MHSA FY 2012/13 Annual Update
County Certification

County: INYO COUNTY

County Mental Health Director	Project Lead
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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft FY 2012/13 annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate.

A.B. 100 (Committee on Budget – 2011) significantly amended the Mental Health Services Act to streamline the approval processes of programs developed. Among other changes, A.B. 100 deleted the requirement that the three year plan be updated annually and approved by the Department of Mental Health after review and comment by the Mental Health Services Oversight and Accountability Commission. In light of this change, the goal of this update is to provide stakeholders with meaningful information about the status of local programs and expenditures.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2012/13 annual update are true and correct.

Mental Health Director/Designee (PRINT)	Signature	Date

Exhibit B

MHSA Community Program Planning and Local Review Process

County: INYO COUNTY **30-day Public Comment period dates:** June 9, 2012-July 9, 2012

Date: June 6, 2012 **Date of Public Hearing (Annual update only):** July 9, 2012

Instructions: Utilizing the following format, we will provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per Title 9 of the California Code of Regulations, Sections 3300 and 3315.

Community Program Planning

1. *Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2012/13 annual update. Include the methods used to obtain stakeholder input.*

The Community Program Planning (CPP) process for the development of this FY 2012/13 Annual Update builds upon the planning process that we utilized for the development of our original Three-Year Community Services and Supports (CSS) Plan, the original Prevention and Early Intervention (PEI) Plan, and the original Workforce Education and Training (WET) Plan. These planning processes were comprehensive and included the input of over 475 diverse stakeholders through focus groups and surveys. With this information, we were able to determine the unique needs of our community and develop an MHSA program that is well designed for our county. The overall goals of the CSS, PEI, and WET Plans are still valid and provide an excellent guide for maintaining our MHSA services and activities in FY 2012/13.

In preparation of the FY 2012/13 Annual Update, we analyzed data on our CSS and PEI clients, as well as our Full Service Partnership (FSP) clients, to ensure that clients are successfully achieving positive outcomes. Outcome and service utilization data is analyzed and reviewed by the MHSA Leadership Committee to monitor clients' progress over time. This data has helped us to understand service utilization and evaluate client progress, and has been instrumental in our planning process to continually improve services for our consumers and families.

As this Annual Update simply maintains our original MHSA Plans, we did not conduct a new, formal stakeholder planning process. However, we continuously engage consumers and other stakeholders in discussions about the utilization of these funds through our monthly MHSA Leadership/Business Analysis Committee meetings, weekly MHSA consumer meetings at our two Wellness Centers, and at the monthly Mental Health Advisory Board. Our bilingual, bicultural Latino consumer advocates were instrumental in obtaining stakeholder participation. We held regular stakeholder meetings in various regions of the county, including Bishop (north county), Lone Pine (south county), and Death Valley(southeast county) We have identified the southeastern portion of our county as the most isolated portion of the county with the most challenges and barriers to the provision of services. We engaged stakeholders throughout the development of this request. There are also a number of consumers, family members, and other stakeholders who provide ongoing input into our MHSA services and activities.

This Annual Update was developed and approved by the MHSA Leadership/Business Analysis Committee after reviewing data on our current programs (including FSP data and WET activities), analyzing community needs based on ongoing stakeholder input, and determining the most effective way to continue to meet the needs of our unserved/underserved populations.

2. *Identify the stakeholders involved in the Community Program Planning (CPP) Process. (e.g., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)*

A number of different stakeholders were involved in the CPP process. Input was obtained from clients who utilize services at the Wellness Centers, including the homeless population. The Wellness Centers are consumer-run programs where adults come together, facilitate classes, attend activities, and have a formal meeting each week. Through these regularly scheduled meetings, we obtained input from clients on ideas for maintaining and enhancing our Wellness Centers in both Bishop and Lone Pine. These meetings are attended in Bishop by consumers including 3-6 consumers who are homeless, 2 consumers who are Hispanic, 2 consumers who are older adults, 2 consumers who are transition age youth and approximately 5 other adult Caucasian consumers. In Lone Pine the stakeholder group consists of 2 persons who are homeless and 3-5 other Caucasian adult consumers.

