

Nevada County

Mental Health Services Act

IMPLEMENTATION PROGRESS REPORT

FOR THE

**COMMUNITY SERVICES AND SUPPORTS COMPONENT OF
THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR
CALENDAR YEAR 2007**

March 2009

A. Program/Services Implementation

1) The County is to briefly report by Work Plan on how implementation of the approved program/services is proceeding. The suggested length for the response for this section is no more than half a page per Work Plan. Small counties may combine Work Plans and provide a comprehensive update in two to three pages.

a. Report on whether the implementation activities are generally proceeding as described in the County's approved Plan and subsequently adopted in the MHP Performance Contract/MHP Agreement. If not, please identify the key differences.

For both of our work plans in 2007 we were in the planning, Request for Proposals (RFP) creation, advertising and Full Service Partnership (FSP) selection phases. For the Adult Plan (Plan 2) we had no contractors submit a proposal on our first RFP. We had to go out and invite contractors to bid on our second RFP. On our second advertising of our adult RFP we received one bidder. Both of our contracted FSPs had a challenge hiring enough staff to open their doors and provide services in 2007, thus no Wrap Around or Assertive Community Treatment services were provided in 2007. They started to provide services in the first quarter of 2008.

As part of our System Development portion of our plans we were successful in establishing some Network Provider contracts (Plan 1 & 2) and expand our Crisis Team (Plan 2). Both of our Network Providers and Crisis Team started to provide services in 2007. We contracted with approximately 20 community-based psychotherapists to provide medically necessary services to Nevada County Medical beneficiaries. These additional therapists expanded and assured geographic access since they are located throughout the county. These providers have improved the quality of care by making bilingual therapists available to our residents. The Crisis team provides additional crisis services to the emergency departments at Sierra Nevada Memorial Hospital and Tahoe Forest Hospital. Additionally, we began planning with providers, law enforcement, the courts, the jail, and others for implementation of AB1421 Assisted Outpatient Treatment (Laura's Law).

Lastly, as part of our Outreach and Engagement portions of our Plan 2 we were able to plan, create and implement a contract with SPIRIT Peers for Independence and Recovery, Inc. / SPIRIT Mental Health Peer Empowerment Center, a consumer peer counseling center (SPIRIT). SPIRIT also provided client services in 2007. Our Emergency Department Outreach and Engagement program was significantly behind schedule due to illness of Sierra Nevada Memorial Hospital Home Care Staff assigned to coordinate efforts. No services were provided in 2007.

b. Describe for each FSP Work Plan what percent of anticipated clients have been enrolled. Counties that have submitted their current Exhibit 6, Three-Year Plan—Quarterly Progress Goals and Report, have the option of not including the FSP information in this report.

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Our Exhibit 6 is current for the time frame we are reporting for.

- c. Describe for each System Development Work Plan what percent of anticipated clients have received the indicated program/service. Counties that have submitted their current Exhibit 6, Three-Year Plan—Quarterly Progress Goals and Report, have the option of not including the System Development information in this report.**

Our Exhibit 6 is current for the time frame we are reporting for.

- d. Describe the major implementation challenges that the County has encountered.**

Having our CSS Plan approved, finding contractors to bid on our plans, finding office space to provide services that was adequate and reasonably priced, hiring qualified staff to coordinate services for the clients/families referred, making information and program descriptions clear to other agencies, and contractors moving into space once it became available.

- 2) For each of the six general standards in California Code of Regulations, Title 9, Section 3320, very briefly describe one example of a successful activity, strategy or program implemented through CSS funding and why you think it is an example of success e.g. what was the result of your activity. Please be specific. The suggested length for the response to this section is three pages total (or one page for small counties).**

- a. Community collaboration between the mental health system and other community agencies, services, ethnic communities etc.**

Plan 2: There is an increase in collaboration with local emergency room and law enforcement agencies. Crisis support services worked closely with established programs to improve client services and crisis event outcomes.

