support and aimed at promoting resiliency and recovery.

Since opening its' doors in December 2015, Six Stones has engaged 200 members. The Center employs one full-time Supervisor, one full-time Case Manager and three part-time Peer Advocates, as well as numerous volunteers. Services in the Center are offered to mentally ill adults and older adults with in a safe, caring and supportive environment where individuals can participate in activities that encourage recovery and resiliency. Six Stones offers a wide variety of support groups and activities for members to choose from.

Six Stone staff are completing a Peer Specialist Certification training program, and have been trained in WRAP (Wellness Recovery Action Plan) Facilitation. Satisfaction survey results indicate that 100% of members surveyed have increased their knowledge about where to go for help and services, and are better able to create and sustain personal relationships. Over half report fewer arrests since participating in the program. In addition, 100% have improved their ability to advocate for themselves and/or their family members regarding mental health services.

Wellness and Recovery services are provided under contract and program goals include:

- Participant recovery and resiliency
- Increased engagement in mental health services

Outcome measures will include:

- Client participation in Wellness Center activities
- Increased knowledge regarding mental health issues
- Increased ability to advocate for self/family member



Number of clients served and cost:

The Six Stones Wellness Center has served over 200 individuals since the opening in December 2015. It is anticipated that membership over the next three years will continue to grow. The estimated annual cost of the program is \$275,000.

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.

Prevention and early intervention programs bring mental health awareness into the lives of all members of the community through public education initiatives and community dialogue. These programs facilitate access to services and supports at the earliest sign of mental health problems, and build upon existing capacity to increase intervention services at sites frequently visited for other routine activities, e.g. health care clinics, educational facilities, community organizations, and Family Resource Centers. Siskiyou County Behavioral Health strives to meet the intent of Prevention and Early Intervention, as well as stigma and discrimination reduction with the follow programs:

Early Intervention

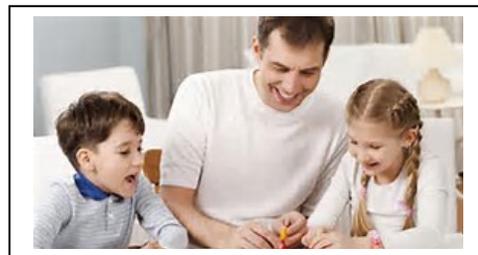
Parent-Child Interaction Therapy (PCIT) - Parent-Child Interaction Therapy (PCIT) is an empirically-supported treatment for children ages 2 to 7 with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing the parent-child interaction patterns. PCIT outcome research has demonstrated statistically and clinically significant improvements in the conduct-disordered behavior of preschool age children. To implement this pilot project last year, SCBH contracted with a local vendor who would provide PCIT for boys and girls exhibiting signs of aggression, defiance, difficulty in school, refusing to follow directions, as well as other behavior disorders. As part of this agreement, an LPHA was identified to participate in PCIT specific training, which was recently completed.

Eligibility criteria:

Children ages 2-7 in stable placement who are identified by SCBH clinical staff as exhibiting signs of aggression, defiance and other behavior disorders.

PCIT services will be provided under contract with Remi Vista, and program goals include:

- Improve family relationships
- Increase positive and nurturing parents
- Increase positive behavior in children
- Increase family stability



Outcome measures:

- Eyberg Child Behavior Inventory
- Parenting Stress Index

The contractor will submit progress notes and outcomes measures.

Number of clients served and cost:

SCBH referred five children for PCIT in FY 16/17. Three of these children engaged in services. This project will continue in FY 17/18, and the anticipated funding is approximately \$20,000.

Negative outcomes addressed:

- Removal of children from their homes
- School failure or dropout

Increasing recognition for early signs of mental illness

Mental Health First Aid - SCBH will continue to contract with Lotus Educational Services to provide 8-hour Mental Health First Aid (MHFA) trainings for first responders in Siskiyou County. Training will focus on educating first responders, including medical professionals, teachers, law enforcement, Family Resource Center staff, and others to recognize the early signs of potentially severe and disabling mental illness, and to provide support and/or referrals for individuals who require treatment to appropriate services. In FY16/17 SCBH hosted three MHFA training, one focused on youth and two for local law enforcement. A total of 38 participants successfully completed the course. Feedback from these classes was favorable and participants reported that the courses were useful and informative.