In addition, we obtained input from members of the MHSA Leadership/Business Analysis Committee, which is comprised of MHSA staff, consumers, the Behavioral Health Director, Health and Human Services fiscal and management staff, program staff in Behavioral Health, Quality Improvement Committee members, and others involved in the delivery of MHSA services. The CPP also included input from child and adult staff meetings in mental health services, the multiple agencies involved with children's services, and the Mental Health Advisory Board. The Mental Health Advisory Board consists of an older adult consumer, a family member of an adult child, the Patient's Rights Advocate (formal consumer and volunteer), a Hispanic adult volunteer, a Hispanic consumer advocate and a member of the Board of Supervisors. Five to 10 consumers also participate regularly at the Advisory Board meetings.

All stakeholder groups and boards are in full support of this MHSA Annual Update.

3. *If consolidating programs or eliminating a program/project, include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.*

We do not anticipate eliminating any MHSA programs in FY 12/13.

Local Review Process

4. *Describe methods used to circulate, for the purpose of public comment, the annual update.*

This proposed MHSA Annual Update has been posted for a 30-day public review and comment period from June 9, 2012 through July 9, 2012. An electronic copy has been posted on the County website with an announcement of the public review and comment period, as well as the public hearing information. A copy of the Annual Update has been distributed to all members of the Mental Health Advisory Board and the MHSA Leadership Committee.

In addition, hard copies of the Annual Update are available in the Bishop Behavioral Health Clinic; Bishop Social Services office; Health and Human Services Administrative office; Health and Human Services, Lone Pine office; and at all county libraries, including the Bishop, Big Pine, Independence, Lone Pine, Furnace Creek, and Shoshone branches.

5. *Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update that was circulated. Indicate if no substantive comments were received.*
A public hearing is scheduled for Monday, July 9, 2012 at Progress House, 536 N. Second St., Bishop, CA, at 10:45 a.m. Input on the MHSA FY 2012/13 Annual Update will be reviewed and incorporated into the final document, as appropriate, prior to submitting to the Inyo County Board of Supervisors.

MHSA Program Component
COMMUNITY SERVICES AND SUPPORTS (CSS)

1. *Provide a brief program description (include notable performance measures, such as number of clients served, age, race/ethnicity, etc.).*

The MHSA CSS System Transformation program provides services to all ages [children (ages 0-17); transition age youth (ages 16-25); adults (ages 18-59); older adults (ages 60+)]; all genders; and all races/ethnicities. We offer a "whatever it takes" service approach in helping individuals achieve their goals. Services for all populations help reduce ethnic disparities, offer peer support, and promote values-driven, evidence-based practices to address each individual's unique needs and mental health. These services emphasize wellness, recovery, and resiliency and offer integrated services for clients of all ages and their families. Services are delivered in a timely manner and are sensitive to the cultural needs of each individual. There are currently 36 persons who are Full Service Partners:

- children: 1 Hispanic
- transition age youth: 2 Hispanic, 3 Caucasian
- adults: 4 Hispanic, 1 Native American, 18 Caucasian
- older adults: 8 Caucasian

The CSS Program includes comprehensive assessment services; wellness and recovery action planning; case management services; individual and group mental health services; crisis services; peer-led self-help/support groups; education and employment support; anti-stigma events; linkages to needed services; and housing support. Our Adult and Older Adult Wellness Centers (located in Bishop and Lone Pine) provide adults and older adults with necessary services and supports in a welcoming environment. This year, we have also provided two support groups, one to transition age women and one to adult women, in collaboration with Wild Iris, our local domestic violence agency. Both of these groups have been well attended. In addition, our Transition Age Youth program provides opportunities for youth to participate in age-appropriate activities. The TAY youth utilize the Wellness Center in Bishop once a week, meeting together to socialize, listen to guest speakers, and develop leadership skills.

Approximately 100 individuals were served through the Wellness Centers, 10% Hispanic, 5 % Native American, 1% Asian. Three percent of individuals would self-identify as LGQBT. Between 15 and 20% would be considered homeless. Sixty-seven percent of individuals were adults with an even 13% of individuals are older adults and transition age youth.

CSS programs continue to provide the opportunity to change our service delivery model and build transformational programs and services. In the past year, staff and consumers have worked together to build a community service program to give back to the community and reduce stigma. Consumers have conducted food drives, helped with park clean-up, visited older adults in a skilled nursing facility, volunteered for community events, and participated in a cancer walk while raising money through sponsors. In addition, 5 consumers volunteer at the local Salvation Army. These "stigma-busting" activities have allowed consumers to gain skills, meet new people, and cultivate a positive presence in the community.

