

Sierra County

Mental Health Services Act Plan

2012-2016



**Sierra County Health & Human Services
P.O. Box 265
Loyalton, CA 96118**

**Darden Bynam, Director
arden.bynum@sierracounty.ca.gov
(530) 993-6707**

**Laurie Marsh, MHSA Coordinator
lmash@sierracounty.ca.gov
(530) 993-6745**

This Mental Health Services Act plan is designed to enhance county and community mental health services to Sierra County residents. This Mental Health Services Act three year plan is available for public review and comment through July 12, 2014. We welcome your feedback in writing during the review period or at the Public Hearing to be held on July 15, 2014.

Public Hearing Information:

DeMartini House
207 Front Street
Loyalton, California 96118
July 15, 2014
9:00 am

Hosted by Sierra County Mental Health Advisory Board

Questions or Comments?

Please contact:
Laurie Marsh, MHSA Coordinator
lmash@sierracounty.ca.gov
Phone: (530) 993-6745
Fax: (530) 993-6759

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I. Introduction

Sierra County Mental Health Mission Statement

The mission of Sierra County Mental Health is to protect and improve the health and well being of the individual, family and community in Sierra County.

Sierra County Mental Health Vision

Individuals of all ages will have access to care that is provided through responsive services that are easily accessible, person and family centered, strength-based, recovery and wellness oriented, culturally competent and cost effective.

Background

California voters approved Proposition 63, the Mental Health Services Act (MHSA), November 2004. The Act provides the first opportunity in many years to provide increased funding, personnel and other resources, to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. MHSA imposes a one percent income tax on personal income in excess of one million dollars. The funding is distributed to counties upon approval of MHSA Plans, and subsequently, on an annual basis.

MHSA has five components or plans implemented at the local level, including Community Services and Support, Prevention and Early Intervention, Capital Facilities and Information Technology, Workforce Education and Training, and Innovation.

This Fiscal Year 2013-2016 Strategic Plan for Sierra County's Mental Health Services Act (MHSA) Plan provides recommendations to guide MHSA services over the next three years and provides a framework for development for future Requests for Proposals.

This Plan reflects and is committed to the following essential elements of the Mental Health Services Act:

- community collaboration,
- cultural competency,
- client driven mental health system,
- family driven mental health system,
- wellness, recovery and resilience focused,

- integrated service experience,
- outreach to un-served and underserved populations, and
- utilizes best practices and quality assessment tools to experience positive outcomes.

The strategic plan is designed to enhance county and community mental health services, including full service partnerships into continuum of care for each of four age groups: children and youth, transition-age-youth; adults; and older adults.

Within each of these age groups, two target populations are served:

- *Un-served* Sierra County residents who are seriously mentally ill or emotionally disturbed residents who are not currently receiving services.
- *Underserved* and *At-Risk* Sierra County residents who are currently receiving services but are at risk for homelessness, institutionalization, jail, hospitalization, out of home placement due to inadequate community services and supports.

Composition of Mental Health Services Act Community and Stakeholder Process

Sierra County Mental Health thanks the consumers, family members, agencies, and organizations that participated in the community planning process for the strategic planning process for the MHSA Plan. MHSA is a community driven process and we appreciate the time, effort, and input provided by all those who participated.

Consumers and their family members were involved in all aspects of the Sierra County's community planning process.

During the MHSA planning period, input on local mental health needs was obtained at multiple meetings throughout the past year and with local entities, including, but not limited to representative from the following:

- Sierra County Sheriff's Office
- Sierra County Child Welfare Services
- Sierra County Public Health
- Plumas-Sierra Joint Unified School District
- Sierra County Office of Education
- Western Sierra Medical Clinic
- Eastern Plumas Health District
- Sierra County Probation Department
- Recipients of Sierra County Behavioral Health Services
- Family members of recipients of Sierra County Behavioral Health Services
- Family Resource Center
- Sierra Safe
- Victims Witness Assistance

- Sierra County Public Guardian
- Sierra County Mental Health Advisory Board
- Sierra County Drug and Alcohol Advisory Board
- Local Emergency Responders
- Loyalton Senior Center
- Western Sierra Senior Center
- Regional Veteran's Association
- Sierra County District Attorney

The thirty day review period for this MHSA Plan will begin on June 12, 2014. During the review period the plan will be distributed for review and discussion at community meetings, distributed to community stakeholders, posted on the County website and made available in the waiting room of Sierra County Behavioral Health. A Public Hearing will be held at the end of the thirty day review period.

Youth and families will continue to be involved in implementation, policy development, practice issues and continuous improvement through utilization with peer partners, collaboration with the Family Resource Center, participation in community forums, active solicitation of feedback through public intercept surveys, key informant interviews, focus groups and satisfaction surveys.

Sierra County is a small county with a high level of community cohesiveness. All entities listed above are involved in policy development, practice issues and continuous quality improvement on an ongoing basis. Opportunities for improvement or gaps in policy and service delivery are noted and resolved fairly quickly through community collaboration.

