

**INYO COUNTY BEHAVIORAL HEALTH**  
Mental Health Services Act  
Community Services and Supports Plan



**Implementation Progress Report**  
Calendar Year 2007

June 3, 2008

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## Program/Services Implementation

1. Briefly report by Work Plan on how implementation of the approved program/services is proceeding.
  - a) Report on whether the implementation activities are generally proceeding as described in the County's approved Plan and subsequently adopted in the MHSA Performance Contract/MHSA Agreement. If not, please identify the key differences.

### Overview of MHSA Implementation

This report covers the time period from January 2007 through December 2007. We obtained State Department of Mental Health (DMH) approval of our MHSA CSS Plan in late 2006 and began implementation immediately. D.B. Mattovich, Human Services Supervisor, has taken on the role as our MHSA CSS Coordinator. Our initial activities have included hiring direct service staff using MHSA funding; identifying a location for our Wellness Center; obtaining the necessary approvals to lease the site and conducting minor clean-up and modifications to meet our needs; and planning the array of new program services for clients.

In accordance with our Three-Year CSS Plan, the Wellness Center opened in November 2006 and is located in the Elm Tree Trailer Park in Bishop. In addition, we have been conducting Outreach and Engagement activities in the community to identify unserved individuals of all ages who need mental health services; one focus has been to connect with the homeless population. We are also expanding existing services for underserved individuals to improve service delivery and assist clients toward recovery. Overall, our implementation activities are proceeding as outlined in our Three-Year CSS Plan.

CSS Supervisor/ Coordinator – 1 full time (all ages) – hired  
 Case Management Coordinator – 1 full time (TAY)  
 MH clinician bilingual .25 FTE (all ages) – hired  
 MH nurse .25 FTE (OA) in process  
 Peer Mentors – 2 (.25 and .5 FTE) (TAY) – one .5 FTE in process  
 Parent Partner .25 FTE (Children) – in process  
 Personal Services Coordinator – 1 FTE (all ages) – 1 hired: bilingual/bicultural consumer

### Children

As outlined in our CSS Plan, we have been successfully utilizing system development strategies to build a foundation for our children's MHSA program during the first years of implementation. With CSS funds, we have hired a full-time (1.0 FTE) Case Manager (CM) Coordinator. The CM collaborates with the Mental Health Director and our Children's Team to coordinate services for children and families. He works with family members to offer services in the home, connect families with children in placement, and provide outreach and engagement activities to children and youth in juvenile hall and at the alternative school.

These system development activities have been extremely helpful in coordinating services across agencies, engaging families in treatment, and improving outcomes. By delivering services in the home and community, the CM has been able to build trusting relationships and collaboration to improve the effectiveness of services.

We have also hired a bilingual, bicultural clinician for approximately 10 hours per week. This person is also employed by the Bishop Middle and High School and delivers services in the school, as well as provides services to families who are monolingual Spanish speakers. In her position under MHSA, she also offers outreach into the community, to promote services for our Latino community.

We identified the need to hire a Parent Partner for the children's services team in our initial CSS Plan. We are in the process of recruiting for this position and anticipate filling it by the end of FY07/08. This individual will expand our capacity to effectively serve families and create a strong, family-driven system of care for those in high need.

Due to budget constraints and the need to further develop the foundation for our children's system, we did not plan to identify any children for Full Service Partnerships during the initial Three-Year CSS Plan.

### ***Transition Age Youth***

As outlined in our CSS Plan, we have been successfully utilizing system development strategies to build a foundation for our MHSA program during the first years of implementation. With these strategies in place, we identified two (2) Transition Age Youth as Full Service Partnership clients in 2007.

We are excited about the implementation of our TAY program. We hired a social worker to work at the Wellness Center with TAY youth, coordinate services with families, and deliver FSP services to our two FSP youth. The mental health clinic can seem formal and intimidating to youth; as a result, our TAY program utilizes the Wellness Center to provide a friendly and welcoming environment for our youth. TAY services are co-located with Adult services at the Center, where we have a number of different programs available for youth.

As a component of our system development activities, we have identified an American Indian TAY to be hired as a Peer Mentor; she is bilingual in English and Spanish. Her role on the team will be to help reduce the stigma of mental health services for TAY, engage youth early in the assessment process to help reduce barriers to services, and to act as a liaison and advocate for the youth. The Peer Mentor acts as a resource for TAY by helping them understand the mental health program and what services are available; in this way, she works to build a trusting relationship with each youth. This strategy has been highly effective in bridging services for youth who need mental health services. The addition of the TAY to our TAY Team has provided excellent coordination and expanded our capacity to offer youth-friendly services.

