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| Trinity County 3-year Integrated Plan 2017-2020 |
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|  Trinity County’s plan to implement and evaluate beneficial and effective Mental Health Services Act programming throughout the county.  |
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## Introduction

 Trinity County is a rural frontier county located in the far northwest corner of the State. It is known for its rugged beauty and mountainous terrain. The county is roughly the size of Rhode Island but is occupied by only approximately 13,000 individuals. According to U.S. Census Bureau Statistics the population of the county has decreased slightly as of July 1, 2016. There are now 12,782 residents of the county. Communities in the county are widely spaced and the two most populated townships are Weaverville with 3,500 residents and Hayfork with approximately 2,300 residents. Travel through the county is done on two 2-lane highways: Hwy. 299 that runs East and West; and, Hwy. 3 that runs North and South. Travel in the winter is sometimes hazardous due to snow storms; and, often during the summer and early fall, the county can be plagued with wildfires that inundate the air with smoke. Historically, Trinity County was a destination for prospectors and gold miners; and, later home to a booming logging industry. The economy of the county has never recovered after two mill closings and a significant reduction of timber jobs. Currently, tourism is a key source of revenue for the county and more recently the marijuana industry.

 Trinity County is homogeneity in terms of ethnicity. Residents of the county are predominately white and English speaking. The following is a breakdown of county demographics using U.S. Census Bureau data from 2015.

**Ethnicities:**

* Caucasian – **88.0%**
* Latino – **7.4%**
* Native American – **4.9%**
* African American – **.4%.**
* Asian American/Pacific Islander-**1.2%**

**Population of Older Adults: 24.6%**

**Veterans 2011-2015: 1650**

**Gender:**

* Male – **52%**
* Female – **48%.**

**Average Household Incomes:**

* Average Income: $22,975 compared to state average of $ 30,318.
* Average Median Income: $34,974 compared to state average of $61,818.
* Persons Below Poverty: 19.7% compared to state average of 15.3%.

**Challenges for the Community**

 Residents of the county may struggle with transportation issues, as it is difficult to travel from some of the most rural areas of the county in order to access social services available. While there is public transportation available, it has a limited area of service and experiences a lack of utilization. Additionally, there is a significant lack of educational and employment opportunities. Poverty, substance abuse, and domestic violence are endemic to the county.

**Purpose of MHSA 3-Year Plan**

 The intent of the MHSA (Mental Health Services Act) 3-Year Plan is to provide the public with a projection regarding each of the components within MHSA: Community Services and Supports (CSS), including Permanent Supportive Housing; Prevention and Early Intervention (PEI); Workforce/Education and Training (WET); Innovation (INN); and, Capital Facilities and Technological Needs. In accordance with MHSA regulations, all County Mental Health Departments are also required to submit a program and expenditure plan, updating it on an annual basis, based on the estimates provided by the State and in accordance with established stakeholder engagement and planning requirements (Welfare & Institutions Code, Section 5847). This updated 3-Year Plan provides a progress report of TCBHS’ (Trinity County Behavioral Health Services’) MHSA activities for the previous year, as well as an overview of current or proposed MHSA programs planned for the next three fiscal years.

# Title 9 of the CCR section 3300 requires that the MHSA 3-Year Integrated Plan and updates be developed with the participation of the stakeholder, and the description of the local stakeholder process be included in that plan or update. The community program planning process should build on previous and ongoing participation of the local stakeholders. The county is to conduct a 30-day public review period.

# *Briefly describe the Community Program Planning Process for the development of all components included in the 3-year Integrated Plan (2017-2020). Include all methods used to obtain stakeholder input.*

#  There were three Focus Groups held to invite stakeholder input. In the interest of gathering the most input from the varying communities in the county, the focus groups were held in three different areas. The first was held in Hayfork on February 22th, 2017, at Horizons, located at 154 Tule Creek Road, Hayfork. The second was held on February 27, 2017 at Trinity County Behavioral Health agency located at 1450 Main Street, Weaverville. The last group was held on March 10t, 2017, at the Community Hall in Mad River, in Southern Trinity. Each of these communities have a unique perspective regarding the wants and needs of the individuals residing in the community and the county as a whole.

#  In order to inform the community of these Focus Groups and to invite participation, flyers were disseminated widely to the Trinity County Office of Education, the Human Response Network, the Department of Health and Human Services, the Mountain Valley Unified School District, the Trinity County Probation Department, North Valley Catholic Social Services, the Southern Trinity Joint Unified School District, at both county Wellness Centers, and at several ‘central’ community locations. The central locations included: the local grocery stores, the post offices, gas stations, the TCBHS agency in Weaverville, and the satellite office in Hayfork.

#  All three Focus Groups were sparsely attended this year. Attendance tends to vary from year to year. In general, the input garnered from the stakeholders during this year’s round of groups was affirming of the county’s efforts. Community members were especially clear they wanted to maintain the program as it is for all the school based prevention and early intervention programs. The idea of adding the evidence based practice S.M.A.R.T program as a new Prevention and Early Intervention program in order to provide more intensive and comprehensive support to the county schools was considered. A handful of administrators in the Trinity Alps Unified School District were interested in exploring this idea but in general the majority of administrators representing all of the county’s school districts decided that this program would not meet the needs of students/youth as does current programming.

 TCBHS provides ongoing information about its programs on a bi-monthly basis at the TC Behavioral Health Services Board (TCBHSB) meetings. The advisory board is comprised of two members of the Trinity County Board of Supervisors (one as an alternate), the sheriff, the patient rights advocate, two representatives from partner agencies and two consumer members. The members continue to be interested in the impact that the MHSA programs are having on the community and targeted populations

 Occasional meetings held by the department heads of the Human Services agencies also serves as a mechanism for feedback for the existing MHSA programs, as well as input for future programs. Regularly present at these meetings are the Sheriff, the Chief Probation Officer, the Health and Human Services Director, and the Superintendent of Schools.

 During the community planning process, the 3-year projection of these ongoing programs was discussed. Aside from a few suggestions to provide school-based counseling to high school students in the Mountain Valley Unified School District, the overarching feedback was to continue the programs that are in place. The current programs are providing services to meet the needs of certain populations that, prior to Proposition 63, were going unmet.

1. ***Identify the stakeholder entities involved in the Community Planning Process (i.e. the name, agency affiliation, population represented, age, race, ethnicity, client/family member affiliation, primary language spoken, etc.)***

 Attendees at this year’s round of focus groups included administrators from the three school districts in the county. The Trinity County Probation Department also participated.