Objective:

- Increase the number of first responders in Siskiyou County trained to identify early indicators of mental health issues

Target audience:

- Teachers and educators
- Organizational providers
- EMTs and primary care providers
- Contractors
- Law enforcement
- Family Resource Center staff and volunteers



Cost:

Number of individuals served and cost:

Resource staff at the 9 FRC's will facilitate access and linkage to behavioral health services in outlying areas of the County. Each FRC will be funded at the rate of \$750 per month, and it is anticipated that approximately 150 individuals will be referred/linked to behavioral health services over the next three years. Referrals will be tracked via Referral and Release of Information forms.

Prevention

Programming of these PEI groups and activities is based upon individual community identified needs. All services are evidence or community practice based, or meet the promising practice standard. Services are designed to facilitate Access and Linkage to Treatment, be implemented and promoted in ways that Improve Timely Access to Mental Health Services and are Non-Stigmatizing and Non-Discriminatory. Referral PEI services will be generated by CPS, Probation, schools, law enforcement, community members, primary care, SCBH and others.

Therapeutic Drumming - Drum Therapy is an ancient tradition in which rhythm is used to promote healing and self-expression. Current research supports the therapeutic effects of rhythm techniques. Recent research reviews indicate that drumming accelerates physical healing, boosts the immune system and produces feelings of well-being, a release of emotional trauma and reintegration of self. This program focuses on youth experiencing behavioral issues interfering with learning and home life. Four schools will be selected to participate in the program. Each school will refer 4-10 youth to take part in an 8 week series consisting of drumming instruction, performance, instrument making and a final drum circle presentation.

Eligibility criteria:

Youth, ages 11-18, who are experiencing behavioral issues, or at risk of school failure, expulsion or homelessness.

Program goals include:

- Improve coping/communication skills
- Reduce delinquency
- Improve social competencies
- Improve school performance
- Decrease drug and alcohol abuse



Outcome measures will include:

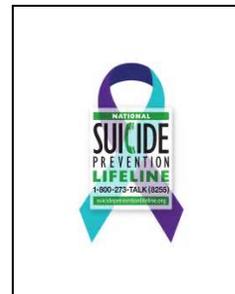
- Pre and post class survey

Number of clients served and cost:

In FY 16/17, four schools (24 youth) participated in the therapeutic drumming program. One teacher was quoted as saying “[the instructor’s] passion and guidance in drums really made a positive impact

Classes are offered to a minimum of 15 and a maximum of 30 participants. The cost of this program for FY16/17 was \$4,000. The estimated cost per course for this program is \$2,100 and includes facilitation, materials and supplies.

Suicide Prevention - SCBH will offer a minimum of two safeTALK or other Suicide prevention trainings to providers and partners in Siskiyou and neighboring counties. Trainings may be provided by agency and/or contracted staff, at a cost of approximately \$5,000. Cost includes time and materials.



Community Health Fairs - SCBH staff participate annually in several Health and Wellness Fairs throughout the County. In FY 16/17 over 100 individuals were contacted at various community events and information regarding mental health and substance use services was distributed.

Access and Linkage to Treatment

Latino Outreach and Collaboration - The Latino Outreach and Collaboration program provides outreach, education and support services to Spanish-speaking clients and their families. The program is currently centered in Butte Valley, located in remote eastern Siskiyou County where the largest concentration of Latinos reside, but will eventually expand to the entire County. Outreach activities include services modeled after the Promotora program which utilizes a Latino peer to provide bilingual/bicultural outreach and engagement, linkage to services, interpretation and support services to Latino individuals and their families. In 16/17, a women’s group was offered through this program in Spanish to engage Hispanic individuals struggling with mental health challenges. Over the next three years, a Behavioral Health provider and/or contractor will work with individuals to facilitate access and linkage to medically necessary mental health or substance use disorder services and will provide support to these individuals as appropriate in

treatment. Outreach activities will also be directed at increasing awareness of mental health issues and services available in Siskiyou County through participation in health fairs and other community events. BH provider or contactor will work closely with the local FQHC, schools, the Family Resource Centers, and other community providers to identify appropriate resources for referral and treatment.

Eligibility:

Monolingual or limited English speaking adults and children residing in Siskiyou County.