Staff and consumers have also worked together to develop an exercise program, called "Road to Wellness." Participants log all forms of exercise, from cleaning house to working out. Each activity logged is awarded "miles" and all participants' mileage is tracked to see how far they collectively "walked." The program has helped to bring together staff and consumers, encourage individuals to exercise, and give participants' a common goal. Staff and consumers are also planning hikes together in the summer months. In addition, regular walks, yoga, bowling and other wellness activities are offered at the wellness centers, as well as a nutrition group to discuss food choices.

2. Describe any challenges or barriers and strategies to mitigate.
The Bishop Wellness Center recently moved to a new location, due to a zoning issue with the previously-leased facility. The new location is not ideal and, due to space limitations, presents challenges for maintaining some of the activities that consumers prefer, such as the consumer garden. It lacks any kitchen or laundry facilities. It also has very limited parking and as a result, this causes tension with the neighboring businesses. We are actively searching for an improved facility and hope to transition to the new location in the coming fiscal year.
3. List any significant changes for FY 2012/13.
No significant changes to the CSS Program are anticipated in this fiscal year.

MHSA Program Component
PREVENTION AND EARLY INTERVENTION (PEI)

1. *Provide a brief program description (include notable performance measures, such as number of clients served, age, race/ethnicity, etc.).*

Prevention and Early Intervention (PEI) dollars currently funds two (2) PEI Programs: 1) PCIT Community Collaboration and 2) Older Adult PEI Services.

Parent-Child Interaction Therapy (PCIT) Community Collaboration

Several of our staff have been trained and certified to offer Parent-Child Interaction Therapy (PCIT), an evidence-based intensive parent-training program which has been found to be effective for families with aggressive, defiant, and non-compliant children; families with parents who have limited parenting skills; and families who have experienced domestic violence and/or child abuse. PCIT focuses on promoting positive parent-child relationships and interactions, while teaching parents effective parenting skills. PCIT has been shown to be an effective treatment program for children ages 2-7 years. This program has been adapted as an intervention for many different types of families (child welfare population, at-risk families, adoptive families, foster families, and other languages including Spanish).

PCIT teaches families individualized parenting skills that are developed through a process in which parents directly receive instruction through an earpiece that is linked to a therapist. The therapist, behind a one-way mirror and/or via a live camera feed, observes interactions between the parent and child, coaches the development of relationship enhancing techniques, and gives behavioral interventions for responding to difficult parent-child situations. Sessions last about one hour, occur over 18-20 weekly visits, and show very strong outcomes for both parents and children.

Currently, ICBH offers PCIT at two locations in the county: our mental health clinics in Bishop and more recently, in Lone Pine. The ICBH Youth and Family Program Chief has completed training and is certified to provide supervision in PCIT. Our PCIT Community Collaborative program continues to work to expand PCIT delivery in the public mental health system and into the community. We have trained four (4) mental health clinicians in PCIT, targeting both ICBH staff and personnel from local community-based organizations. We wish to expand our services, especially to the Lone Pine area. When appropriate, we also offer PCIT services in Spanish to meet the needs of the underserved Latino community.

PCIT is a highly effective program and the families show improved outcomes as a result of this intensive parenting program. In addition, the children and their siblings show improved behavior (positive social interactions, following directions, reduction in acting out behavior) as a result of the program. We have served 8 families with this intervention, including 1 Hispanic, 2 Native American, 2 blended Native America and Hispanic and 3 Caucasian families.

Older Adult PEI Services

Our community has a large number of individuals who are retired. This PEI program has been helpful at identifying at-risk seniors who begin to exhibit symptoms of depression, prescription abuse, isolation, and other mental health conditions related to the aging population. The Older Adult PEI Program has provided early mental health screening and intervention to older adults who had been receiving services in the community and through county resources. This program also trains agency partners to recognize the signs and symptoms of mental illness in older adults.

The Older Adult Prevention and Early Intervention Program partially funds a Nurse position to support prevention and early intervention activities throughout the county in order to identify older adults who need mental health services. The program, utilizing a Mental Health Nurse, offers comprehensive assessment

services to those older adults experiencing mental health problems that may interfere with their ability to remain independent in the community. The Nurse then links these individuals to resources within the community, including County Behavioral Health services. We are in process of recruiting an addition Nurse position. This program offers service alternatives for older adults who have been unserved and underserved in this community. Services are voluntary and client-directed, strength-based, employ wellness and recovery principles, address both immediate and long-term needs of program members, and are delivered in a timely manner that is sensitive to the cultural needs of the population served.