 There are several formal venues where information about the 3-Year Integrated Plan was shared and stakeholder input was gathered. This includes thePolicy Council for Trinity County Children’s System of Caremeeting which convenes bi-monthly; the Agency’s Quality Improvement Committee bi-monthly meeting; the Behavioral Health Services Board bi-monthly meeting and the three MHSA Focus Groups that are held every year to specifically address MHSA programming. This is not the only way the county gathers input about its plans. Often it is through more ‘unofficial’ paths. The chart below speaks to how other stakeholders have added input and, perhaps more importantly, how the county plans to further engage under-served groups so as to include their input in the plan for the future.

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|  | **Provided Input Into 3-year Integrated Plan: Focus Groups** | **Provided Input Into 3-Year Integrated Plan: BH Services Board (specify)** | **Provided Input Into 3-year Integrated Plan: Other (specify)** | **Have not Provided Input into 3-Year Plan** | **County Plans to Encourage Future Contributions** |
| **Adults and Seniors with severe mental illness:**Staff from Milestones Wellness Center have conducted two recent outreach efforts to the Golden Age Center participants. The staff concentrated on delivering psychosocial education about depression and anxiety as well as suicide prevention material. The attendees of these outreach events were given an overview of the MHSA programs in the county and Trinity County Behavioral Health’s (TCBHS) intent to use ongoing MHSA funds to sustain these programs. Feedback gathered from attendees was favorable especially in regard to suicide prevention efforts. |  | X*(see Comment)* |
| **Families of children, adults and seniors with severe mental illness:**Family members of adults/older adults and children who may be struggling with a severe mental illness have expressed support for each iteration of the county’s Innovation plan as well as the Full Service Partnership program to provide wraparound services for their loved ones. |
| **Family members of unserved/underserved populations:**Ongoing efforts are being made to engage these populations and representatives from these two cultural groups did not participate in the focus groups nor did they offer feedback in any other venue. Plans to engage these populations are underway. The agency is partnering with members of the Latino community during May as Mental Health month and the agency is contracting with the Hmong Cultural Center of Butte County to conduct focus groups/needs assessment for the county’s Hmong community. | XLatino and Hmong | *(See comment)* |
| **Consumers that reflect the cultural, ethnic, and racial diversity of Trinity County mental health consumers:** Consumers that reflect the county’s most diverse population (rural poverty) participate on the QIC and also on the advisory board and offer feedback and support to the three integrated plan.\*\* Plans to engage this population are listed above in the “Families members of unserved/underserved population” section. | XLatino | *See Comment* \*\* |
| **Providers of services:**There is not an abundance of private pay providers in the community however education on the purpose of MHSA programming has been provided to two of the three outside providers. Feedback gathered from these educative efforts has been in support of the MHSA 3 year Integrated Plan especially in regard to continuing to emphasize the importance of peer support and the idea of ‘lived experience”. |
| **Law enforcement agencies**(documented in narrative) |
| **Education** (documented in narrative) |
| **Social services agencies:**(documented in narrative) |
| **Veterans:** The local County Veteran’s Coordinator met with both the Medical Director of TCBHS and in a separate meeting with the Behavioral Health Director. His primary goal is to assist veterans to participate in services through the VA in both Redding and Eureka. He believes it is important for veterans to meet with fellow veterans to fully realize assistance for behavioral health needs. A wellness center staff will be continuing to lead this effort.  |  |  *See comment* |
| **Providers of Substance Use Disorder (SUD) Services (fka Alcohol & Other Drug (AOD) Services):**Trinity County Behavioral Health is an integrated agency and as such the administrator of the Substance Use Disorder services is aware of and provides regular feedback regarding the county’s MHSA programming and three integrated plan. |
| **Health care organizations:**There is a bi-monthly integrated health care meeting that allows opportunity for community partners to weigh in on the MHSA 3- year Integrated plan. In the past there have been meetings with hospital administrators where all aspects of services available at TCBHS are discussed. This opportunity may be re-established in the future. |

1. ***Describe the methods used to circulate, for the purpose of public comment, the 3-year Integrated Plan.***

The 3-Year Plan 2017-2020, presented to the community, includes the following components: 1) Community Supports and Services (CSS); 2) Prevention and Early Intervention (PEI); and 3) Innovation (INN). The innovation plan this year has two important parts. The first is drafting a final report on the plan that will end on June 30th, 2017. It will be a summative report describing the success toward the county’s goal and lessons learned. The second part will be creating a new proposal, with a study question, that will be presented to the Mental Health Oversight and Accountability Commission for approval. An announcement describing the purpose of the Mental Health Services Act (MHSA), as well as an invitation for interested community members to attend the public hearing on May 31, 2017 was published in the local newspaper. An official notice of the public hearing was posted on the bulletin boards at the Weaverville and Hayfork TCBHS clinics. Additionally, the notice was distributed to partner agencies in the community and posted on the TCBHS website. Furthermore, in an effort to provide the community with as much information as possible, the 3-Year Integrated Plan for 2017-20, in its entirety, was also posted on the TCBHS website.

1. ***Include substantive comments received during the stakeholder review and public hearing responses to those comments and a description of any substantive changes made to proposed 3 Year Integrated Plan that was circulated. If no substantiated comments were received.***
2. ***Introduction of components included in Trinity County’s 3-Year Integrated Plan.***

 TCBHS has used its MHSA dollars to fund programs to meet the needs of the community. Prior to the implementation of MHSA programming, Trinity County’s children and youth had gone with minimal intervention services. There was also a shortfall regarding any type of wrap-around service that would help an individual to address functional impairments in various life domains. The medical model and deficit-based approaches were the treatment options for those who sought services. Mental Health Services Act dollars allowed for these insufficiencies to be ameliorated, adding depth and quality through evidence based practices to the services being provided.

 The general population of the county is predominantly Caucasian and English speaking. The Latino population in the community is growing and has increased to about 7.1% according to the latest statistics presented by the U.S. Census Bureau. The Native American populations, primarily members of the Nor Rel Muk Tribe, a band of the larger Wintu Tribe, are indigenous to Trinity County and represent a small but important population. In Hayfork and other Southern Trinity, communities are seeing a major growth in the Hmong population due to new legislation legalizing the use of marijuana. This community is proving hard to engage due to cultural barriers as well as the overall insular nature of the county’s smaller communities.

