



BUTTE COUNTY

MENTAL HEALTH SERVICES ACT

**COMMUNITY SERVICES AND
SUPPORTS PLAN**

**IMPLEMENTATION PROGRESS
REPORT**

January 2007 – December 2007

INTRODUCTION

Butte County Department of Behavioral Health (BCDBH) submitted its' Mental Health Services Act (MHSA) Community Services and Supports (CSS) Three-Year Program and Expenditure Plan on February 14, 2006 to the California Department of Mental Health (DMH). BCDBH received feedback and a request for additional information regarding the plan, in a letter from the California Department of Mental Health dated July 3, 2006. Butte County Department of Behavioral Health submitted additional information, which was requested, on July 21, 2006. The plan received final approval on August 31, 2006.

Butte County's MHSA CS&S Three – Year Program and Expenditure Plan includes the following four components:

Work Plan One: The 23 Hour Crisis Stabilization Program -

The 23 Hour Crisis Stabilization Program is designed to provide stabilizing mental health services for consumers experiencing acute psychiatric symptoms, to determine if hospitalization is necessary, to avoid hospitalization if it is not necessary, and to refer to care services. This service is available for youth and adults.

Work Plan Two: SEARCH South (Support, Employment, Assistance, Recovery, and Consumer Housing Program) -

SEARCH South will expand the highly successful Chico AB2034 program to the Oroville area where there are currently no services targeting homeless people with mental illness. These services are available for adults and older adults.

Work Plan Three: LINK (Living, Insight, New Knowledge) - LINK is a program devoted to young people (14 – 24) who are homeless or at risk of homelessness in Butte County. The program will combine a drop-in center with overnight sheltering and supportive housing to provide services necessary to keep youth safe and help them work toward permanent housing, education, and employment. This program is available to Transition Age Youth (TAY).

Work Plan Four: Consumer Education & Training Office - This program is charged with the goal of embedding the Recovery Model into all mental health work of the Butte County Department of Behavioral Health. Additionally it will provide wellness and recovery activities for consumers and develop consumer employment opportunities throughout BCDBH.

This report will detail the consistent and continuous progress, which BCDBH has made towards implementation of the MHSA CS&S components between January 1, 2007 and December 31, 2007. This progress was made in an environment of budget challenges. The contradictory aspect of having abundant funding in MHSA and loss of funding in other services at the same time generated a turbulent environment. Notably, in July 2007, AB2034 funds ended. Given that much of the philosophy of MHSA services are based on the success of AB2034, the loss of funds was ironic and significantly changed the mental health services landscape, which now include shortages in services that were not present in the initial Community Planning Process.

BCDBH submitted a MHSA CS&S Augmentation Plan to DMH in November of 2007. The Augmentation Plan was approved in December 2007.

DMH Notice 07-21 released October 18, 2007, announced that unused State administrative funds totaling sixty four million dollars would be redistributed to all 58 counties for use as one-time augmentation of local services. During 2007, BCDBH conducted initial meetings to identify a mechanism for the community planning process. It would honor the intent of this one time money, provide appropriate transition services for all those who had been enrolled in AB2034 programs, and enhance the efforts to transform the mental health services in Butte County by enhancing MHSA CS&S services.

There is much that remains to be done, however, significant progress has been achieved. Implementation success is largely attributable to the ongoing participation, partnership and support of community stakeholders, including: consumers and family members, diverse cultural groups, law enforcement, education, social services, local non-profits and others.

On March 18, 2008, California Department of Mental Health (DMH) issued Information Notice #08-08 requesting an update on implementation activities in calendar year 2007. This report describes the ongoing effort to effectively utilize MHSA CS&S funding guided by the essential elements of the MHSA, BCDBH's Vision and Mission, DMH regulations, and with feedback and input from consumer and community stakeholders. Comment on the report is invited.

A. PROGRAM/SERVICES IMPLEMENTATION

1) The County is to briefly report by Work Plan on how the approved programs/services are 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.
- b. Describe for each FSP Work Plan what percent of anticipated clients have been enrolled.
- c. Describe for each System Development Work Plan what percent of anticipated clients have received the indicated program/service.
- d. Describe the major implementation challenges that the County has encountered.

Work Plan One: 23 Hour Crisis Stabilization Unit

a) Implementation Activities

Implementation of this program has generally proceeded as described in the County's MHSa CS&S Three – Year Program and Expenditure Plan. One change from the general plan is that originally the 23 Hour Crisis Stabilization Unit (CSU) was envisioned to be an FSP program. As BCDBH staff became more cognizant of what the CSU could provide and the requirements of an FSP it became clear the CSU was a system development component that would enhance our overall system and provide the infrastructure needed to guarantee that the FSP components of the plan were successful.