The Peer Mentor will also help in planning activities and coordinating services for our two TAY Full Service Partnership (FSP) youth. Initially, FSP services focused on helping our FSP

youth successfully move into an independent living situation, where they now live as roommates. The TAY Team worked with the community to find an appropriate place for these two individuals to live. The Team also worked with the landlord to ready the apartment and develop a lease that was agreeable to and signed by all parties. By having all parties sign this agreement, the landlord was willing to rent to the two youth; as part of the agreement, the landlord was provided with 24/7 contact information for the TAY Team members, in case of a complication with the FSP youth.

Our two TAY FSP clients also spend time at the Wellness Center, checking in each morning during the “coffee” hour. The TAY clients help out around the Center, participate in age-appropriate social activities, use the computer, and meet up with other TAY clients. The Wellness Center has provided our TAY FSP clients with a safe, community-based location where they feel comfortable to receive the support that they need.

The TAY Team has also worked closely with the FSP youth to develop clear goals for the next six months. For example, both youth want to get jobs, attend school, and keep their independent living situation. Our FSP youth have thrived under the support and leadership of the FSP program.

## ***Adults***

As outlined in our CSS Plan, we have successfully utilized system development strategies to build a foundation for our MHSA program during the first years of implementation. With these strategies in place, we were able to identify two (2) adults as Full Service Partnership clients in 2007.

We have conducted a number of different outreach and engagement activities during the past year. These activities have included expanding services into smaller communities across the county, meeting with community leaders to inform them of services, and visiting the local tribal and Latino populations throughout the county. These strategies have reduced barriers to access and helped communities better understand our service delivery system and the types of services that we offer.

The development of the Wellness Center in Bishop has been a focus of our system development and FSP implementation activities. The Wellness Center offers a safe environment for consumers and other community members to meet, participate in a wide variety of activities, and attend group services. The Wellness Center is located in a trailer park which is centrally located in Bishop; some of our clients live in this park. Its location allows clients to easily visit the Center during the day without using transportation. The Center is also located near Progress House, a residential program where many of our clients live or have lived.

Since its inception, consumers have been involved in designing and decorating the Center, as well as in planning Center activities. In collaboration with staff, they have developed a consumer-friendly Wellness Center that engages clients and meets their needs. For example, the center is opened at 7:30 a.m. For the first hour of the day, clients come into the Center, have a cup of coffee, and share conversations about events and experiences. Many clients use this time

to support each other and give a positive start to their day. We also offer several activities throughout the day at the Center. There is a walking group that walks one mile at least three days a week, as well as a Tai Chi class. We have a number of different consumers who teach some of the groups, offering to share their skills and knowledge; consumer-run classes include art, guitar, creative writing, yoga, medication, budgeting, and cooking. These activities have been very effective at empowering the clients and helping them contribute to each other's well-being.

The MSHA Coordinator has recently collaborated with the local community officials to secure some land at the fairgrounds, where clients are planning a garden. Clients will grow fruits and vegetables which will be enjoyed by clients during shared meals at the Center. In addition, clients will sell any excess produce at the local Farmer's Market.

We hired a bilingual, bicultural consumer as a full-time Personal Services Coordinator. Her position as a Health and Human Services Specialist helps to expand our mental health services to better meet the needs of our consumer population. This individual is fully involved in activities at the Wellness Center. In addition, her parents live across the street from the center and they provide additional support to staff and clients; they also provide neighborly oversight when the center is closed. The support from the Personal Services Coordinator and her family has been extremely beneficial and offers an extra level of community involvement that is truly exceptional and appreciated by staff and clients.

In order to promote wellness, the MSHA Coordinator and the Personal Services Coordinator work individually with each client to develop his/her comprehensive wellness and recovery plan. Goals are written with special attention on recovery and a vision for the future. Clients have been very receptive to this strategy and are involved in the development of their WRAP plans.

We have currently identified two (2) adult Full Service Partnership (FSP) clients. One client has a goal of going back to school, getting a part-time job, and finding independent housing. This individual is musically talented and teaches a variety of classes at the Wellness Center. We are working closely with this individual to help him become more independent and develop goals which have a recovery focus. The second individual identified as a FSP client has recently moved to an independent living situation. He is developing part-time job opportunities and working in the Center's garden. He is learning to budget his money and his part-time jobs will be used to help pay his rent.

### ***Older Adults***

As outlined in our CSS Plan, we have been utilizing system development strategies to expand services for our older adult population. We have had some very strong older adult programs in Inyo County. Unfortunately, some of these programs have recently felt the "pinch" of reductions in funding, and the community has been hopeful that we will be able to provide additional services for this population.