The Mental Health Nurse collaborates with other agencies that provide services to this population, including In-Home Supportive Services, Adult Protective Services, local physicians, Public Health, nursing homes, home health agencies, home delivery meals programs, and regional organizations which serve the elderly. All agencies receive training to complete a brief screening tool to help them recognize signs and symptoms of mental illness in older adults.

The Mental Health Nurse also provides services to older adults who are at risk of hospitalization or institutionalization and who may be homeless or isolated. These positions offer prevention and early intervention services to older adults in community settings that are the natural gathering places for older adults, such as our Senior Center sites in the community sites of Bishop, Big Pine, Independence, Lone Pine, and Tecopa. Older adults who need additional services are referred to Behavioral Health for ongoing treatment, as appropriate. Thirty-two older adults were served through this strategy. Twelve of the older adults reside in the southeastern part of the county, 6 reside in Lone Pine and the remainder of the persons reside in the Bishop area. Therefore, this strategy again targets the more isolated parts of the county. One Native American and one Hispanic older adult have been served with the remainder being Caucasian. PEI funding also has allowed us to contract with an older adult services clinician to provide additional support to the Older Adult PEI program.

This year, the Mental Health Nurse has also provided a quarterly newsletter which addresses a wellness topic. This newsletter is distributed to the various senior centers and other agencies. It has been very well received in the community.

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

The community collaboration component of the PCIT program has not grown as anticipated. We are researching new, innovative ways to increase referrals and the use of PCIT among our community partners. Some approaches include presentations to school and preschool personnel, and providing information fliers to community organizations.

3. List any significant changes for FY 2012/13.

No significant changes to the PEI Programs are anticipated in this fiscal year.

MHSA Program Component
INNOVATION

1. *Provide a brief program description (include notable performance measures, such as number of clients served, age, race/ethnicity, etc.).*
Inyo County Behavioral Health is in the planning stages of the Innovation component. We anticipate developing our Innovation Plan early in FY 12/13. An extensive stakeholder planning process will be conducted to help determine the scope of the Innovation project.
2. *Describe any challenges or barriers and strategies to mitigate.*
Not applicable at this time.
3. *List any significant changes for FY 2012/13.*
Not applicable at this time.

MHSA Program Component
WORKFORCE EDUCATION AND TRAINING (WET)

1. *Provide a brief program description (include notable performance measures, such as number of persons trained and types of training).*

Since the original WET Plan was approved, ICBH has developed contracts with various learning providers to deliver trainings to clients, family members, staff from Behavioral Health, members of the Mental Health Advisory Board, and partner agencies. Training topics include psychosocial rehabilitation skills, the recovery model, motivational interviewing, and delivering comprehensive services for promoting wellness and recovery. Cultural competency and team building has also been a focus of our trainings. Our training partners include *Essential Learning*, a website which offers online courses, staff ethics and regulations compliance training, and an array of clinical skills building courses that also fulfill continuing education requirements for licensed behavioral health professionals. We have purchased a bulk subscription package for our organization that makes these exemplary courses available to staff. As an added training component, we have provided staff and consumers with technical software training to enhance the skill set of staff and consumers/family members who work or volunteer for Inyo County.

In addition, we have developed a NAMI Peer-to-Peer Training program to consumers to develop skills for Coach, Parent Partner, or Peer Mentor positions with Inyo County. Individuals who qualify for this Consumer Pathways Program attend classes to prepare them to become an Adult Peer Supporter, a Children's Services Parent Partner, or a Transition Age Youth Peer Mentor. Some of the topics included in the curriculum are: wellness management and recovery; promoting resiliency skills in Transition Age Youth; putting recovery skills into practice; embracing wellness in all aspects of care; providing peer support; and creating a recovery-based mental health services plan. To date, six (6) consumers have graduated from the Peer-to-Peer Training and are developing activity groups to lead at our Wellness Centers. Further, we provided the NAMI Family Support Group training. Four family members completed this course and have provided a family support group. We continue to look for ways to increase participation in this group.