The CSU opened its doors to clients in August 2007. The CSU did not have enough staffing to provide 24/7 coverage when it opened. BCDBH had used all manner of recruitment for nurses and still did not have enough nurses for the around the clock coverage. It is surprising that even though two nursing programs exist in the county BCDBH was still being impacted by the statewide nursing shortage. Understanding that hiring nurses would take longer than expected the decision was made to start providing services while at the same time continuing to recruit nurses.

In order to ensure the CSU provided quality standard of care Policies and Procedures were developed including:

- Referral to CSU
- Admission Procedure
- Discharge Planning Protocol
- Minimum Medical Stability Criteria for CSU
- Fast Track Medication Protocol
- Nursing and Clinician duties for each shift.

Contracts were put in place with US Foods and Chico Pharmacy to meet the everyday needs of the CSU. Staff were hired, oriented and trained.

A process of collaboration with the Mobile Crisis Unit was established. The goal of this collaboration was to facilitate a consumer's movement from the emergency room or mobile crisis contact in a seamless manner to the CSU, when indicated.

The CSU has provided services for 223 adults and 38 youth in 2007. Clients were provided with crisis assessment intervention, stabilization, safety planning/discharge planning, or hospitalization as appropriate. Medications were provided PRN indicated.

b) Percent of Anticipated FSP Consumers Enrolled

Butte County has submitted their current Exhibit 6, Three Year Plan-Quarterly Progress Goals and Report for each of the MHSa CS&S Work Plans.

c) Percent of Anticipated System Development Consumers Enrolled

Butte County has submitted their current Exhibit 6, Three Year Plan-Quarterly Progress Goals and Report for each of the MHSa CS&S Work Plans.

d) Implementation Challenges

Finding enough nursing to provide services 24/7 has been a major challenge to the CSU. One of the key issues has been low pay and flexibility of shift length. Once these key

issues were identified, BCDBH's Director began working with Butte County's Department of Human Resources to resolve these issues. A new salary classification for nurses who worked in a 24-hour crisis setting has been proposed. Additionally BCDBH is working with Butte County Human Resources Department to include the necessary flexibility in upcoming union MOU's to allow for 12-hour shifts for those working in 24/7 crisis service settings

Work Plan Two: SEARCH South

a) Implementation Activities

Implementation of this FSP and outreach and engagement program generally proceeded as described in the County's MHA CS&S MHA CSS Three – Year Program and Expenditure Plan. In the approved MHA CS&S Augmentation Plan, new elements of the SEARCH South program were approved. These included expanding the program to deliver services countywide; providing case management; and supported employment services at a collaborative, permanent, supported housing program for those with mental health issues.

The Search South office has found a temporary home and is located within Oroville Outpatient Services. Psychiatric services are provided on site through a contract with a psychiatrist.

Through community outreach, crucial collaborative relationships have been developed with Oroville Police Dept, local property managers, the Oroville Rescue Mission, Greater Oroville Homeless Coalition, Caminar employment services, Butte County Dept of Employment and Social Services, local medical clinics, local businesses and other homeless services providers in the Oroville community. These relationships have been essential to allowing SEARCH South staff to reach their target population.

This extensive collaboration has been fundamental to providing consumers with individualized, wrap-around, community oriented services. A contract established with Caminar has provided employment services for approx 30% of SEARCH South consumers. This has been so successful that an additional RFP with the goal of providing more extensive employment services is in the development stage.

A Behavioral Health Housing Assistance Payment (BHHAP) program was developed with Housing Authority of the County of Butte. The goal of this program is to help consumers get into housing by providing immediate rental assistance funds.

An Emergency Housing Assistance Payment (EHAP) program was developed and is in place with Butte County Auditor's Office. This program allows SEARCH to place consumers in safe temporary housing when apartments are not available or the consumer is not ready for permanent housing.

Personal Service Coordinators have developed relationships with local motels and several local landlords that will rent to our consumers and accept our BHHAP and EHAP payments. Thus avenues have been created to easily meet one of the main goals of SEARCH South, obtaining shelter for consumers.

b) Percent of Anticipated FSP Consumers Enrolled

Butte County has submitted their current Exhibit 6, Three Year Plan-Quarterly Progress Goals and Report for each of the MHA CS&S Work Plans.

c) Percent of Anticipated System Development Consumers Enrolled

Butte County has submitted their current Exhibit 6, Three Year Plan-Quarterly Progress Goals and Report for each of the MHSA CS&S Work Plans.

d) Implementation Challenges

The overall view of individuals who are homeless has made it virtually impossible to locate the SEARCH South program within the city limits. Furthermore, finding suitable facilities within the Oroville community is a challenge. As a result; Search South is not a “drop-in service center” as described in the work plan. This has caused frustration, as we know the ‘drop-in’ aspect of services would attract more consumers.