Plan 2: In preparation for implementation, Turning Point (TP) met with Nevada County Behavioral Health Department (NCBHD) to learn about their system of care, community resources/services available to clients. Opportunities were also provided to meet with Probation, Law Enforcement and representatives of the Court to discuss policies/procedures related to Alternative Courts in Nevada County. These steps supported a smooth implementation of services once clients were referred.

Plan 1 and 2: Nevada County collaborated successfully, and continues to do so, both in development and implementation of MHSA programs. They collaborated with Nevada County chapter of the National Alliance on Mentally Ill (NCNAMI), SPIRIT

Center, Adult Protective Services, Mental Health Court, legal staff, and many others in the planning, implementation and monitoring of the new MHSA services.

Plan 1: The Request for Proposal process involved probation, Child Welfare, Social Services, NCNAMI, and SPIRIT Center. All of the above agencies were involved in choosing our Children's Wraparound Provider.

b. Cultural competence

Plan 1 and 2: Work with transition age youth has improved by way of closer collaboration between Behavioral Health Children's Services and contractors.

Plan 2: Environment training was developed by the Turning Point Services Development Team to support an exemplary standard of Cultural Competence in services to individuals with severe and persistent psychiatric disabilities and to their families.

Plan 2: Almost the entire Behavioral health adult clinical staff attended Immersion Training in Long Beach in order to learn more about the culture of Recovery and Resilience.

Plan 1 and 2: Behavioral Health Department has added one psychology intern who is Spanish speaking.

Plan 1: Nevada County has a small but growing Latino population. Our Children's Wraparound Provider has hired bi-lingual/bi-cultural staff to provide Wraparound services.

c. Client/family driven mental health system

Plan 1 and 2: Client representatives from SPIRIT Center, the Nevada County Forensic Task Force on Mental Illness, the Mental Health Board and members from the community have been involved in all aspects of the planning and implementation of our two plans. There is strong client representation in all of MHSA activities including participation in training of interagency county departments and participation in the MHSA steering committee.

Plan 1 and 2: Training to support the strength-based philosophy in client driven services was provided to staff in 2007.

Plan 2: Clients who self-presented at the local Emergency Room benefited from the extended crisis interventions. Additionally, families accompanied clients and used our services to stabilize crisis events which improved outcomes.

Plan 1 and 2: Participation and collaboration with NCNAMI provided opportunities for the program to learn about the needs and perspectives of consumers and family members in support of the adult population being served. This was helpful in identifying priorities and gaps in services.

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Plan 1: Our Full Service Provider, Eastfield Ming Quong (EMQ) and now renamed to "EMQ FamiliesFirst" had not started services in 2007. They stated in the response to the Request for Proposal that they used a Wraparound model where they have Child and Family Team meetings. The child and family invite their support system to this meeting. The child, family, their support system and EMQ collaboratively create the treatment plan.

d. Wellness/recovery/resiliency focus

Plan 1 and 2: Site specific training was developed for staff training and preparation for referrals.

Plan 2: Clients working with our Crisis team were encouraged to use less restrictive care and encouraged to follow through with identified strengths.

Plan 1: The SPIRIT Peer Empowerment Center is organized around current principals of wellness, recovery and resiliency. Ongoing peer counselor training courses empower consumers to identify strengths and help others to reach life goals.

Plan 1 and 2: As mentioned above, staff was sent to immersion training. Staff have been acknowledged and shown appreciation for implementing a wellness/recovery/resiliency focus and their continued focus on client strengths.

Plan 1: Our Children's Full Service Provider, EMQ is an organization that is strength based and their goals with families are to increase child and family resiliency.

e. Integrated services experience for clients and families: changes in services that result in services being seamless or coordinated so that all necessary services are easily accessible to clients and families

Plan 2: Crisis support services blended with acute response crisis team activities lend to providing improved follow-up services.

Plan 1 and 2: Network providers established throughout the county where clients can be referred.

Plan 1 and 2: Nevada County Behavioral Health has conducted several trainings in order to educate community, and stakeholders about our referral process. Nevada County Behavioral health has also worked to make the referral process as simple as possible.