In order to expand services to the older population, we have conducted several outreach and engagement activities in different locations in the county, focusing on remote locations. We

have visited the Tecopa Senior Center once a quarter, meeting with community members, sharing meals, and distributing information on mental health services and the Wellness Center. In addition, we have frequently offered sessions on grief and loss to the older adults at the senior center.

We are in the process of receiving approval for our mental health nurse to increase her hours to full time in order to expand services to the senior program in our county. Older adults have utilized our Wellness Center in Bishop, including consumers and homeless individuals. She will be working closely with the Seniors Team to provide further outreach, assessment and services. She will especially work with Older Adults who have co-occurring medical issues and mental illness.

Due to limited MHSA funding, we did not plan to identify any older adults in the first three years of our CSS program. We hope to expand the FSP program to include older adults in future years.

- 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.*

This information is available in the recently submitted Exhibit 6.

- 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.*

This information is available in the recently submitted Exhibit 6.

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

The biggest challenge that our county has faced in implementing the plan has been in providing adequate administrative support and infrastructure while maximizing the use of funds for program. We placed a vast majority of our funds into direct service staffing and therefore need to absorb the administrative tasks into a currently overburdened system. This challenge is compounded by the complex process that we follow for submitting and getting approval for all MSHA documents and contracts. All MHSA plans, budgets, and updates must receive approval from both the State and the County the Board of Supervisors. This dual level of approval creates complex time commitments that must be accommodated in order to complete the process.

Another challenge has been the difficulty of hiring new MHSA staff. When we gain approval to hire a position, our remote location makes it very difficult to recruit staff. Recruiting and hiring bilingual, bicultural staff has been especially challenging. We have conducted extensive recruiting activities

Our third challenge has been to create a system for building a petty cash fund in order to purchase inexpensive items. In the past, we had to complete invoices and vouchers and obtain county approval in order to purchase small cost items. We now have a quick, efficient system in which we can utilize a petty cash fund for inexpensive purchases. This strategy will help to expedite the implementation of the Full Service Partnerships.

We also have very limited public transportation in this rural county. Although there is some public transportation during the day, the service does not operate in the evenings, so clients are unable to get transportation after hours. In Lone Pine and other smaller communities, there is very limited public transportation. The scarcity of this resource limits clients' ability to access services and meet basic needs (e.g., buying groceries and other necessities; getting to medical appointments; etc.).

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

Our community collaboration between mental health and other community agencies is good. This is especially the case within Health and Human Services. We make every effort to share scarce resources to maximize program offerings. This has been especially evident at the Wellness Center and expands our offerings under both outreach and FSP. We have co-located a social worker from the Child Welfare Transitional Housing Program for TAY foster youth at the Wellness Center. This person also oversees the mentoring program. This allows for extensive support for the TAY population, especially for those aging out of the foster care system. Further, a social worker funded through the Social Services Eligibility and Employment Services connects with consumers at the Wellness Center and assists them with employment goals. Conversely, the social worker also links persons identified from Social Services who are homeless or are in need of mental health support to the Wellness Center where they can shower, do laundry and plug into groups and activities. Further, the police department also assists homeless individuals to get to the Wellness Center, where they can take a shower and get something to eat. This strategy builds a trusting relationship with this difficult-to-serve population. There have been instances where this simple coordination has prevented an emergency situation, helping to meet the individual's needs before a problem situation became a crisis.

*b) Cultural competence*

Our bilingual, bicultural Health and Human Services Specialist helps to promote culturally sensitive services throughout the agency. She is a member of our Cultural Competence Committee, and is also a member of the Special Task Force for promoting culturally appropriate services. She serves as an interpreter for other staff members and the psychiatrist, when needed. She also provides outreach and engagement to the homeless community, developing a trusting relationship to help reduce barriers to services.

*c) Client/family driven mental health system*

Our Wellness Center is an excellent example of consumer- and family-run services. Our MHSA Coordinator, who also provides leadership at the Wellness Center, has done an excellent job of engaging consumers and family members in all implementation steps. From the day that we began renting the facility which became the Wellness Center, she invited consumers to join her in developing the program. They helped to clean up the facility, select furniture and decorate the rooms, and develop the schedule of activities. Many of our consumers teach classes at the Wellness Center, self-initiating topics that they feel comfortable teaching. All of the groups that are offered are consumer run.

The consumers truly feel that the Center is *their* Center. They have input into all decisions and are involved in discussions when considering changes. There are also several family members who participate in activities and help make future improvements.