In the coming fiscal years, we will identify regional and statewide trainings – such as those offered through NAMI and CASRA – for staff, clients, family members, and other stakeholders to enhance their understanding of the recovery model, promote effective service delivery, increase cultural competency, promote leadership and team building, and learn other essential skills. To support consumer and family member training, we will develop and maintain a mental health information library; this library will allow consumers and family members to borrow publications and DVDs on mental health, the recovery model, cultural competency, and other mental health related information.

Existing funds will be utilized in FY 2012/13; no new funding is being requested.

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

We have successfully implemented the WET component and have not encountered any significant challenges or barriers. We look forward to expanding our training capacity and opportunities for both staff and consumers.

3. *List any significant changes for FY 2012/13.*

No significant changes to the WET Program are anticipated in this fiscal year.

MHSA Program Component
CAPITAL FACILITIES/TECHNOLOGY (CFTN)

1. *Provide a brief program description (include notable performance measures, such as progress towards implementation of plans).*

ICBH chose to utilize the bulk of CFTN funding for a system-wide IT upgrade to achieve an Integrated Information Systems Infrastructure. ICBH implemented ShareCare™, a product of The Echo Group. An Electronic Health Record system is in place, including clinical assessments and progress notes. Electronic prescriptions and medication monitoring are components of the new IT system, as well as lab orders and results. If necessary, existing CFTN funds will be utilized in FY 2012/13 for the IT project; no new funding is being requested for this technology component.

The balance of CFTN funding that may be used for Capital Facilities is limited, but utilization of the funds for remodeling the Wellness Center in Bishop may be implemented when a new location is found. Planning for these funds may begin in FY 12/13.

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

The electronic Treatment Plan, with the client signature feature, is not fully operational, requiring clients to sign hard copies of their Treatment Plans. This as well as other limitations to the product and need to utilize "work arounds" have been challenging to program staff. The product is most cumbersome for the Psychiatrist. The Echo Group is working to resolve the issues around this challenge to full implementation.

Another challenge is the decision by The Echo Group to discontinue support of the ShareCare™ product in the future in favor of the Virtual Healthcare Record (VHR) product. This decision will impact the ability of ICBH to make upgrades to the system and further customize the software to ICBH specifications. While this issue does not immediately affect ICBH, it may require a transition to the new system at some point in the next fiscal year.

3. *Describe if the county is meeting benchmarks and goals, or provide the reasons for delays to implementation.*

For the majority of components and milestones, implementation of the IT system has proceeded as planned. As noted above, there is an ongoing issue with electronic Treatment Plans, but we anticipate that this issue will be resolved in the next fiscal year.

4. *List any significant changes for FY 2012/13.*

No significant changes to the TN Program are anticipated in this fiscal year.

MHSA Program Component
HOUSING

1. *Provide a brief program description (include notable performance measures, such as progress towards implementation of plan).*
This component is not applicable to ICBH. We chose to transfer our MHSA Housing funds to CSS to further support those services and activities.
2. *Describe any challenges or barriers and strategies to mitigate.*
Not applicable.
3. *Describe if the county is meeting benchmarks and goals, or provide the reasons for delays to implementation.*
Not applicable.
4. *List any significant changes for FY 2012/13.*
Not applicable.

FY 2012/13
MHSA BUDGET SUMMARY

County: INYO COUNTY BEHAVIORAL HEALTH **Date:** DRAFT 053112

	MHSA Funding					
	CSS	**WET**	**CFTN**	**PEI**	**INN**	**Local Prudent Reserve**
A. Estimated FY 2012/13 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$114,292	$178,643	$237,995	$147,467	$322,100	
2. Estimated New FY 2012/13 Funding	$978,650			$145,245	$0	
3. Transfer in FY 2012/13[a/]	$0	$0	$0			$0
4. Access Local Prudent Reserve in FY 2012/13	$0			$0		$0
5. Estimated Available Funding for FY 2012/13	$1,092,942	$178,643	$237,995	$292,712	$322,100	
B. Estimated FY 2012/13 Expenditures	$978,650	$15,000	$237,995	$149,000	$0	
C. Estimated FY 2012/13 Contingency Funding	$114,292	$163,643	$0	$143,712	$322,100	

[a/]Per Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the average amount of funds allocated to that County for the previous five years.

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2012	$ 382,134
2. Contributions to the Local Prudent Reserve in FY 12/13	$ -
3. Distributions from Local Prudent Reserve in FY 12/13	$ -
4. Estimated Local Prudent Reserve Balance on June 30, 2013	$ 382,134