 Currently, there are no threshold languages in the county but over the last five years there has been a noticeable shift in the county demographics. The culture that is over-represented in the county is the “culture of poverty”. The issues that are plaguing those living within this culture are: domestic violence; substance abuse; limited education and employment opportunities; and co-occurring mental health disorders. The Human Services agencies in the county are consistently searching for effective strategies that will help address these concerns. To sustain this programming during the FY 2017-20, TCBHS has used the MHSA dollars to address these concerns throughout all of the components and plans. The programs described for the 3-Year Integrated Plan have been in place since 2010. Sustainability is always a key factor for the success of a program and this is what TCBHS has strived to achieve. It has implemented strong programs based on the needs and input from the community. Hence, effective program monitoring has corrected areas needing improvement or re-focusing and has ultimately created programs which can be carried forward into the next few fiscal years.

***Community Supports and Services (CSS):***

There are two key components that comprise TCBHS’s CSS plan:

 1) The Horizons Wellness Center in Hayfork and the Milestones Wellness Center in Weaverville – which are responsible for outreach and engagement activities; and

 2) Full Service Partnership Program (FSP).

*Wellness Centers*

 The Wellness Centers perform a unique and important function in the communities in which they are located. In an effort to engage the unserved and/or underserved in the community, individuals can receive peer support and counseling at both centers regardless of Medi-Cal status. Intensive interventions and support are provided by Milestones Outreach and Support Team (M.O.S.T.) members. These interventions help individuals handle struggles across many life domains. This team is comprised entirely of peer staff who have a unique understanding gained through ‘lived’ experience regarding what it is like to deal with troubling symptoms, what it is like to be a consumer of the county mental health system, and who have also achieved personal recovery.

 The centers represent a gateway to more traditional interventions offered through TCBHS. A Peer Specialist can make contact with an individual they feel would benefit from services offered at the agency and will make referrals, as appropriate. Individuals are referred to other community agencies that may have additional supports and services to offer. The wellness centers often serve as a bridge back to establishing healthy and positive roles in the community. Basic need items are provided to participants at the centers. This includes a daily served meal, clothing and hygiene items, as well as, on occasion and when available, sleeping bags or tents for those who are homeless and living out-of-doors. In addition to addressing some of the most basic needs, activities at the center are geared toward improving social and life skills, assisting individuals who are applying for entitlement programs, and helping to build employment skills. Enriching pursuits include an exercise group, yoga group, biofeedback, arts and crafts, life skills group, W.R.A.P. (Wellness Recovery Action Plan) Group, and a leadership group offering a Peer developed curriculum. Currently, the Wellness Centers offer a Work Readiness/Life Skills Group to help individuals identify and achieve goals regarding employment or volunteer work.

 Embedded in the programming designed for the centers are elements that meet stipulations of the Mental Health Services Act (MHSA). The unserved and underserved populations of Trinity County include Native American and Latinos. Milestones and Horizons have developed a relationship with the Nor Rel Muk Tribal Council, resulting in two Native American spirituality events. Additionally, there is an ongoing presence of a tribal member who offers educational herbal walks to the centers’ participants. Efforts to engage members of the Latino community are ongoing. Though there are no participants at either Center who identify as Latino, practices are in place to welcome Latino individuals and to develop culturally appropriate programming. Both wellness centers have Spanish Language outreach materials available and are disseminating these materials at outreach events.

 Individuals who are geographically isolated or extremely economically disadvantaged are under-represented in the county mental health system. The Wellness Centers are continuing to play a pivotal role in welcoming and helping these individuals gain access to services. Ongoing efforts will continue to include members of the lesbian, gay, transgender, and bi-sexual community in the membership and activities offered through the centers. In the spring of 2017, an LGTBQ training, which will focus on adolescents and adults coming out, will be presented to wellness center and agency staff.

 The recovery focused programming and services at Milestones and Horizons are complimentary to and support the more traditional interventions offered through the TCBHS agency. By utilizing the MHSA-CSS funds, TCBHS has created an adult ‘wrap around’ program for individuals who may have ‘fallen through the cracks’. It is the intent of TCBHS to continue to fund the wellness centers and to support program growth.

 In the spring of 2014, TCBHS and the Wellness Centers’ program braided funding sources together and embedded the SB 82 Crisis Triage Program into the system of care. This program’s essential focus is to prevent the over-utilization of the local Emergency Room (ER) for psychiatric crises that do not require hospitalization. TCBHS has submitted the latest iteration of the Innovation Plan to the Oversight and Accountability Committee (OAC). This program will allow peer staff to be available as the “first point of contact” for individuals who present to the Center in crisis. The referral process is placed in the peer staff’s capable hands and, when appropriate, the individual in crisis is empathically placed in the care of the TCBHS Crisis Triage Worker. As of June30th 2017, this iteration of the county’s Innovation will end and a report will be submitted to the Mental Health Oversight and Accountability Commission (MHSOAC) regarding success of this innovative approach as well as lessons learned. This report will also be available for review by the Trinity County Behavioral Health Board.

*Full Service Partnership (FSP) Program*

 Similar in its focus to meet the needs of individuals in the county who have previously gone underserved or inappropriately served, is the Full Service Partnership (FSP) Program. This program focuses on those in the community who are at high-risk and unable to access services through other means. It is the continuing goal of TCBHS to maintain FSP slots for children, transitional aged youth, adults and older adults.

 From the initial implementation of its FSP Program, TCBHS has maintained two available spots within each of the four age groups, serving a total of eight clients. Recently, TCBHS has chosen to expand that number to thirty individuals. TCBHS will continue to structure its FSP Program to reflect two tiers. The first tier will be those individuals who are experiencing an acute crisis, have a mental health diagnosis, and are experiencing a disruption in one or more other life domains. The first tier will allow individuals to regain stability in their lives and to transition out of the program. The second tier represents those individuals who are chronically mentally ill and who, without ongoing and intensive support, are likely to decompensate and need hospitalization. Though recovery is always the focus of services provided, these individuals will likely be long-term participants in the program.

 For fiscal years 2017-2020, TCBHS will identify children from birth to age 18 as an FSP. Children enrolled in the FSP Program will present as being emotionally disturbed or severely mentally ill. In addition, he or she may have experienced multiple psychiatric hospitalizations, have co-occurring disorders, are exiting the Juvenile Justice System or social service system, is uninsured, is unable to function in a mainstream school setting, have parents with a serious mental illness, and/or have a family that may be homeless.

 Trinity County does not have a youth wrap-around service; however, the Agency is continuing to work collaboratively with partner agencies to support a limited wrap-around program. TCBHS has utilized a portion of its PEI dollars to hire a Prevention Services Liaison. This staff member works within the Trinity County Probation Department, specifically with youth and families who are experiencing the Juvenile Justice System and who are at-risk of school failure. This Liaison would have the opportunity to interact with children or youth who have been identified as an FSP. The Liaison may play a key role in the identification of individuals who meet FSP criteria and will be able to make referrals to TCBHS after meeting with children or youth who are in need of intensive support.