*d) Wellness/recovery/resiliency focus*

Again, our Wellness Center activities are the core of our wellness and recovery activities. All staff work together to promote positive intentions. We have a Steering Committee which meets twice a month and is comprised of consumers and family members. The recent focus of the Wellness Center is the development of Wellness and Recovery Action Plans (WRAP). Staff and consumers attended a training to learn how to assist consumers in developing their WRAP plans. Clients are supported in identifying different domains of their life and creating goals to achieve a vision for that area. Clients and staff have provided excellent feedback on this process and found it to be extremely helpful in identifying new goals and steps to achieve those goals.

*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*

As noted, the Wellness Center is located at a local trailer park, where several of our clients reside. This location helps to integrate our services and improve coordination. Our 7:30 a.m. “coffee hour” provides clients with incentive for coming into the Center and interacting with staff and their peers. This activity is a great way to get the day started and creates a social support network for our clients.

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.*

We are actively involved in implementing the SB 163 Wraparound program. We have received training from the CA Department of Social Services. In addition, our social services department

has written and submitted our Wraparound Plan. We are in the process of recruiting staff to fill a position for the Wraparound Program. We are working with allied agencies to improve collaboration and promote coordination of these services.

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

Inyo County Behavioral Health did not utilize MHSA FSP funding for short-term acute inpatient services in calendar year 2007.

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.*

As described above, we have utilized system development funds to build a broad foundation of mental health services in our community. The Wellness Center has created new resources for welcoming persons into our service system, and helps to promote recovery and support for persons with mental health disorders.

One critical component of the development of the Wellness Center has been the incorporation of consumer and family voice. Once a location for the Wellness Center was chosen, consumers collaborated with staff to design and decorate the center, as well as plan its activities. Consumers are involved with the primary aspects of the decision making process, from selecting furniture and decorations for the new facility to developing the schedule of activities. The "coffee hour" was introduced at the recommendation of consumers, who wanted an opportunity to stop by the center in the morning and help begin their day on a positive note.

Our consumers and family members are not just passive recipients of their care; on the contrary, they are active participants who contribute to their own well-being and that of fellow consumers. For example, they lead and teach all classes and activities at the Wellness Center. We encourage clients with specialized skills to teach activities such as creative writing, music, yoga, and cooking. These classes have been very successful at empowering the consumers who teach them; at the same time, the clients who attend the classes benefit by learning skills and participating in fun, practical activities.

*Note: there were no conditions specified in our DMH approval letter.*

## Efforts to Address Disparities

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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.*

We have focused on engaging the homeless population in our county. Staff have visited with and taken food to the homeless in an effort to reduce stigma and to build trust. Homeless individuals are also encouraged to visit the Wellness Center to get a meal, use the facilities, and participate in support activities. It sometimes takes several months to build the trust of this population. As a result of our efforts, a few individuals from this population have begun to access the mental health services offered through the Wellness Center.

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.*

We have always had a challenge in providing mental health services in Spanish to our monolingual clients. Historically, we utilized interpreters to bridge the communication barrier between the mental health worker and client. Our monolingual Spanish speaking clients are now able to speak directly to and receive services from a bilingual, bicultural Health and Human Services Specialist and a bilingual clinician. We have now made our Social Services, WIC and Wild Iris (domestic violence services) partners who have greater contact with the Spanish speakers aware of this resource.

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.*

Due to budget constraints, we have not directly funded any Native American organizations or tribal communities to provide services under MHSA.

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.*

Due to the complex hiring processes in our county, the development of new positions for consumers has been somewhat challenging. However, we worked closely with the county personnel department to develop and support positions which can be filled by consumers and/or family members. We feel that a consumer-based program with a focus on recovery is essential to overcoming disparities within our community.

## Stakeholder Involvement

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*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.*

We have found the need to make some changes in the Community Program Planning Process although we have left several of the original mechanisms in place.

First of all, the Wellness Center Steering Committee has become a consistent and strong voice in the planning of program offerings under the CSS plan. The group consists primarily of consumers and one family member who meet twice monthly. As we expand to an additional wellness center site in Lone Pine, we will expand this steering committee to involve consumers from the southern end of the county.

Secondly, while we have continued to invite participants from the CSS Leadership Committee to attend MHSA meetings, attendance has dwindled considerably. We have proposed, therefore, to reconfigure the committee to include a smaller group of more active participants and to continue to seek input from a larger group of stakeholders through surveys and focus groups.

Finally, we have continued to utilize the Mental Health Advisory Board a place to continue the Planning Process in a consistent manner. This has proven to be an important arena to review the implementation of the Plan and receive input on future directions.

## **Public Review and Hearing**

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