Latino Outreach and Collaboration services will be provided by County staff and goals include:

- Decrease isolation by conducting outreach to Latinos
- Increased access to medically necessary mental health treatment for the Latino community

Outcome measures:

- Client satisfaction surveys
- Increased participation in mental health services as measured by penetration rates for the Latino population

Number of individuals served and cost:

The number of Latino individuals contacted over the last year was 47. It is anticipated this number will increase over the next year. The estimated cost of this program is \$10,000.

Negative outcomes addressed:

- Suicide
- Incarcerations
- School failure or dropout
- Removal of children from their homes
- Prolonged suffering



FRC Access and Linkage to Treatment - Located in 9 communities throughout Siskiyou County, the Family Resource Centers (FRC) are uniquely suited to provide referral and linkage to medically necessary care and treatment for individuals who are mentally ill. FRCs play an important role in many small, isolated communities due to their accessibility; focus on family supports and services, and their cultural responsiveness. For these reasons, the FRC network is an important partner in improving timely access to services for underserved populations. Access and Linkage services will focus on recovery and resilience, be delivered in a culturally relevant manner and promote positive attitudes toward the mentally ill. Referral and linkage to services may be to PEI services provided by the FRC network, to primary care or other community providers, or to SCBH.

in the classroom”. Another shared “students were able to feel successful during the class which helped boost self confidence”. Annual cost for this project is estimated at \$375 per participant.

Family and Adult Programs – A variety of programs focusing on families and adults will

be provided throughout Siskiyou County. Strengthening Families (SFP) is an evidence-based family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance. Groups specifically for women, men or older adult as well as Nurturing Parenting classes will be provided. These services will be provided by the Family Resource network, and the Karuk and Anav Tribes..

Eligibility criteria: Families and/or individuals suffering from the affects of mental illness

Program goals include:

- Improve parenting skills
- Improve social competencies
- Improve school performance
- Decrease drug and alcohol abuse



Outcome measures will include:

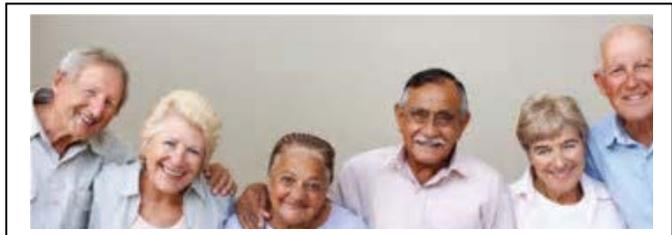
- Pre and post class survey

Number of clients served and cost:

During FY16/17, 350 individuals participated in family or adult programs at a cost of approximately \$315 per participant. With expanded services over the next three years, it is anticipated that the number of participants to increase, however the cost per participant is expected to remain stable.

Negative outcomes addressed:

- School failure or dropout
- Removal of children from their homes
- Incarcerations
- Prolonged suffering
- Isolation
- Unemployment
- Suicide



Youth Programs – SCBH offers Prevention programs targeting children and youth. Programs such as Girls Circle and Boys Council are evidence-based and utilize motivational interviewing and a strengths based perspective to foster positive connections and promote personal and collective strength and confidence in participating youth. These programs have demonstrated efficacy in reducing delinquency and recidivism rates for girls and increasing educational aspiration and school engagement for all youth. An array of other community or practice-based programs will be offered by several contractors in the County. SCBH also works closely with providers in East County to bring programs to our Latino and Hispanic populations, and with the local Native American Tribes to ensure programming is culturally relevant.

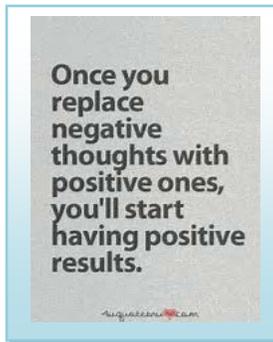
Writing and storytelling classes focused on mental health, wellness, resiliency and recovery will be offered in 2017. These courses target transitional age youth at risk of school failure and/or juvenile justice involvement. Students will write about lived experience with mental health challenges or substance abuse and express themselves through writing stories or poetry. This program includes hosted community events where youth are encouraged to present their writings to promote recovery and wellness, as well as reduce the stigma that is often associated with mental illness.