The primary vehicle for collaboration in Sierra County is the development of interpersonal relationships developed over time in the context of a community and workforce that is very dedicated and passionate about assisting those in need. Being a small and very cohesive county, issues are brought to the attention of community leaders very quickly and there is much community reinforcement for addressing issues among neighbors, friends, and families.

II. Community Services and Supports Categories

Services funded by the Community Services and Support (CSS) category provide services for individuals with severe mental illness or severe emotional disturbance. Specific elements are considered best practices in mental health care for each age group (children, transition age youth, adults, and older adults). All services should be individualized and consumer, and when appropriate, family centered. The elements include:

- a full service partnership making a full spectrum of community services available for targeted populations, and provides them as appropriate based on the Individual Service Plan,
- intensive case management services,
- outpatient mental health services,
- wellness and recovery strategies and principles to support return to everyday life,
- peer support and mentoring,
- maintenance and promotion of linkages to family members (as defined by the consumer) and the community,
- training for consumers to discover their purpose and passion as well as to meet educational and employment goals, and
- mental health services provided in a setting where the consumer is comfortable.

In achieving the elements outlined above, the following Mental Health Services Act supports are provided by Sierra County:

1) Mental health treatment

- Contract Psychologist
This contracted professional service provides mental health treatment services, consultation services and clinical supervision.
- Contract Licensed Marriage and Family Therapist
This contracted professional service provides mental health treatment services, consultation services, supervision, training, utilization review and quality assurance functions.
- Behavioral Health Intervention Specialist
This is a full time Marriage and Family Therapist Intern position within the Behavioral Health Department.
- Medications
This Mental Health Plan supports two part-time contract psychiatrists. The psychiatrists provide assessments, monitor medications, provide consultation services with treatment providers, primary care providers and others.

Additionally, Sierra County Health and Human Services proposes to use MHSAs funds medication management assistance for clients provided by a Public Health Registered Nurse (RN) on an as-needed basis.

- Services to Children

All services to severely mentally ill children will be accountable, developed in partnership with the youth and their families, culturally competent and individualized to the strengths and needs of each child and his or her family.

Individualized treatment plans will address the mental health treatment needs of young children from zero to five years of age, their families, and adolescents in transition from 16 to 25 years of age, in accordance with W & I Code Section 5856.2.

- Child psychiatry program

One psychiatrist will increase their time by one day a month to create and establish a child psychiatry program within the current Behavioral Health service structure that will allow children, youth and transitional aged youth the opportunity to receive psychiatric and medication management treatment locally and within their community.

2) Case manager

The case management position is a full time position within the Behavioral Health Department. This position serves as a personal services coordinator and is an integral part of the 24 hour response availability requirement.

3) Peer support

Sierra County will continue to fund two trained Peer Partner Specialists at twenty hours per week each. The Peer Partners work closely with the local Family Resource Center and provide linkage between Sierra County Behavioral Health and community based services.

CCR § 3610(b) states “The County shall establish peer support and family education support services or expand these services to meet the needs and preference of clients and/or family members.

4) Wellness center

This plan includes services related to the functions of the Sierra County MHSAs Wellness Center, such as the services of a Facilities Manager to fulfill functions related to keeping Sierra County Wellness Center open (i.e., mowing the lawn and janitorial services), electricity, and telephone service.

5) 24-Hour Emergency Response

Sierra County Health and Human Services staff is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours emergency intervention.

6) Collateral services

Collateral services consist of family support and consultation services, parenting support and consultation services, and outreach to families whose severely mentally ill family member is living with them.

There are three sub-categories within Community Support Services. They consist of: Full Service Partnership (FSP), General Systems Development (GSD) and Outreach and Engagement (OE).

FULL SERVICE PARTNERSHIP (FSP)

Full Service Partnership is the category under which the county, in collaboration with the client, and when appropriate the client's family, plans for and provides the full spectrum of community services so that children and youth, transition age youth, adults, and older adults can achieve the identified goals. Counties shall direct the majority of its CSS funds to the FSP service category. Persons eligible for FSP must have an Individual Services & Supports Plan (ISSP).

As defined by California Code of Regulations Title 9, Section 3200.130, a full service partnership is a collaborative relationship between the consumer and the county, and when appropriate the client's family, through which the county plans for and provides a full spectrum of community services so that the client can achieve the identified goals stated in an Individual Service Plan. A full service partnership includes a range of services and supports to ensure the following outcomes are achieved:

- meaningful use of time and capabilities,
- safe housing,
- a network of supportive relationships,
- access to help in a crisis,
- reduction in incarceration, and
- reduction in involuntary services.

All of the services and support listed above under Community Services and Support are available for people eligible for FSP. Also the following services & support are available under FSP:

Off-Site Services

Sierra County contracts for acute care services, residential treatment services, and off-site evaluation and treatment as needed.