 Even though Trinity County has a limited number of children in out-of-home placements, it is the goal of TCBHS to address the needs of these children and to prevent further placements. The FSP Program addresses a critical gap in the continuum of care, allowing children and youth to enroll in the FSP Program that the children’s system of care has available in Trinity County. Over the past six months, Trinity County has been working to create a functional Children’s System of Care that is being reformulated. We now have an identified coordinator, and are embarking on new training for parent partners who will be able to assist parents of FSP Children to navigate the system to acquire the benefits and resources they need to assist their family member.

 TCBHS is committed to enrolling Transitional Age Youth (TAY) who meets one or more of the following criteria:

* Have or are experiencing a first psychotic episode;
* Are homeless;
* Have had multiple psychiatric hospitalizations;
* Have co-occurring disorders;
* Lack insurance and are exiting the social service system or are being released from probation;
* Are members of an underserved population due to cultural or linguistic isolation (i.e. Latino, or members of the Nor Rel Muk Tribe); and
* Are members of impoverished communities or communities that are geographically isolated.

 TCBHS will continue to enroll TAY into the FSP Program. Individuals in this e group who are participating in the program will receive assistance to achieve appropriate housing, to stabilize symptoms, and return to the community from out-of-county placement. This group is in particular need of continued support due to frequent substance misuse issues and considerable lack of educational and employment opportunities. TAY enrolled in the FSP Program are assisted in accessing a variety of community resources suited to the culture and language needs of the individual. While a ‘whatever it takes’ approach is used to support the TAY, the goal and focus is to move the individual toward self-sufficiency and independence. Linkage to other services, including mental health, medical care, education, employment, and housing, will help TAY avoid the label of ‘chronically disabled’ or ‘unemployable’. Efforts will support the TAY to navigate more successfully in the normal developmental stages appropriate for their age. In the fall of 2016, TCBHS contracted with the Felton Institute who provided an evidence based training in Cognitive Behavioral Therapy for psychosis Front Line Providers. (CBTpFLP). Our goal is to provide an effective intervention for the TAY FSP to address the concerns of this age group.

Adult FSP enrollees are those individuals who are:

* Chronically mentally ill;
* Have had numerous psychiatric hospitalizations;
* May be struggling with a co-occurring substance abuse disorder;
* Are homeless or at-risk of becoming homeless;
* At risk of incarceration; and
* Members of an underserved population (i.e. Latinos or members of the Nor Rel Muk Tribes).

 It is the intention of TCBHS to address the needs of these individuals in a manner that is culturally and linguistically competent, as well as focusing on individuals in the community who may be under-represented in the county mental health system. TCBHS is determined to identify more individuals as FSP’s and it is anticipated that the majority of those identified will fall into this age group. The stakeholder process that is completed every year prior to submission of the Annual Update, or this Integrated Plan, continues to reveal the need to include FSP clients in the FSP Program who are at a stage in their recovery that requires significant support.

Older Adult FSP enrollees are those individuals who are:

* Chronically mentally ill adults sixty years old or older;
* Struggling with acute chronic symptoms of mental illness and who are presenting with co-occurring diagnoses;
* Dealing with multiple functional impairments;
* Isolated, homebound, living in an institutional setting, and have limited resources;
* Are at-risk of becoming homeless (or are already homeless);
* At risk of a psychiatric hospitalization; and
* Struggling with co-occurring substance abuse disorder.

 TCBHS will continue to expand its FSP Program in order to include older adult individuals. This population is typically difficult to engage due to the stigma that is often attached to mental illness for individuals in this demographic. TCBHS will continue to work toward partnering with both the Golden Age Center in Weaverville and the Roderick Center in Hayfork, providing outreach to this underserved population. The focus of this program will be to deliver culturally and linguistically competent services to seniors in the community and to assist older adults in achieving their maximum level of functioning while maintaining independence, if possible, in the community. Efforts will focus on decreasing isolation and minimizing the risk of suicide.

***Prevention and Early Intervention (PEI):***

 For the fiscal years 2017-2020, the time span for the 3-Year Integrated Plan, TCBHS has five programs funded by PEI dollars. During the initial stakeholder process and during subsequent stakeholder forums, it was identified that the children and youth of Trinity County have historically been over-looked and under-served by the system. The overarching goal was to create Prevention and Early Intervention (PEI) programs to be delivered through the schools and other community agencies who regularly work with children and youth. During the latest round of focus groups, it was stated at all three locations, that the prevention efforts anchored at the schools were effective in helping children develop social emotional skills to support better functioning. It was noted from school administrative and teaching staff, that they no longer felt like children in need of mental health services and support were getting lost in-between the education and mental health systems.

*Prevention Services Liaison:*

 Stakeholders identified youth in the community as individuals who often “fell through the cracks”. It was agreed that if PEI strategies were to be implemented, then the needs of these youth would be better met. While there was an overall gap in services for all children and youth in the county, it was also determined that youth experiencing the Juvenile Justice System were even more likely not to receive all the services they required to stabilize mental health issues or deal with dysfunctional behaviors. These youth have a significant need for support in order to meet the conditions of their probation and to re-integrate successfully back into the school environment. The vison of TCBHS was to create the position of the Prevention Services Liaison, who is anchored at the Trinity County Probation Department. This individual has immediate and regular contact with youth who are either currently in Juvenile Hall or who have been recently released on probation. The Liaison works to support these youth as they transition back into the school environment. In order for the Liaison to accomplish this, they must have regular contact with schools in all districts located in the county and also must be able to establish functional and cooperative relationships with the parents of these youth.

 Another key element in this program is for the Liaison to provide support to the county elementary and high schools by providing educational presentations to the youth enrolled. These presentations often focus on the negative consequences of poor choices, i.e. possession and use of a controlled substance, driving while under the influence, or making threats of violence towards others. The Liaison can also present on more generalized curriculum such as anger management, community involvement, and the impact of substance abuse. The Prevention Services Liaison is also available to schools to handle crisis situations. School staff reports that the presentation that discussed consequences has been particularly helpful for youth, especially those at-risk of perpetrating troubling behaviors.

 When identified by the Liaison, a referral process has been established for those youth that have a possible need for mental health services. A referral is made to TCBHS and the Prevention Services Liaison will follow-up to make sure that an appointment has been made. The Liaison then works closely with parents or caregivers to make sure that the appointment is kept. The Liaison also works closely with the SUD Services Prevention Team from TCBHS. The Liaison attends the weekly SUD Services Prevention meeting in order to provide the best possible intervention for the youth incarcerated in Juvenile Hall and the youth released on probation who are also struggling with substance abuse issues.