Eligibility criteria:

Youth ages 8-20.

Youth Program goals include:

- Increased communication skills
- Increased school engagement
- Reduced delinquency
- Increased resiliency

**Outcome measures will include:**

- Pre and post test

Negative outcomes addressed:

- Suicide
- School failure or dropout
- Removal of children from their homes
- Juvenile Justice involvement

**Number of clients served and cost:**

Youth programs in FY 16/17 provided services to approximately 100 youth at \$240 each. Positive change was documented from these groups. Comments such as “I have someone to talk to now” and “We all have something good about us” were reported. It is anticipated that participation in youth prevention programs will increase to 200 youth per year at a cost of approximately \$275 per participant.

Stigma & Discrimination Reduction

SCBH is committed to reducing Stigma and Discrimination surrounding mental health issues. Ongoing efforts to this end include distribution of stigma and discrimination reduction materials through social marketing, newspaper ads/inserts and other outreach material such as pens, bags, posters and flyers offered through the “Each Mind Matters” statewide campaign. SCBH continues to provide stigma and discrimination reduction activities to middle and high school age youth through presentations in conjunction with the Athlete Committed SUD prevention program. The estimated cost of this program is \$8,500, and approximately 1,700 students participate annually. In addition to outreach efforts conducted by SCBH staff, SCBH offers the following SDR program:

FRC Stigma and Discrimination and Community Awareness Programs -

The FRC network will provide a minimum of 9 Stigma and Discrimination Reduction programs and 30 Mental Health Education workshops. FRC staff will also disseminate resources concerning mental wellness such as website links, hotline numbers, stories of recovery and combating challenges associated with mental illness. Information will be shared via social media, newsletters and monthly calendars, and will include information about programs and support offered in the local communities, the county and nationally. Community-based workshops are designed to increase understanding of mental health related topics and are facilitated by a LPHA or other qualified provider. These programs shall include approaches that are culturally congruent with the values of the populations for whom changes in attitudes, knowledge and behavior are intended, and shall:

- Be designed to create Access and Linkage to Treatment
- Be designed in ways that improve timely access to Mental Health Services for underserved populations
- Be provided in a convenient, accessible, acceptable, culturally appropriate setting

Outcome measures:

- To be determined based upon individual program

Number of individuals served and cost:

During the 16/17 FY, over 500 individuals participated in workshops and stigma reduction activities and it is estimated that over 5,000 individuals received or viewed social media posts. As these programs are directed toward the general public it is difficult to forecast participation levels, however based on historical data, participation is anticipated to increase by approximately 5% annually. The estimated cost for this program is \$65,000.

Writing from the Heart - This community based writing and storytelling project completed its first year of a two year contract at the end of FY 16/17. Writing from the Heart classes are designed to reduce the Stigma and Discrimination surrounding mental health issues by increasing community acceptance of and respect for mentally ill individuals and their families. Based upon The Storylines Class, this project meets community/practice-based evidence standards, and provides a safe and supportive place for self-selected community members to write and share personal stories about mental health and/or substance use. Each class culminated in a community storytelling event aimed at increasing community acceptance of and equity for individuals with mental illness and their families. Outcomes measures for this project were positive, both for participants and community members who attended storytelling events.

Outcome measures:

- Pre/post measure of attitudes about and knowledge of mental illness
- Participant/community engagement as measured by attendance in writing group and at community storytelling event

Number of individuals reached and cost:

In 16/17 approximately 37 individuals participated in this program at a cost of about \$12,000 (\$325 per participant). Services will continue over the next three years with costs to remain the same.

Rural Youth Media Outreach Program - This school based video/media project is modeled after the *Each Mind Matters* campaign, and focuses on youth ages 11-17 in rural Siskiyou County schools. The project is tailored to the needs of individual communities, and addresses the impact of stigma and discrimination surrounding mental illness/substance abuse at a local level. Project participants will identify mental health/substance abuse issues impacting their communities, develop storylines, produce videos aimed at reducing stigma and discrimination, and host presentations of their work.