Supportive services

The Sierra County MHSA Plan provides supportive service as identified in a client treatment/case management plan related to housing, obtaining employment and/or education. This includes temporary rent subsidies and transitional housing costs. Supportive services may include the cost of transportation needed to access health care and other services.

Medication support

Funding can be used to pay for medications for FSP clients in the event of a temporary emergency.

Full Service Partnership support services are available to eligible children, transition age youth, adults, senior adults and families. Eligibility requirements are listed below for each age group.

Children and Transitional Age Youth

1) Full Service Partnership Services for Children

Children are eligible if they:

- (a) Are seriously emotionally disturbed & as a result are impaired in at least two of the following:
 - (i) self care,
 - (ii) school functioning,
 - (iii) family relationships, and/or
 - (iv) ability to function in the community.

2) Full Service Partnership Services for Transition Age Youth

Transition Age Youth are eligible if they:

- (a) Meet adult eligibility requirements.
- (b) Or one of the following:
 - (i) aging out of child welfare,
 - (ii) aging out of juvenile justice,
 - (iii) involved in criminal justice,
 - (iv) have experienced 1st episode of serious mental illness.

Adults and Senior Adults

1) Full Service Partnership services for Adults

Adults are eligible if they:

- (a) have a serious mental disorder,
- (b) are underserved and either
 - (i) homeless, at risk of homelessness;

- (ii) involved in the criminal justice system;
- (iii) frequent use of hospitals or ER's for MH services;
- (iv) California veterans in need of MH services, meet other eligibility requirements, and resources are available.

2) Full Service partnership services for Older Adults

Older Adults are eligible if they:

- (a) meet the criteria for adult service provision listed above,
- (b) experience reduction in personal or community functioning,
- (c) at risk of being placed in out of home care,
- (d) at risk of being placed in a nursing home.

OUTREACH AND ENGAGEMENT

In accordance with WIC § 5600.3 and CCR § 3640 counties may utilize MHSA funding to develop and operate outreach programs/activities for the purpose of identifying unserved individuals meeting eligibility criteria for services. Additionally, funds can be used to engage them and, when appropriate, their families, in the mental health system so they can receive appropriate services.

When the county works in collaboration with non-mental health community programs and/or services, only the costs directly associated with providing mental health services and supports can be paid under the Outreach and Engagement Service Category.

Recipients of outreach services may include families, the public, primary care physicians, and others who are likely to come into contact with individuals who may be suffering from an untreated severe mental illness who would be likely to become homeless if the illness continued to be untreated for a substantial period of time.

The afore-mentioned peer support service worker positions are funded through Outreach and Engagement.

Senior Adults

A program targeted at unserved senior adults is proposed through Outreach and Engagement. For many individuals and families of individuals in this age group, mental illness has an attached stigma. It is something to be hidden from relatives, neighbors, and the community as much as possible. Therefore, when emergencies arise because of untreated mental illness, they are more likely to come in contact with Adult Protective Services (APS), law enforcement, or the emergency room.

Sierra County proposes to use a creative learning vehicle utilizing wellness tools

that include positive activities which aid in reducing depression and loneliness and promote building relationships, supports, and positive social activities through arts and crafts will be provided to Senior Adults.

This program will be implemented at the Senior Apartment Complex to serve adults and older adults. Promotion of the Recovery Vision for mental health consumers will be interwoven into this program addressing the following key concepts:

- hope, personal empowerment, respect, social connections, self responsibility, and self-determination;
- promote consumer-operated services as a way to support recovery;
- reflect the cultural, ethnic and racial diversity of mental health consumers; and
- to plan for each consumer's individual needs.

Linkage to services can be provided seamlessly during these activities as a Behavioral Health Peer Support Worker will be facilitating and implementing this outreach program. Stigma reduction attached with mental health illness and issues will be a desired outcome through this program. Participants will have an opportunity to display their work during a community event. They will also be able to explain any significant impact that occurred in their recovery process during these activities.

PUBLIC AND COLLABORATIVE AGENCIES/ORGANIZATIONS EDUCATION

Community Academies have been utilized through the MHSA plan in the past to provide outreach and engagement activities to address the public. During the planning process of this plan individuals expressed an interest in utilizing community academies once again as a venue to inform community members about behavioral health issues and the concepts of resiliency and recovery, as well as other timely topics. Appropriate and knowledgeable speakers will be brought to the county for one day workshops on relevant topics. It was determined that three to four community academies should take place during the summer months. This would enable more school staff, and youth to attend these academies.

Sierra County proposes to utilize funds under this component to provide suicide prevention awareness to community members and local collaborating agencies/organizations. This training will alert community members of the warning signs indicating risk of suicide with emphasis on the importance of recognizing the signs, communicating with the person at risk and getting help or resources for the person at risk. This training can be a collaborative building opportunity for community members and local collaborating agencies/organizations to plan logistics and create a referral process that can be streamlined creating a seamless linkage to support services.