 An important prevention strategy the Liaison utilizes is to establish relationships with the parents, working with both them and their children to address concerns regarding substance use and other behavioral issues. By having the Liaison available to work closely with parents, as well as with the schools and the Probation Department, youth who would usually have a difficult time adhering to the terms of their probation, have successfully re-integrated back into the school environment and community life.

 The Prevention Services Liaison attends the weekly meeting with the TCBHS Prevention Team. He reports to Anne Lagorio, MFT-I, the SUD Services Administrator and TCBHS Assistant Director. In addition, the Liaison is in regular contact with the lead SUD Services Counselor. These key individuals discuss plans for upcoming events directed toward youth in the community. There is also an open line of communication between these three key staff; Liaison, SUD Services Administrator, and lead SUD Services Counselor, regarding crisis intervention and adolescents in danger of violating the terms of their probation.

 Another key element of the PEI project is the Prevention Services Liaison’s relationship with the Trinity Office of Education (TCOE) and schools located within the county’s three districts. The Liaison attends the School Attendance Review Board (SARB) meeting every month, as well as the meetings of the Local Coordinating Coalition. The Liaison is in regular contact with the parents of youth, when he or she is truant habitually from school. The Liaison also assists the parent’s in identifying ways to address the behavior, including making referrals to partner agencies and TCBHS, when needed. Initial and ongoing outcomes show that the positive rapport that the Liaison is able to build with youth, parents, and schools has been effective. The outreach performed and the consistent follow-up has contributed significantly to the reduction of recidivistic behaviors and less re-involvement in the Juvenile Justice System.

 Discussions during the Focus Group for this 3-Year Integrated Plan illuminated an ongoing desire from all school districts in the county to continue to have the liaison in place to work with at risk adolescents. It is the hope of the Administrative and teaching staff from all the districts to have the Liaison as a more regular presence on campus, apart from the presentations he currently facilitates. It is believed that having the Liaison more regularly available has two benefits: 1) it allows the youth to build relationships with the Liaison; 2) it would act as a deterrent for inappropriate violent behaviors, as the Liaison is viewed by youth as being law enforcement.

 The following is anecdotal information that appears in the last PEI outcomes report for the Prevention Services Liaison.

“*A juvenile truancy case had continued into this quarter from the previous quarter. This case was challenging because of the death of a sister and father six months apart from each other and the youth being in denial about needing services. After the minor and mother were given resources to local counselors and information with Behavioral Health, the minor started attending sessions with a private therapist over the summer. In the fall of 2016, his attendance improved and he was involved in sports. The court recognized the improvement and dismissed his case. However, two months later he was at risk of being sent to the School Attendance Review Board (SARB) for not attending school. His mother contacted the Prevention Liaison because the minor was being defiant, verbally argumentative with her, and stopped attending counseling. This Officer met with the minor and parent and discussed how to handle situations which escalate into arguments, the reasons for missing school, and also to insist he return to counseling. The parent was also provided information to the Human Response Network for resources. Did the youth eventually settle down and benefit from the specific intervention?*

*This case is an example of a positive interaction between Probation and a family that had a prior involvement with the juvenile justice system. The parent was comfortable and knew how to contact the Prevention Liaison for assistance even though there was no longer an active case for the minor*.

 This anecdotal narrative demonstrates the efficacy of the support provided by the Prevention Services Liaison to promote positive outcomes for the youth and families with which the liaison works.

*Link Center*

 Originally the Link Center was one part of a two part collaborative between Southern Trinity Health Services (STHS) and Mountain Valley Unified School District (MVUSD). The relationship between the two allowed shared ideas about program development and effective intervention strategies for school age youth. The Link Center has since done away with this partnership and is a stand-alone program that is anchored at the Hayfork Elementary School.

 The Link Center provides individual and group psycho-educational counseling to children who may be at-risk of school failure due to behavioral problems, family crisis, or social concerns that may interfere with concentration and learning. The Link Center staff invites parents and family members of students to visit the on-campus site as a way to promote healthy communication between the school and family. This strategy helps promote a more family-based community, earning loyal and strong community support towards the Link Center. Key staff at the Center present curriculum that deals with the most common issues plaguing students; i.e. bullying, family issues, and anger management. The social worker at the Link Center makes an effort to meet and to get acquainted with each student. This relationship building strategy has gone a long way to promoting a sense of trust in the children and, in turn, their parents and caregivers.

 The following is anecdotal information extracted from the last PEI Outcomes Report submitted by the Link Center Staff:

1. ***Counseling Services:*** *At the beginning of the 2016 school year, enrollment for MVUSD was at 268. Currently the enrollment is 267. Between August 22nd and December 16th , 2016, 120 students utilized counseling services through the Link Center which represents approximately 35% of MVUSD population receiving direct counseling services. Counseling was done in individual, group, crisis, and drop-in sessions. Topics covered ranged from anger management, coping strategies, social skills, family conflict, academic success, grief and loss, relationship conflict, and drug and alcohol issues.*
2. ***Prevention/Student Services:***
	1. *The website for the Link Center is still under construction (LinkCenter.weebly.org) and will be overseen by the MVUSD counseling technician. Suicide prevention, district activities and community service projects will be among some of the information provided.*
	2. *The counseling technician facilitates TUPE activities and is assisting students spearhead a “take back the park” movement which will involve signs which remind people about appropriate park behaviors.*
	3. *Cultural Nights are held monthly in the evening and bring families and students together to celebrate their cultural heritage and that of others.*
	4. *Tutoring services were offered through the Link Center to students identified as having academic challenges.*
3. ***Education:***
4. *Comprehensive guidance program has been implemented in grades K-8 which addresses topics such as: time and place, appropriate behavior, and academic success. The lessons were delivered three times over the school year in every class, twice during the August-December months.*
5. *Four-year plans were created for the 6th-8th graders and multiple career inventories were administered.*
6. *Field-trips provide students with college and cultural experiences, along with other interest-based excursions as well.*
7. ***Referral to resources:*** *Children and their families were referred to various organizations for the following services: clothing, shoes, food, mental health services, dental services, and other medical needs.*
	1. *Clothing, shoes, jackets, and blankets were distributed to 81 students through the Link Center.*
	2. *8 students were newly identified as McKinney-Vento through the Link Center and afforded resources based on that identification. A total of 45 students district wide are able to access resources based on their McKinney-Vento identification.*
	3. *Transportation was provided for five families to access Mad River Health Services.*
	4. *Ten referrals for mental health services were made to Behavioral Health in Weaverville.*