Outcome measures:

- Pre/post measure of attitudes about and knowledge of mental illness
- Participant/community engagement as measured by attendance in 8 week sessions and at community viewing events
-

Negative outcomes addressed:

- School failure or dropout
- Removal of children from their homes

Number of individuals reached and cost:

It is anticipated that 3-10 individuals will participate in each session of this pilot project. Services are contracted with a local experienced videographer for approximately \$35,000 for four 8-week series and 4 video viewing events.

Phase III PEI Project - Siskiyou County will contribute with other California counties to the state wide Phase III PEI Project. The goal of this project is to develop strategies that result in larger social impacts (e.g., changing attitudes, increasing knowledge, and modifying behaviors around mental health issues), implementing programs that benefit counties regionally and statewide, and procuring resources at lower cost (e.g., cost efficiencies). Siskiyou County residents continue to benefit from the resources provided through this initiative including the Each Mind Matters Campaign. SCBH will contribute \$25,575 to this effort in FY 17/18.

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

State Prevention and Early Intervention standards require the identification of clear, distinct programs that are measurable and produce outcomes for each person receiving Prevention and Early Intervention services over time. SCBH and its' contracted providers are committed to working collaboratively to identify, develop, implement, and evaluate Prevention and Early Intervention services in a manner compliant with the new MHSA Prevention and Early Intervention guidelines.

SCBH 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 2017-2020, if applicable.

MHSA Program Component INNOVATION

1. Select **one** of the following purposes that most closely corresponds to the Innovation Program's learning goal and that will be a key focus of your evaluation.

- Increase access to underserved groups
 Increase the quality of services, including better outcomes
 Promote interagency collaboration
 Increase access to services

2. Describe the reasons that your selected primary purpose is a priority for your county for which there is a need to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system.

Background:

SCBH's Innovation Plan, the *Integrated Care Project* (ICP), was approved by the Oversight and Accountability Commission in February of 2016. The purpose of this ICP is to increase the quality and continuity of health care services, and to improve outcomes for adults diagnosed with co-occurring serious physical health and mental health conditions. Information gathered through the MHSA community planning process, and by a collaborative Blue Shield grant which funded a health care integration project, illustrated the need to improve access and coordination of health and behavioral health services to improve client outcomes. Stakeholders identified a need to improve the coordination and integration of health care and follow-up services for consumers receiving behavioral health and physical health care in Siskiyou County. Community based health care is a limited resource in many rural communities. Fairchild Medical Clinic, a rural healthcare clinic located in Yreka, is partnering with SCBH to develop an integrated health care system that ensures the availability and accessibility of behavioral and primary health care services to individuals with co-occurring disorders. This vision of integrated care will provide an important foundation for developing and expanding care coordination for behavioral health clients. A primary goal of the project is to develop a model for coordination and integration of services that may be implemented throughout the county.

3. Status and Update for FY2017-2020

Implementation of the ICP began in FY 2016/2017. In August 2016, the ICP team engaged Praxis Consultants to assist with project planning and outcome development. Shortly thereafter a treatment team was identified which consisted of a project manager, SCBH Clinician, Behavioral Health Specialist and LVN, and an LVN employed by Fairchild Medical group. In addition, management and supervisory staff from both clinics, a Peer Provider, and the Fairchild Medical Director participated in initial program development workshops. Concurrently, consumers were identified who met eligibility criteria and offered the opportunity to participate in the pilot project.

Procedures were developed by the team and documents created for the purpose of collecting daily and quarterly data to measure progress and outcomes. Software licenses were purchased for ICP team members to allow real-time, confidential client information to be shared between providers. A new vehicle was purchased to facilitate timely transportation for ICP consumers to and from appointments. Consumers and team members determined it would be helpful to issue identification cards for ICP participants to facilitate identification and coordination of care by providers including the local ER. Cards were created and will be issues to consumers enrolled in the program who wish

to carry them.

ICP staff began serving clients in May of 2017. Initial project assessments were conducted, consumers signed participation agreements and completed orientation. Eleven consumers are currently enrolled in the ICP program. It is anticipated that this number will increase to 15 in FY 17/18 and remain consistent through the conclusion of the project.