Plan 1: Our Full Service Provider, EMQ, had not opened any cases in the calendar year 2007. However, EMQ will do whatever it takes to help a family keep a child safe at home. This will include working with previous and current providers in the creation of their treatment plans if this is what the child and family want.

3) For the Full Service Partnership category only:

- a. If the County has not implemented the SB 163 Wraparound (Welfare and Institutions Code, Section 18250) and has agreed to work with their county department of social services and the California Department of Social Services toward the implementation of the SB 163 Wraparound, please describe the**

progress that has been made, identify any barriers encountered, and outline the next steps anticipated.

The County has had several planning meetings; participation at these meetings included the California Department of Social Services (DSS), the county DSS, Probation Department, and the Nevada County Behavioral Health Department. A draft plan is being completed, with the expectation of starting with six slots. The County is in the process of reviewing other county fiscal plans to complete the fiscal section of our draft plan. The main challenges have been deciding on a lead department, roles and responsibility definition, and how the plan will work fiscally. In our meetings, we have made headway in all the challenging areas, and it is expected that the plan will be approved and implemented sometime in late 2008-09 fiscal year.

- b. Please provide the total amount of MHSa funding approved as Full Service Partnership funds that was used for short-term acute inpatient services.**

None.

- 4) For the General System Development category only, briefly describe how the implementation of the General System Development programs have strengthened or changed the County's overall public mental health system. The suggested length for response to this section is one page. If applicable, provide an update on any progress made towards addressing any conditions that may have been specified in your DMH approval letter.**

Plan 2: Crisis Services to consumers has strengthened and added services to the Emergency Room environment. There is added support to medical staff through consultation and direct intervention.

Plan 1 and 2: Providing psychotherapy to children and their families in a contract therapist office benefits the child and family by providing therapy in an environment that feels like a home-no security guard. This fosters a more relaxed session. The children and their families look forward to their sessions and being able to more effectively relate with each other and people at school. Family systems work is easily facilitated in this setting as are teaching effective parenting and communication skills.

- B. Efforts to Address Disparities--The suggested response length for this section is three pages (or one page for small counties)**

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

Plan 1: We have outreached to the agencies who serve the Latino population and Native American population and offered information on the referral process for Children's Wraparound services.

Plan 2: When the Emergency Room is busy, clients no longer have to wait extended periods of time for services.

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

Plan 1 and 2: Confusion among community agencies as to the parameters of service has been a challenge. Direct contact with agency staff and distribution of written statements by team members has assisted in accurate program definitions.

Plan 1 and 2: It has been difficult finding Spanish speaking staff.

- 3) Indicate the number of Native American organizations or tribal communities that have been funded to provide services under the MHSa and what results you are seeing to date if any.**

Not applicable.

- 4) List any policy or system improvements specific to reducing disparities, such as the inclusion of linguistic/cultural competence criteria to procurement documents and/or contracts.**

Plan 2: In the Turning Point contract for FY 08/09 it requires that the contractor pay "special attention" to the outreach and engagement of the County's Latino population and to provide outreach and provision to the more remote and underserved areas of the County including Truckee and North San Juan.

Plan 1 and 2: Nevada County Behavioral Health positively weighs any applicants for clinical positions who speak Spanish.

Plan 2: Nevada County Behavioral Health included a position for a peer advocate in its Turning Point FSP contract and in a Department of Justice grant application that was awarded to our County.

- C. Stakeholder Involvement As counties have moved from planning to implementation many have found a need to alter in some ways their Community Program Planning and local review processes. Provide a summary description of any changes you have made during the time period covered by this report in your Community Program Planning Process. This would include things like addition/deletion/alteration of steering committees or workgroups, changes in roles and responsibilities of**

stakeholder groups, new or altered mechanisms for keeping stakeholders informed about implementation, new or altered stakeholder training efforts. Please indicate the reason you made these changes. The suggested response length for this section is two pages (or one page for small counties).