Testimonials:

*“I like the fun stuff that Mimi and Anmarie teach us about every week.”*

* *1st grader*

*“I loved the birthday party that I had with five of my friends in the Link Center.”*

* *6th grader*

*“I studied for the Constitution test with other kids in the classroom with Mrs. Swanstrom.”*

* *8th grader*

*“I worked on an art project with Mimi and she showed me how to make a sculpture!”*

* *4th grader*

*“After my class all ‘crossed the line’ we started to treat each other better.”*

* *7th grader*

*“We did a presentation about tobacco use to the 5th, 6th , 7th and 8th graders with Mimi’s help.”*

* *5th grader*

*“Mrs. Anmarie came into our class and helped us make cookies for the Winter Program and sang songs with us too!”*

* *Kindergartener*

*“The number of kids who receive clothes and shoes and school bags from the Link Center is extremely high, and Mimi and Anmarie are always providing the necessities for our students in need of the basics. I appreciate their care and compassion for all the students at Hayfork Elementary School. Their guidance program touches all the students and helps them develop coping strategies to find success.”*

* *HES Principal*

“*The counseling staff provided a “Refocus Room” for the junior high wing and that was so helpful to me and the other teacher I work with. Students who were having behavior issues or emotional or academic challenges found a safe and respectful place to organize themselves. This improved the overall morale of the students and the number of inappropriate behaviors has declined.”*

* *Hayfork Elementary School 8th grade teacher*

*PEI Counselor*

 The stakeholder process identified a lack of services for children and youth countywide. A second PEI program was launched in the Trinity Alps Unified School District. This project, like the Link Center, is school-based. The PEI Counselor for the Trinity Alps School District is located at the Trinity County Office of Education and therefore is available to serve within the elementary school district. The PEI Counselor travels from school to school on a set schedule and is available to facilitate individual and group psycho-educational counseling sessions. The Counselor has established cooperative working relationships with school administrators in order to identify and address issues affecting the student body. In an effort to achieve a consistency across programs, the PEI Counselor from Trinity Alps School District is in regular contact with the Social Worker from the Link Center. Both school-based Prevention Counselors participate on the Local Coordinating Council.

 The PEI Counselor focuses on presenting curriculum that discusses bullying, anger management, and building social skills. An added element is to work with 7th and 8th grade students, helping them transition more successfully into the high school environment. When a child is experiencing a crisis at school, the Counselor is available to come to the campus to de-escalate the crisis situation. The PEI Counselor will act as a liaison for youth transitioning into high school access ongoing support at this level.

 The PEI Counselor establishes a relationship with the parents and families of children that are seen in crisis or those children who have been referred by the school. This relationship helps ease the referral process should one need to be made to another agency, including TCBHS. In effect, the PEI Counselor acts as a liaison between parents and TCBHS in order to begin the intake process. For any referral made to TCBHS, the PEI Counselor will follow-up in order to make sure that appointments are kept and any barriers are identified. There is a collaborative relationship that has been established between the PEI Counselor and the TCBHS clinicians. The TCBHS clinical staff meets monthly with the PEI Counselor to discuss children who have been referred to services and to assist in the identification of children who may need a more intensive intervention than the PEI Counselor is able to provide.

The following is anecdotal information taken from the last PEI Outcomes Report submitted for this program:

**Title of Project:** Prevention & Early Intervention (PEI) Program

**Brief Description:**

The goals of the PEI program are:

1) To promote a culture of caring, respect and safeness.

2) To provide social-emotional skill building.

3) To deliver brief early intervention counseling services.

4) To deliver crisis intervention.

5) To provide bullying, violence, substance abuse prevention.

**Target Audience:** K-8 students attending five area schools - Weaverville Elementary school & Trinity Preparatory Academy, Douglas City school, Junction City school, Burnt Ranch school, Lewiston school.

**Number of Participants served**: 528 students or 68% of total student population in Trinity County.

**Statistics: Ethnicity, Language, and Special Education**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **American Indian or Alaska Native** | **Asian** | **Pacific Islander** | **Hispanic or Latino** | **African American not Hispanic** | **White****Other** | **Declined to state** | **Language (English As a Second Language)** |  **Special Education students** |
| **Weaverville Elementary school & Trinity Preparatory Academy** | 11 | 2 | 2 | 56 | 3 | 385 | 8 | 4 | 59 |
| **Douglas City school** | 21 | 4 | 0 | 20 | 0 | 142 | 0 | 0 | 10 |
| **Junction City school** | 12 | 0 | 3 | 6 | 0 | 49 | 0 | 1 | 5 |
| **Burnt Ranch school** | 36 | 2 | 0 | 20 | 4 | 31 | 1 | 0 | 9 |
| **Lewiston school** | 2 | 1 | 0 | 0 | 0 | 60 | 0 | 0 | 6 |
| **Total** | **82** | **10** | **5** | **102** | **7** | **667** | **9** | **5** | **89** |

**Prevention Education & Interventions**

|  |
| --- |
| **August – December 2016** |
| **School** | **Classroom wide****Interventions**(grade: student number) | **Group****Interventions**(grade: student number) | I**ndividual****Interventions**(grade: student number) | **Total student****Interventions** |
| **Weaverville Elementary school & Trinity Preparatory Academy****Total: 390** | TK: 13 K: 541st: 342nd: 363rd: 31**Total: 155**  |  | K: 11st: 2 2nd: 4 3rd: 4 4th: 15th: 36th: 27th: 28th: 2**Total: 22** | **165** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Douglas City school****Total students: 174** | 1st: 192nd: 123rd: 224th: 245th: 226th: 277th: 238th: 23**Total: 172** | K: 2 **Total: 2** | 1st: 33rd: 44th: 45th: 16th: 17th: 4**Total: 17** | **174** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Junction City school****Total: 68** | K-2nd: 193rd-5th: 276th-8th: 22**Total: 68** |  |  K-2nd: 23rd-5th: 56th-8th: 3**Total: 10** | **68** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Burnt Ranch school****Total: 91** | K: 91st -2nd: 20 3rd-4th: 217th-8th: 17**Total: 67** |  | K: 11st: 1 2nd: 23rd: 14th: 1 5th: 16th: 27th: 2**Total: 11** | **70** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lewiston school****Total: 56** | TK-1st: 172nd-4th: 22**Total: 39** | 5th-8th: 12**Total:**  12 |  | **51** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total students: 779** | **501** | **14** | **60** | **528** |