All of the above programs will be evaluated for participant satisfaction and efficacy, if appropriate. Methods to evaluate programs will include, but not be limited to, participant satisfaction surveys, key informant interviews and focus groups.

GENERAL SYSTEM DEVELOPMENT

Sierra County proposes to use the Community Services and Supports General System Development category of funding to improve the county mental health service delivery system for all clients and their families.

To this end, the General System Development category of funding will be used to fund utilization review functions and quality assurance functions. This funding may be used to access contracted assistance for development of policies and procedures.

This funding will also be used to provide training to staff on accessing federal participation for services and client reimbursement practices, as well as system development related to these functions. The yearly administrative cost of the electronic medical records system will fall under this funding.

Additionally, this category of funding will be used to facilitate community involvement in systems evaluation, including development and implementation of mechanisms for facilitating client, family member and stakeholder feedback.

General System Development funding will be used to implement federal requirements related to advocacy and grievance response systems for clients.

General System Development funding will be utilized to paint a clinic office and purchase one new couch needed for one clinic office and chairs for other clinic upgrades excluding capital facilities projects.

Exhibit E1.2 - CSS Funding 2013/14

FY 2013/14 ANNUAL UPDATE
 County: Sierra
 CSS FUNDING REQUEST
 EXHIBIT E1
 Date: 6/10/2014

No.	Name	FY 13/14 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group		
			Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Adult	Older Adult
Previously Approved Programs									
1.	Combined CSS Budget	\$493,529							
2.		\$0							
3.		\$0							
4.		\$0							
5.		\$0							
6.		\$0							
7.		\$0							
8.		\$0							
9.		\$0							
10.		\$0							
11.		\$0							
12.		\$0							
13.		\$0							
14.		\$0							
15.		\$0							
16.	Subtotal: Programs ^{a/}	\$493,529	\$256,978	\$81,730	\$154,821	\$0	\$55,480	\$182,061	\$145,605
17.	Plus up to 15% Indirect Administrative Costs	\$74,029							15%
18.	Plus up to 10% Operating Reserve	\$56,756							10.0%
19.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$624,314							
New Programs/Revised Previously Approved Programs									
1.		\$0							
2.		\$0							
3.		\$0							
4.		\$0							
5.		\$0							
6.	Subtotal: Programs ^{a/}	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% Indirect Administrative Costs								#VALUE!
8.	Plus up to 10% Operating Reserve								#VALUE!
9.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$0							
10.	Total MHSA Funds Requested for CSS	\$624,314							

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs= 52.10%

Additional funding sources for FSP requirement:
 County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. [In addition, the funding amounts must match the Annual Cost Report.] Refer to DMH FAQs at http://www.dmh.ca.gov/Pop_63/MHSA/Community_Services_and_Supports/docs/FSP_FAqs_04-17-09.pdf

CSS	CSS Majority of Funding to FSPs Other Funding Sources						Total	Total %
	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Re-alignment	County Funds		
Total Mental Health Expenditures:	\$0	\$0	\$0	\$0	\$0	\$0	\$256,978	52%

Exhibit E1.3 – CSS Funding Request 2014/16

FY 2014-16 Plan EXHIBIT E1
 County: Sierra Date: 6/10/2014
 CSS FUNDING REQUEST

CSS Programs		FY 14/16 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult
1.	Previously Approved Programs									
	Combined CSS Budget	\$1,010,764								
2.		\$0								
3.		\$0								
4.		\$0								
5.		\$0								
6.		\$0								
7.		\$0								
8.		\$0								
9.		\$0								
10.		\$0								
11.		\$0								
12.		\$0								
13.		\$0								
14.		\$0								
15.		\$0								
16.	Subtotal: Programs ^{a/}	\$1,010,764	\$562,754	\$253,582	\$246,498	\$0	\$139,013	\$216,444	\$390,144	\$317,233
17.	Plus up to 15% Indirect Administrative Costs	\$151,615								
18.	Plus up to 10% Operating Reserve	\$116,238								
19.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$1,278,616								
New Programs/Revised Previously Approved Programs										
1.	Ways to Wellness	\$19,670								
2.	Child Psychiatrist/FSP Plan	\$32,400								
3.		\$0								
4.		\$0								
5.		\$0								
6.	Subtotal: Programs ^{a/}	\$52,070	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% Indirect Administrative Costs	\$7,811								
8.	Plus up to 10% Operating Reserve	\$5,988								
9.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$65,869								
10.	Total MHSA Funds Requested for CSS	\$1,344,485								
a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs=							52.90%			

Additional funding sources for FSP requirement:
 County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. [In addition, the funding amounts must match the Annual Cost Report.] Refer to DMH FAQs at http://www.dmh.ca.gov/Prop_63/MHSA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf

CSS	CSS Majority of Funding to FSPs					Total	Total %
	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds		
Total Mental Health Expenditures:	\$562,754	\$0	\$0	\$0	\$0	\$562,754	53%

III. Workforce Education and Training

Mental Health Services Act intends to use the Workforce Education and Training (WET) category of funding to establish a program dedicated to remedy the shortage of qualified individuals to provide services to address mental illness.