Community input for the Nevada County MHSA-CSS planning process focused on the period from May 1, 2005 through September 1, 2005. An additional planning phase occurred from August 2006 through January 2007, in response to suggestions for MHSA Plan revisions from the Department of Mental Health.

Nevada County contracted with SPIRIT Center to provide outreach to un-served and under-served populations. In addition, the county contracted with the SPIRIT Center Outreach Director as Lead Facilitator for the Community input process.

With SPIRIT's leadership in conducting media campaigns, community presentations, focus groups, survey questionnaires and requests for mental health services proposals, by September 1, 2005 a significant number of residents were involved in the MHSA planning process.

In September 2005 Nevada County organized an MHSA Steering Committee to set priorities based on community input and to prepare our MHSA-CSS proposal. The Steering Committee is composed of consumers, family members, Behavioral Health staff, contract providers, and community members. Members of the MHSA Steering Committee continue to develop a broad network of consumers and providers to discuss mental health issues relevant to MHSA. The biggest change is that instead of meeting regularly, we only meet as needed. We communicate through e-mails between scheduled meetings.

Because Nevada County is a small county we needed to change the way we were conducting business. Regularly attending Steering Committee participants were getting burned out from so many meetings. The same individuals were going from meeting to meeting. This is when we decided to form subcommittees, communicate as much as possible by e-mail and decrease the number of meetings. Individuals could choose what meetings they would like to attend.

The subcommittees to the Steering Committee are: Housing, Workforce Education and Training (WET), Prevention and Early Intervention (PEI), Community Services and Support (CSS) and Capital Facilities and Technology. These subcommittees work on specific tasks/projects and make recommendations to the Steering Committee.

In July 2007 a Mental Health Services Act (MHSA) Capital Facilities and Technology (CF and IT) Subcommittee was formed. Individuals were invited to join and participate. We have as members: County Behavioral Health staff, other County staff, service providers, family members, and consumers. In March of 2008 the Capital Facilities and Technology Subcommittee joined with the Community Services and Supports Subcommittee. These meetings are open and any member of the public or service provider representative may participate in the meetings. All information from these meetings is shared with the MHSA Steering Committee and

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the Mental Health Board. The 2007 Implementation Progress Report was created in draft form by a Behavioral Health staff member with input from service providers. The draft was shared with the CSS/CF and IT and the MHSA Steering Subcommittee by e-mail. Input by the subcommittee was incorporated into the Implementation Report prior to being circulated for public comment.

D. Public Review and Hearing Provide a brief description of how the County circulated this Implementation Progress Report for a 30-day public comment and review period including the public hearing. The statute requires that the update be circulated to stakeholders and anyone who has requested a copy. The suggested response length for this section is two pages (or one page for small counties). This section should include the following information:

- 1) The dates of the 30-day stakeholder review and comment period, including the date of the public hearing conducted by the local mental health board or commission. (The public hearing may be held at a regularly scheduled meeting of the local mental health board or commission.)**

Our public review and comment period was from **03/26/09 to 04/24/09**.

Our Public hearing was held on **5/1/09** at our monthly Mental Health Board Meeting

- 2) The methods that the county used to circulate this progress report and the notification of the public comment period and the public hearing to stakeholder representatives and any other interested parties.**

The CSS Implementation Progress Report was made available to the public using the following methods:

- A copy was posted on Nevada County's MHSA website: **Will add**.
- Electronic mail notification was sent to the Mental Health Board, MHSA Steering Committee, MHSA Subcommittees, Behavioral Health contract providers, community based organizations, other County Departments, the Courts, local law enforcement, and other individuals who have requested being on our e-mail list notifying them of the start of the 30-day review period with a link to Nevada County's MHSA website.
- Press releases were sent to our local media which included:
 - KNCO-radio
 - KVMR-radio
 - The Union-newspaper
 - YubaNet.com-online newspaper
 - Sierra Sun-newspaper
 - Moonshine Inc-Spanish and English newspaper

**3) A summary and analysis of any substantive recommendations or revisions. DMH
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