One of the objectives identified as an important component of the overall ICP is the development of effective engagement and retention strategies for consumers with complex medical, mental health and/or substance use issues. As a result of consistent engagement in services, client outcomes may include increased engagement in decision making regarding care, improved nutrition, improved medication management, increased feelings of safety and respect from healthcare providers, reduced hospital/crisis events and increased self-advocacy. As with all MHSA programs, ICP is consumer and/or family driven and therefore both all ICP providers work closely with consumers to identify services that can help support wellness goals. Similar to Full Service Partners (FSPs), consumers enrolled in ICP require a high level of engagement and support, and skill building to navigate successfully through healthcare systems and advocate for themselves with providers.

The majority of the ICP enrolled participants meet criteria for FSP services, and have access to flex funds which provide non-traditional services and supports to facilitate progress toward meeting treatment team goals. Examples of these services include, but are not limited to, food, housing, prescription or over-the-counter medications not covered by Medi-Cal and transportation costs to assist with getting to medical and mental health appointments. Consumers enrolled in this pilot project, and the providers serving them have determined that extending the availability of flex funding to all ICP participants, when appropriate, will support the goals and objectives of the ICP and these funds will be available to all ICP consumers in FY 17/18 through the duration of the project.

Implementation of peer support services is also planned for FY 17/18. Two county funded part-time peer positions will be added to the larger county provider community. Peer providers with lived experience with mental health or physical health challenges will be integrated into the ICP to provide support and mentoring for enrollees. Peer support has been proven to promote wellness and recovery among individuals suffering from mental and/or physical health challenges. Peer positions will provide support, mentoring and advocacy.

Over the next three years, the department will continue to develop protocols and procedures to support and adapt the innovative services being provided by the ICP. Consultants will work with county staff to collect, organize and analyze data and to evaluate the program for effectiveness.

4. If applicable, provide a list of resources to be leveraged.

In addition to MHSA funding, Medi-Cal revenue will be leveraged, whenever possible, to support the activities of the ICP Team.

4. Provide an estimated annual and total budget for this Innovation Program, utilizing the following line items. Please include information for each fiscal year or partial fiscal year for the Innovation Program.

NEW ANNUAL PROGRAM BUDGET

A. EXPENDITURES

		FY 15/16	FY 16/17	FY17/18	FY18/19	FY19/20	Total
1.	Personnel expenditures, including salaries, wages, and benefits	0	40,227	162,508	170,633	179,165	552,533
2.	Operating expenditures	0	417	20,000	20,000	20,000	60,417
3.	Non-recurring expenditures, such as cost of equipping new employees with technology necessary to perform MHSAs duties to conduct the Innovation Program	0	29,550	5,000	5,000		10,000
4.	Contracts (Training Consultant Contracts)	0	97,544	178,000	67,000	67,000	368,130
5.	Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditures in the budget narrative	0	770	15,000	5,000	5,000	25,770
	Total Proposed Expenditures	0	127,094	380,508	267,633	271,165	1,016,850

B. REVENUES

1.	MHSA Innovation Funds	128,428	149,169	145,164	140,000	140,000	702,761
2.	Medi-Cal Federal Financial Participation	0	0	43,000	45,150	47,410	135,560
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Any other funding (specify)						
	Total Revenues	128,428	149,169	188,164	185,150	187,410	838,321

C. TOTAL FUNDING REQUESTED

(total amount of MHSAs Innovation funds you are requesting that MHSOAC approve)

		0	127,094	324,958	127,633	131,165	710,850
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D. Budget Narrative

1. *Include a brief narrative to explain how the estimated total budget is consistent with the requirements in Section 3920. The narrative should explain costs allocated for evaluation, if this information is not explicit in the budget*

A. Expenditures

Personnel Expenditures: Salaries and benefits for estimated FTE's including costs associated with personnel for data collection, evaluation, oversight, peer support and reporting. Increase represent cost of living and step raises

Operating Expenditures: Estimated costs associated with the day-to-day operations of the project/plan. Includes supplies, insurance or fees, travel and/or transportation, on-going medication and/or medical supplies, mileage, expenses for travel, and client supportive services. Supplies may include CO Monitor to assist with measuring outcomes and patient health progress

Non-Recurring Expenditures: Estimated one time cost. Items including office equipment, desks, chairs, one time medical supplies and equipment to set up vitals room such as scale, thermometer, etc. A new vehicle to allow for expanded transportation for clients in the program. Included are collaboration efforts and any one time costs for equipment such as CO Monitor, etc

Contracts: Costs associated with evaluation of program and contract staff with partnering agencies. Also may include MOU's with partners to ensure additional support for participants.