Education to the Sierra County Sheriff's Department will take place. This education will provide the sheriff and deputies with the appropriate knowledge and tools when interacting with people who are experiencing mental illness or severe emotional distress. This will be accomplished through specific trainings to all sheriff's department staff. Continuing Education Credits will be taken into consideration as incentive for Sheriff's Department staff to attend

Sierra County proposes to utilize funding from the WET category to provide 5150 training to law enforcement and Sierra County Health and Human Services staff to recognize signs of the need for an evaluation. There is also a need to establish an understanding of 5150 procedures in Sierra County between local collaborating agencies/organizations and ambulance services.

The contract for the psychologist has increased one day a week to provide clinical supervision under the WET category.

Partial funding for the Mental Health Services Act Coordinator, identified as the workforce education training coordinator, is paid from the WET component. Sierra County will continue to provide workforce education and training to employees through the utilization of online learning.

The proposed Community Outreach Coordinator position that will be the Attendance Advocate will need developmental training outside of the online learning that does not fall within the Prevention and Early Intervention Guidelines. The developmental training will include education and training to learn the advocacy skills needed for the position.

Exhibit E2.1 – WET 2012/13

FY 2012/13 ANNUAL UPDATE
 County: Sierra
 WET FUNDING
 Date: 6/10/2014
 EXHIBIT E2

Workforce Education and Training		FY 12/13 Requested MHSA Funding	Estimated MHSA Funds by Service Category				
No.	Name		Workforce Staffing Support	Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive
Previously Approved Programs							
1.	1 Workforce Education and Training Coord	\$65,769	\$65,769				
2.	2 Ongoing Workforce Education and Training	\$7,798		\$9,802			
3.	3 Community Education	\$272					
4.	4 Peer Mentor/Parent Partners	\$24,906				\$18,000	
5.	5 Clinical Supervisor	\$20,645					
6.		\$0					
7.		\$0					
8.		\$0					
9.		\$0					
10.		\$0					
11.		\$0					
12.		\$0					
13.		\$0					
14.		\$0					
15.		\$0					
16.	Subtotal: Programs ^{a)}	\$119,390	\$65,769	\$9,802	\$0	\$18,000	\$0
17.	Plus up to 15% Indirect Administrative Costs	\$17,909					
18.	Plus up to 10% Operating Reserve	\$6,354					
19.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$143,653					
New Programs							
1.		\$0					
2.		\$0					
3.		\$0					
4.		\$0					
5.		\$0					
6.	Subtotal: WET New Programs ^{a)}	\$0	\$0		\$0	\$0	\$0
7.	Plus up to 15% Indirect Administrative Costs						
8.	Plus up to 10% Operating Reserve						
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve	\$0					
10.	Total MHSA Funds Requested	\$143,653					
							Percentage
							15%
							4.6%
							#VALUE!
							#VALUE!

Note: Previously Approved programs to be expanded, reduced, eliminated and consolidated are considered New.

Revised 12/29/10

Exhibit E2.2 – WET Funding 2013/14

EXHIBIT E2

Date: 6/10/2014

WET FUNDING REQUEST

FY 2013/14 ANNUAL UPDATE
County: Sierra

No.	Name	FY 13/14 Requested MHSA Funding	Estimated MHSA Funds by Service Category				
			Workforce Staffing Support	Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive
Previously Approved Programs							
1.	1 Workforce Education and Training Coord	\$27,451	\$27,451				
2.	2 Ongoing Workforce Education and Training	\$9,802	\$9,802				
3.	4 Clinical Supervisor	\$18,000		\$18,000			
4.		\$0					
5.		\$0					
6.		\$0					
7.		\$0					
8.		\$0					
9.		\$0					
10.		\$0					
11.		\$0					
12.		\$0					
13.		\$0					
14.		\$0					
15.		\$0					
16.	Subtotal: Programs *	\$55,253	\$27,451	\$9,802	\$0	\$18,000	\$0
17.	Plus up to 15% Indirect Administrative Costs	\$8,288					
18.	Plus up to 10% Operating Reserve	\$6,354					
19.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$69,895					
New Programs							
1.		\$0					
2.		\$0					
3.		\$0					
4.		\$0					
5.		\$0					
6.	Subtotal: WET New Programs*	\$0	\$0			\$0	\$0
7.	Plus up to 15% Indirect Administrative Costs						
8.	Plus up to 10% Operating Reserve						
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve	\$0					
10.	Total MHSA Funds Requested	\$69,895					

Percentage 15%
10.0%

Percentage #VALUE!
#VALUE!

Note: Previously Approved programs to be expanded, reduced, eliminated and consolidated are considered New.