**Goals and Objectives**

**Primary Goal: Students will expand in their knowledge of social-emotional learning curriculum.**

**Objective 1**: *Expand students' toolbox of specific social-emotional techniques and life skills through classroom wide social-emotional learning coursework, participation in groups and/ or individualized consultations.*

***Objective 2****: Support students to practice and integrate new social-emotional skills when resolving individual, group and/or classroom-wide problems.*

*From September through December 2016, 501 students in five Trinity County, California K-8 schools received 30 minutes of weekly, bi-weekly, and/or monthly social-emotional learning curriculum. Classroom wide topics addressed grade specific, as well as classroom specific needs ranging from building self-regulation skills, social skills, communication skills, listening skills, teamwork skills, mindfulness skills, and/or problem solving skills.*

*Students that received either individual, group, and/ or classroom wide SEL curriculum were assigned home practice in order to help integrate and practice the new knowledge gained. New skills were reviewed and reinforced the next time that the class met. Students were encouraged to work together in pairs or teams to help each other be successful with the new knowledge.*

***Secondary Goal: Students will experience an increased level of social-emotional wellness.***

***Objective 1****: Create and support classroom wide projects to foster a culture of kindness, caring, and respect for students themselves, in their class and school community.*

***Objective 2****: Expand in students' self-awareness and self-care by providing home practice opportunities, as well as continued access to individual, group support, and classroom-wide intervention services.*

*From September through December 2016, individual, group and classroom-specific projects were created with the goal to expand and practice working in teams, communicating, and generating positive outcomes around expanding kindness and improving the positive working environment among students. Students were introduced to new concepts around expanding in their own self-awareness, as well as charged with home practices that would help them maintain school/ life balance and a general sense of wellness.*

***Summary Narrative of Outcomes & Evidence of Outcomes***

***Case study: Weaverville Elementary school***

*Grade 3:* ***Communication skills***

*At the beginning of the school year, third graders at Weaverville Elementary school began learning and strengthening communication skills. The class self-identified communication skills as an area in which they needed support. During classroom-wide interventions, students learned about the following communication components: Body language, Voice/ tone, Manners, and Apologizing. Students created and implemented various communication strategies to help themselves and support their classmates around various improving their classroom environment to be a more peaceful and productive place. Through periodic check-ins, students gave verbal feedback to their teacher about their steady positive progress around improved communication in the class.*

***Case study: Junction City Elementary school***

*Grade 6, 7 & 8:* ***Stress management skills***

*The Middle school students at Junction City Elementary school have been learning about self-care, stress management, and self-empowerment tools. During classroom-wide interventions this cohort of students has expanded their knowledge on the following topics: the physiology of the stress response, the relaxation response, diaphragmatic breathing, tools for stress management, and developing an awareness of changes in your physical body when stress occurs. Students provided verbal feedback to their Homeroom teacher and the Prevention counselor about the positive impact that this skills set is making to help manage test anxiety, as well as athletic competition.*

***Case study: Douglas City Elementary school***

*Grade 5:* ***Friendship skills***

*As part of the PATHS (Promoting Alternative Thinking Strategies) Social-Emotional Learning curriculum, fifth grade students at Douglas City focus a part of their learning on building and expanding friendship skills. Each classroom-wide intervention begins with a “compliment student” of the day, who sits at the front of the room and receives compliments from their peers, their teacher, gives a compliment to themselves, and from their family. Students learn the five types of compliments that you can give someone, and practice kindness and generosity with their peers. Students provided verbal feedback to their teacher and the Prevention counselor about the positive social difference that this exercise creates for both individual students, as well as the classroom environment.*

***Case study: Burnt Ranch school***

*Grades 1 & 2:* ***Social skills***

*First and second grade students at Burnt Ranch school have been focusing on building and expanding positive relational and social skills. The curriculum has included listening to others, how to communicate when you would like someone to stop doing something that is bothering you, manners, sharing, and definitions of polite vs. rude. The teacher and Prevention counselor have observed that students have started to integrate these new skill sets and tools, while continuing to learn and practice new strategies as well. Expanded learning and strategies for navigating social situations are two of the positive, concrete outcomes of this intervention.*

***Case study: Lewiston school***

*Grades TK-1:* ***Self-regulation skills***

*Transitional Kindergarten, Kindergarten and first grade students at Lewiston school have been focusing their learning on body control and body awareness. This group of students have been practicing tools including belly breathing, gentle movement, gentle stretching, mindfulness, and visualization to help themselves to slow down, notice their emotions, and make good choices. The teacher and Prevention counselor have observed students’ sense of improved body awareness (e.g. posture, if/ where hands & feet are moving, body language, etc.) thus far.*

*Southern Trinity School Counselor*

 In an effort to create consistency among its PEI Programs, TCBHS is funding a third school-based Counselor. This third program serves the Southern Trinity Joint Unified School District (STJUSD). As with the Counselor at the Link Center and PEI Counselor with the Trinity County Office of Education, this Counselor provides educational counseling to students who are experiencing behavioral issues and who may be at-risk of school failure.

 TCBHS is funding, in cooperation with Southern Trinity Joint Unified School District, a school Counselor who will serve all the schools located in that district. This Counselor will be working with youth from an extremely rural community and whose families likely struggle with poverty. The counselor will be available to all children, both at the elementary and high school. Focus will be on children who have been identified as at-risk and may be struggling with issues that are interfering with their academic progress. The counselor will present curriculum that deals with the most common issues concerning students; i.e. bullying, family trauma, and anger management. Should a crisis situation arise, the Counselor will be able to meet one-on-one with the child and will follow-up with the parents. The Counselor will establish a relationship with the parents and families of children seen in crisis or those that have been referred by the school.

 For the 3-Year Integrated Plan, TCBHS intends to fund the Southern Trinity Counselor with approximately $22,000, which is the equivalent of approximately two days a week on campus for the duration of the school year(s).

 The following is anecdotal information submitted in the PEI Outcomes Report for this program.

*Case study #1: This student has improved greatly in academics. They are no longer on the D and F list this year. They have struggled socially and emotionally with in their short life. For the past 2 years they have done many at risk behaviors some of which have been online at risk behaviors with the opposite sex. They are not always supported in the home environment and have come from an abusive past. For the most part they are not doing as many at risk behaviors do to individual counseling and group counseling; along with having another adult mentor available.*

*Case study #2: This student has had trouble socially and emotionally for the past 3 years I’ve been here. They tend to feel success and then sabotage themselves because they become afraid of the success. Test scores and school work when done shows that they have the skill set to be at their academic level; however, as soon as the grades are average or better all of a sudden they are back to D’s and F’s with behaviors landing them in the office or suspended from school. I have made short term goals and reward system with their buy in and goes great for the 1st week or day if necessary; however, after the 1st reward it all goes south. The home environment is not the greatest, mom does not always provide emotional support. What has worked for the student is to have teaching aide beside them as a reminder of making good choices at school. After a suspension meeting with mom the school will try to provide a kind of mentor atmosphere for them at school as much as possible. The goal is to have mom take the student and have a behavioral assessment done so we can include them on the behavior specialist case load in the near future.*

The following are some numbers that provide context for the program.