Other Expenses: Wellness/Recovery incentives such as gym memberships; gift cards, fitness gear, housing, food, vehicle registration, and other assistance identified by clients to support their health and wellness goals.

B. REVENUES

Federal Financial Participant: Estimated possible revenue from FFP. Estimates are based on data secured from current programs with similar elements to this model.

*Note: Siskiyou County currently has a fund balance that will be used to cover unanticipated costs as the program progresses and is evaluated. Fund balances from previous years would be spent down first to avoid reversion. Budget figures and narrative updated based on current status of program.

MHSA Program Component WORKFORCE EDUCATION AND TRAINING

1. Provide a brief program description.

Project #1: Provider/Partner Training – SCBH will continue to fund training on mental health and/or substance use issues for community partners and providers. This program may include but is not limited to training facilitators for specific PEI activities, training community partners including law enforcement and hospital staff on relevant mental health issues such as 5150 protocols, and/or providing general training on mental health/substance use topics for community providers. SCBH collaborated with several agencies in 16/17 to bring a very popular poverty training to the County. Over 200 community members participated. SCBH also worked closely with First 5 Siskiyou to support 6 other trainings including *Building Emotionally Healthy Communities* and *Toxic Stress*. Over 320 people attended with the majority reporting the information was helpful and they would like to see more trainings available in the future. The anticipated cost of providing these trainings is \$35,000 annually.

Project #2: Continued Education Assistance Program (CEAP) – In an effort to recruit and retain qualified staff, SCBH provides financial assistance for staff to enroll in higher education courses related to mental health and/or substance use. Assistance may be utilized for but is not limited to the following: tuition, registration fees, books, travel and related costs associated with obtaining training and/or a desired degree or certification. The anticipated cost of this program is \$17,000.

Project #3: Training and Workshops for Evidence-Based Practices – SCBH is committed to implementing evidence based treatment modalities as appropriate agency and countywide. To this end, WET funds are utilized to train SCBH staff in evidence-based models such as CBT/TF-CBT, DBT, and others. In May of 2017, three clinical staff participated in TF-CBT. Crisis Intervention Team (CIT) Training has been requested by law enforcement agencies in the county and the department plans to host two CIT trainings in FY 17/18. Training funds are available to all clinical staff, partners and providers. The anticipated cost of the program is \$75,000.

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 those offered by local hospitals and organizational providers. ‘Home-growing’ clinicians and other clinical staff by providing educational and training opportunities has been proven to be an effective strategy in addressing staffing shortages. SCBH supports entry-level employees and interns who are interested in pursuing higher education, but cannot afford tuition and fees, and supports these employees in maintaining their employment with the County while completing their education.

Exhibit I

MHSA Program Component CAPITAL FACILITIES/TECHNOLOGY

<p>1. <i>Provide a brief program description (include number of clients served, age, race/ethnicity, costs per person). Include achievements and notable performance outcomes.</i></p>
<p>Over the next three years, SCBH will continue implementation of the full electronic health record by supporting the ongoing maintenance of multifunction devices that allow scanning of documents into clients' electronic records. Funds will also be used to support the necessary and on-going maintenance associated with implementation of periodic system updates and necessary upgrades.</p> <p>In FY16/17 Siskiyou County Behavioral Health Services and Substance Use Disorder Services purchased Office 2016 as a replacement for Office 2007 due to the announcement of the end-of-life for support and security updates of this product.</p> <p>The Department will also be purchasing new Cisco switches to build capacity and allow staff to have access to old client electronic records and well as expanding our storage capabilities to ensure enough room and memory for the transition to complete electronic records.</p> <p>Total cost of ongoing maintenance and upgrade is approximately \$200,000.</p>
<p>2. <i>Describe any challenges or barriers and strategies to mitigate.</i></p>
<p>Due to initial allocations of Cap-Tech funding being depleted, SCBH will transfer funds from CSS to support these technological needs for the department.</p>
<p>3. <i>Describe if the county is meeting benchmarks and goals, or provide the reasons for delays to implementation.</i></p>
<p>n/a</p>
<p>4. <i>List any significant changes for FY 2017-2020, if applicable.</i></p> <p>N/A</p>