Exhibit E2.3 - WET Funding Request 2014/16

FY 2014-16 Plan EXHIBIT E2
 County: Sierra Date: 6/10/2014
WET FUNDING REQUEST

Workforce Education and Training		FY 14/16 Requested MHSA Funding	Estimated MHSA Funds by Service Category					Financial Incentive
No.	Name		Workforce Staffing Support	Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship		
Previously Approved Programs								
1.	1 Workforce Education and Training Coord	\$90,002	\$90,002					
2.	2 Ongoing Workforce Education and Training	\$58,954	\$58,954					
3.	3 Clinical Supervisor	\$50,000			\$50,000			
4.		\$0						
5.		\$0						
6.		\$0						
7.		\$0						
8.		\$0						
9.		\$0						
10.		\$0						
11.		\$0						
12.		\$0						
13.		\$0						
14.		\$0						
15.		\$0						
16.	Subtotal: Programs ^{a/}	\$198,956	\$90,002	\$58,954	\$0	\$50,000	\$0	
17.	Plus up to 15% Indirect Administrative Costs	\$29,843						
18.	Plus up to 10% Operating Reserve	\$22,880						
19.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$251,679						
New Programs								
1.		\$0						
2.		\$0						
3.		\$0						
4.		\$0						
5.		\$0						
6.	Subtotal: WET New Programs ^{a/}	\$0	\$0		\$0		\$0	
7.	Plus up to 15% Indirect Administrative Costs							
8.	Plus up to 10% Operating Reserve							
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve	\$0						
10.	Total MHSA Funds Requested	\$251,679						

Note: Previously approved programs to be expanded, reduced, eliminated and consolidated are considered New.

IV. Prevention and Early Intervention

According to Welfare and Institutions Code Section 5840 Prevention and Early Intervention programs will emphasize improving timely access to services for underserved populations. Programs should be effective in preventing mental illness from becoming severe and shall include components similar to programs that have been successful in reducing the duration of untreated severe mental illness and assisting people in quickly regaining productive lives.

Neurodevelopment through Music

Sierra County proposes to use this funding category to provide neurodevelopment through music. A licensed therapist trained in early childhood development and family systems therapy will implement the music program to pre-school aged children. Services will be provided to local pre-schools and be conducted on-site.

This program will have optimal benefit for Sierra County in the following ways:

- Where the availability of a therapist is integrated into the community through collaboration and community systems, parents who need services are more likely to access services through an established connection.
- The program incorporates parental involvement. This provides the opportunity for a therapist trained in childhood development and family systems therapy to assist parents in understanding age appropriate norms and optimal parenting practices through both role modeling and interaction in a non-stigmatizing and non-threatening manner.
- The program activities inherently provide an opportunity to provide early identification of children who may be experiencing ~~difficulties~~ early signs of mental illness or behavioral problems where benefit from early intervention would occur. This opportunity to identify problems and offer early intervention ~~early~~ provides parents with support and maximizes the potential for long-term positive outcomes through early service utilization.
- Current research indicates the types of activities utilized in the Music Together program helps optimize healthy brain development and particularly development of healthy emotional regulatory systems for positive impacts throughout a child's lifespan.

This type of targeted musical program has been shown to enhance skills in communication, interpersonal relationships, self-regulation, coping strategies, stress management and focusing attention.

This program incorporates activities for children and parents to complete at home in the interest of maximizing parental participation. Activities are designed to require significant parent-child interaction.

This is a program that serves multiple functions at once with maximum benefit to the community during the optimal period for intervention related to assessment, brain development, social skills development and parent/child bonding.

Student Attendance Advocacy and Services Integration

Sierra County also proposes to utilize Prevention and Early Intervention categorical funds to provide a program integrating truant students and/or students with behavior problems, parents of students, schools, Health and Human Services, and other local collaborating agencies/organizations to provide supportive services needed for the student to become successful in school, thus reducing truancy and behavior problems. This program will be put into place as a pre Student Attendance Review Board (Pre-SARB) intervention.

There is a definite need for this Pre-SARB intervention in Sierra County. Sierra County Schools experience a high rate of truancy. Due to funding restrictions the schools have been unable to hire a district wide attendance monitor.

Truant students and students with behavior problems may be experiencing the onset of mental illness and if left untreated they often become unable to learn or participate in a school environment. The following components of prevention and early intervention programs (WIC § 5840) will be utilized through this Student Attendance Advocacy and Services Integration program:

- Outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses.
- Access and linkage to medically necessary care provided by county mental health programs as early in the onset of these conditions as practicable.
- Reduction in stigma associated with either being diagnosed with a mental illness or seeking mental health services.
- Reduction in discrimination against people with mental illness.

Through the early identification of possible mental illness and the seamless linking of services the Student Attendance Advocacy and Services Integration program seeks to reduce the following negative outcomes that may result from untreated mental illness: suicide, incarcerations, school failure or dropout, prolonged suffering, and removal of children from their homes.