Student populations:

Van Duzen: 83

Zenia: 11

Southern Trinity: 22

Lassic: 1

Pre-School: 14

ST Adult Ed.: 2

Currently there are 17 IEP Students; 2 504 students and 5 student study teams in progress. There are five students that are considered in high need of behavioral interventions and they are receiving services both with the PEI counselor and through behavioral health.

For the year of 2016-17 the PEI Counselor has had 811 meetings with students while working an average of 10 days per month.

The monthly average: 135 Weekly average: 39

33 students within the Southern Trinity Unified School District are either homeless or lack adequate housing.

In general, the students that needed behavioral interventions have decreased from 12 to 5 over the past year. The following is a sampling of groups and activities that the counselor has facilitated.

Individual counseling, Life Skills 6th thru 8th grade, Girls Circle-high school, Friendship group-K-1, Mothers/Daughters group, Career/College fairs, Career assessments, Academic counseling, college visits

*PEI Statewide Projects:*

 Statewide prevention efforts include large scale campaigns like “Each Mind Matters” and ‘Know the Signs” that work toward reducing the stigma of mental health issues and creating awareness through education about suicide prevention. The “Each Mind Matters” campaign has several ways that it provides assistance to counties and not the least of which is technical assistance and a network of resources to meet the variety of training needs for counties. “Know the Signs” has provided resources to counties that includes posters, handouts and print adds that speak to the subtle signs people demonstrate when contemplating suicide.

Trinity County Behavioral Health believes that education is an important way to both reduce stigma and the chance for suicides and supports and participates in these statewide efforts. For the fiscal year 2017-2018, Trinity County intends to contribute 4% of its PEI contribution which equates to approximately up to $12,500 in order to help underwrite this project and to continue to benefit from the macro-level programs.

*MHSA Coordinator*

 The MHSA Coordinator is responsible for oversight and implementation of programs for all components of the MHSA. In terms of PEI, the MHSA Coordinator acts as liaison for the CalMHSA statewide projects. The MHSA Coordinator will continue to act as a conduit for information regarding statewide anti-stigma and suicide prevention strategies. The role of the MHSA Coordinator will remain the same over the next three years (2017-2020). The focus will be on monitoring the progress of the projects, as well as to continue informing stakeholders and partner agencies about the success of county level programs and statewide offerings.

 Local PEI Projects require a limited amount of oversight, as they are well established and have proven to be effective through qualitative reports. However, the Coordinator, from time to time, must work with key program staff to make adjustments to prevent a deviation away from the original focus. The school-based PEI programs must submit outcomes bi-annually and it is the job of the MHSA Coordinator to see that these are completed and submitted in a timely manner. Although, TCBHS will never have significant numbers in terms of statistics, the anecdotal evidence presented suggests that the programs are reaching the intended populations and are providing meaningful interventions.

 The Coordinator is instrumental in helping in the conceptualization and implementation of the county’s Innovation program. A complete description of the new phase for TCBHS’s Innovation Plan will be submitted to the Mental Health Services Oversight and Accountability Committee (MHSOAC) for approval and will hopefully be presented to the commission sometime in late summer.

 The MHSA Coordinator will work to link peer staff with educational opportunities that will increase their professional development. In the new phase of the program, the Coordinator will continue to develop a career ladder for Peer staff wanting to advance in the county mental health system.

 The MHSA Coordinator provides oversight to both Wellness Centers and the Peer Specialist employed there. The coordinator ensures that recovery oriented programing is being delivered at both wellness centers. Focus is on supporting peer staff to work with participants in regaining skills and setting achievable goals. Peer staff are responsible for providing one-on-one support to individuals who are in need of more than just socializing and community involvement. The agency’s name for this Peer program is Milestones Outreach Support Team or ‘M.O.S.T’.

 The Wellness Centers are also key to outreach and engagement efforts in the county and as such have an ongoing relationship with the Nor Rel Muk Tribe. Additionally, staff at the Centers has established relationships with partner agencies and individuals in the community who are open to reducing stigma around mental health, as well as helping individuals reintegrate into the community.

 The MHSA Coordinator will be an integral member of the “FSP Access Team”. Clinical staff who wish to have an individual enrolled in this program will meet with the MHSA Coordinator, the Clinical Deputy Director, and the lead Medical Records staff. The Coordinator will be evaluating the enrollment from the perspective of a ‘whatever it takes’ support model that speaks to the stipulations of the legislation.

***Summary***

 Over the next three years (2014-2017), it is the goal of TCBHS to maintain the programs that are currently being funded by the MHSA funds. The programs are working to provide holistic mental health services to clients using a strength-based and prevention focused approach. TCBHS will continue to strive to provide outreach and engagement efforts to underserved populations in the county.

 There have been no significant challenges to this implementation other than the obvious ongoing challenge of maintaining a similar level of funding for each program during each fiscal year. The CSS funded Wellness Centers and FSP program have been growing and expanding over the last three years and it is estimated that this growth will continue as the county embarks on its 3-Year Integrated Plan. The FSP Program will nearly double in size in 2014-15 and the county intends to sustain the level of funding dedicated for this program through 2017. TCBHS has been successful in maintaining programs that positively impact the community. It is to the stakeholder’s credit for being instrumental in providing substantive input which has effectively informed TCBHS on what programs need to be in place to better address the needs of the community. This is true not only for the Community Supports and Service component but also true for the Innovation, Prevention and Early Intervention components.

 TCBHS anticipates that the Innovation Project will to grow and will become increasingly integral to the services provided, specifically as a key factor in the success of the newly established Crisis Triage project. TCBHS’s conceptualization for an innovative focus has succeeded in moving the Agency more assertively toward the goal of employing consumers with ‘lived’ experiences, and assisting consumers and family members to further their education. Regarding the MHSA programs, TCBHS strives to adhere to the tenets of the MHSA Plan by ensuring that services are delivered in a culturally sensitive manner, and that consumer and family member input is the “driver” behind the services offered. Emphasis is always placed on community collaboration, and the Recovery Model is the guiding force behind interventions.