Exhibit E3.1 – PEI Funding 2012/13

EXHIBIT E3

Date: 6/10/2014

PEI FUNDING REQUEST

FY 2012/13 ANNUAL UPDATE

County: Sierra

No.	PEI Programs Name	FY 12/13 Requested MHSA Funding	Estimated MHSA Funds by Type of Intervention		Estimated MHSA Funds by Age Group			Percentage
			Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	
Previously Approved Programs								
1.	1. Prevention and Early Intervention	\$10,851	\$5,426	\$5,425	\$3,617	\$3,617	\$3,617	\$0
2.		\$0						
3.		\$0						
4.		\$0						
5.		\$0						
6.		\$0						
7.		\$0						
8.		\$0						
9.		\$0						
10.		\$0						
11.		\$0						
12.		\$0						
13.		\$0						
14.		\$0						
15.		\$0						
16.	Subtotal: Programs*	\$10,851	\$5,426	\$5,425	\$3,617	\$3,617	\$3,617	\$0
17.	Plus up to 15% Indirect Administrative Costs	\$1,628						15%
18.	Plus up to 10% Operating Reserve							0.0%
19.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$12,479						
New/Revised Previously Approved Programs								
1.								
2.		\$0						
3.		\$0						
4.		\$0						
5.		\$0						
6.	Subtotal: Programs*	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% Indirect Administrative Costs	\$0						#DIV/0!
8.	Plus up to 10% Operating Reserve	\$0						#DIV/0!
9.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$0						
10.	Total MHSA Funds Requested for PEI	\$12,479						

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 years 67%
 Note: Previously Approved Programs that propose changes to Key Community Health Needs, Priority Populations, Activities, and/or funding as described in the Information Notice are considered New.

Exhibit E3.2 – PEI Funding 2014/16

FY 2014-16 Plan
 County: Sierra
 PEI FUNDING REQUEST
 EXHIBIT E3
 Date: 6/10/2014

No.	PEI Programs Name	FY 14/16 Requested MHSA Funding	Estimated MHSA Funds by Type of Intervention		Estimated MHSA Funds by Age Group				Percentage #DIV/0!
			Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs									
1.		\$0							
2.		\$0							
3.		\$0							
4.		\$0							
5.		\$0							
6.		\$0							
7.		\$0							
8.		\$0							
9.		\$0							
10.		\$0							
11.		\$0							
12.		\$0							
13.		\$0							
14.		\$0							
15.		\$0							
16.	Subtotal: Programs*	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage #DIV/0!
17.	Plus up to 15% Indirect Administrative Costs								
18.	Plus up to 10% Operating Reserve								
19.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$0							
New/Revised Previously Approved Programs									
1.	1 Student Attendance Advocacy	\$43,760	\$21,880	\$21,880	\$39,384	\$4,376			
2.	2 Music Together	\$92,734	\$46,367	\$46,367	\$83,461	\$9,273			
3.		\$0							
4.		\$0							
5.		\$0							
6.	Subtotal: Programs*	\$136,494	\$68,247	\$68,247	\$122,845	\$13,649			Percentage 15.0%
7.	Plus up to 15% Indirect Administrative Costs	\$20,474							Percentage 10.0%
8.	Plus up to 10% Operating Reserve	\$15,697							
9.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$172,665							
10.	Total MHSA Funds Requested for PEI	\$172,665							

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 years 100%
 Note: Previously Approved Programs that propose changes to Key Community Health Needs, Priority Populations, Activities, and/or funding as described in the Information Notice are considered New.

V. Innovations

Assembly Bill, 1467, enacted on June 27, 2012, amended WIC § 5830(e) so that county mental health programs now expend funds for their Innovation Programs upon approval by the Mental Health Services Oversight and Accountability Commission (MHSOAC). As a consequence, MHSOAC now has the responsibility for Innovation Program approval. Welfare and Institutions Code § 5830 states county mental health programs shall develop plans for innovative programs to be funded pursuant to paragraph (6) of subdivision (a) of WIC § 5892. At least five percent of county MHSOAC funds must be spent on innovation.

All projects included in the innovative program portion of the county plan must meet the following requirements:

- 1) Address one of the following purposes as its primary purpose:
 - a) Increase access to underserved groups;
 - b) Increase the quality of services, including measurable outcomes;
 - c) Promote interagency and community collaboration;
 - d) Increase access to services.
- 2) Support innovative approaches by doing one of the following:
 - a) Introduce new mental health practices or approaches, including, but not limited to prevention and early intervention.
 - b) Make a change to an existing mental health practice or approach, including, but not limited to adaptation for a new setting or community.
- 3) Introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in non-mental health contexts or settings.

Sierra County is proposing to utilize the innovation component to fund two programs meeting the needs of Sierra County's underserved youth and transitional age youth. Both programs are in programmatic infancy. They will need to undergo the rigorous approval of the Mental Health Services Oversight and Accountability Commission. They are placed in this plan to start forward movement in the planning, facilitation, and implementation stages.

Stakeholder Meetings

Thus far two stakeholder meetings have taken place to brainstorm ideas for innovative programs. They occurred on October 18, 2013 and November 1, 2013. Members of the Mental Health Advisory Board were present along with representation from the Family Resource Center, Sierra Plumas Joint Unified School District, Public Health, and the parent of a consumer.

Proposed Innovative Programs

The first program emphasizes the use of survival skills as a means to engage youth and transitional age youth in a positive emotional development approach. The outcome of this program will be defined by experiencing and identifying productive emotional coping strategies through survival skills using an experiential learning setting. This program will be school based as an elective class in the middle schools.

The second program is based on music to engage youth and transitional age youth. This program will be designed to introduce concepts of emotion and feelings, stress, coping, and empathic understanding. The school psychologist, county therapist, community outreach coordinator and the drug & alcohol counselor will be implementing the program which will provide stigma reduction and seamless linkage to services and supports as needs are identified.

Exhibit E4 – Innovation Programs 2014/16

County: Sierra

Date: 6/10/2014

INN Programs		FY 14/16 Requested MHSA Funding
No.	Name	
Previously Approved Programs		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.	Subtotal: Programs	\$0
17.	Plus up to 15% Indirect Administrative Costs	\$0
18.	Plus up to 10% Operating Reserve	
19.	Subtotal: Previously Approved Programs/Indirect Admin./Operating Reserve	\$0
New Programs		
1.	1 STOMP	\$27,600
2.	2 Survival Skills	\$58,760
3.		
4.		
5.		
6.	Subtotal: Programs	\$86,360
7.	Plus up to 15% Indirect Administrative Costs	\$12,954
8.	Plus up to 10% Operating Reserve	\$9,931
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve	\$109,245
10.	Total MHSA Funds Requested for INN	\$109,245

Percentage

#DIV/0!

#DIV/0!

Percentage

15%

10.0%

Note: Previously Approved Programs that propose changes to the primary purpose and/or learning goal are considered New.

Revised 12/29/10

VI. Capital Facilities and Technological Needs

Capital Facilities

Sierra County Health and Human Services proposes to enter into negotiation to purchase the building where mental health administrative functions are held. The lease on this building expires in a few years and having administrative functions housed separately from service functions would result in a decrease in efficacy and oversight.

Sierra County also proposes to utilize this funding category for the purchase of a heating/cooling system and energy efficient window coverings as upgrades to the Wellness Center.

Office space is limited and there may be a need to create office space for the Mental Health Services Act Coordinator. This may be through adding on to the current mental health building or the Wellness Center.

Technological Needs

Sierra County proposes to utilize remaining Technological Needs and Capital Facilities roll-over funding to implement Electronic Health Records (EHR) through collaboration with Kings View Behavioral Health Systems (<http://www.kingsview.org/>) with the goal of facilitating the implementation of billing Medi-Cal and Medicare for services in order to fully comply with state and federal funding terms and conditions.

Exhibit E3.1 – CFTN Funding Request 2013/14

EXHIBIT E3-CFTN Funding Request

FY 2013/14 Mental Health Services Act
Capital Facilities and Technological Needs Funding Request

County: Sierra

Date: 6/10/2014

Capital Facilities and Technological Needs Work Plans				FY 13/14 Required MHA Funding	Type of Project	
No.	Name	New (N)/ Approved Existing (E)	Capital Facilities		Technological Needs	
1.	1 Wellness Center	E	\$4,563	\$4,563		
2.						
3.						
4.	3 Electronic Health Records/Billing	N	\$94,068		\$94,068	
5.	Kings View					
6.						
7.						
8.						
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12.						
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14.						
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17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.	Subtotal: Work Plans			\$98,631	\$4,563	\$94,068
27.	Plus County Administration			\$9,863		
28.	Plus Optional 10% Operating Reserve			\$0		
29.	Total MHA Funds Required for Capital Facilities and Technological Needs			\$108,494		

Exhibit E3.2 – CFTN Funding Request 2014/16

EXHIBIT E3-CFTN Funding Request

**FY 2014/16 Mental Health Services Act
Capital Facilities and Technological Needs Funding Request**

County: Sierra

Date: 6/10/2014

Capital Facilities and Technological Needs Work Plans				FY 14/16 Required MHA Funding	Type of Project	
No.	Name	New (N)/ Approved Existing (E)	Capital Facilities		Technological Needs	
1.	2	Mental Health Building Expansion	N	\$500,000	\$500,000	
2.						
3.						
4.						
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21.						
22.						
23.						
24.						
25.						
26.	Subtotal: Work Plans			\$500,000	\$500,000	\$0
27.	Plus County Administration			\$33,932		
28.	Plus Optional 10% Operating Reserve			\$0		
29.	Total MHA Funds Required for Capital Facilities and Technological Needs			\$533,932		

VII. Appendix

Appendix A1 - Visual of 2012-2016 MHSA Plan