Office space is limited in the current location and does not allow for welcoming or community setting for staff or consumers. This issue is well known and sustained efforts have been made to rectify the situation. That it still exists is a testament to the lack of facilities in the Oroville area.

Street outreach is difficult due to the expansive geography of the Oroville community and the lack of a concentration of homeless individuals in a specific area or areas. As we become more well known in the community an increase of word of mouth referrals is occurring, and the relationships we have built with other agencies provides another steady stream of referrals.

The SEARCH South program is experiencing the same issue hiring a nurse as the 23-hour Crisis Stabilization Unit. BCDBH is diligently working on this issue and hopes to be able to attract more nurses.

Work Plan Three: LINK (Living, Insight, New Knowledge)

Implementation of this FSP program generally proceeded as described in the County’s MHSA CS&S MHSA CSS Three – Year Program and Expenditure Plan. In the approved MHSA CS&S Augmentation Plan an expansion of LINK was approved. The expansion will provide similar services for youth in Oroville. The Oroville program will be called The Live Spot Oroville. As this plan for Oroville services was approved at the end of the year, implementation will begin in 2008.

a) Implementation Activities

As with many new programs LINKS first stages of implementation centered on locating facilities and obtaining necessary permits. The facility for the Drop In Center sits one block from the downtown city plaza where many homeless youth congregate, yet it is tucked away behind the busier streets and separated from businesses, which would not be a compliment to a drop in center for homeless youth.

This program is collaboration between BCDBH and a local non-profit organization, Youth For Change (YFC). YFC has deep ties within the community and identified a program manager that is quite adroit at bringing together community members to volunteer services. Thus an architect volunteered to design the remodel of the facility. The plans are stunning.

In a further level of collaboration and in the spirit of MHSA the contractor hired to do the remodel is The Well. The Well is a local alcohol and drug recovery program for men, which has several employment programs. The men from The Well who worked on the

remodel where clearly inspired by the probable impact their work would have on youth who were struggling in life.

The facility for the transitional living component of the program was also remodeled. It was decided that the transitional housing would be named Coleen's House in honor of a Chico City Councilwoman who championed services for the homeless. A State of California Community Care Licensing application was submitted for Coleen's House and in the process of review.

YFC staff were hired, trained, and oriented. BCDBH staff were chosen for the program and also trained and oriented. The staff works together as a team at the 6th Street Drop In Center. Operational procedures and policies were created for 6th Street and Coleen's House.

Homeless youth were provided mobile crisis intervention, case management services and employment services through outreach and engagement.

b) Percent of Anticipated FSP Consumers Enrolled

Butte County has submitted their current Exhibit 6, Three Year Plan-Quarterly Progress Goals and Report for each of the MHSA CS&S Work Plans.

c) Percent of Anticipated System Development Consumers Enrolled Butte County has submitted their current Exhibit 6, Three Year Plan-Quarterly Progress Goals and Report for each of the MHSA CS&S Work Plans.

d) Implementation Challenges

Most of the challenges this program has experienced have been those that have been anticipated. Obtaining permits from government agencies has taken more time than anticipated. Applying to community care licensing, though essential, has proven frustrating. There are no specific set of codes for emergency short-term shelter for minors, therefore the program must adhere to the group home regulations with numerous exemptions. Navigating the group home regulations and identifying which regulations pertained to short term sheltering and which did not was tedious process. As the program serves consumers, there has been an ongoing process with community care licensing to fine tune areas that remain exemptions and which ones must be applied.

Work Plan Four: Consumer Education and Support Office

The Consumer Education and Support plan has generally proceeded as described in the County's MHSA CS&S Three – Year Program and Expenditure Plan.

a) Implementation Activities

Implementation of this Outreach and Engagement and System Development program has moved at a steady pace since 2007. Interviews for the Program Manager of this program begin in February of 2007 and the program manager started work on June 4, 2007. Space was located on BCDBH's Chico campus. An office support staff was hired and began on December 3, 2007. Three consumer and family staff members were hired in December.

The BCDBH has put forth a strong and consistent effort to increase the overall awareness and implementation of the Wellness and Recovery Model. These efforts have taken place across programs and have included individuals at all levels of the department staffing structure. These efforts have included:

- A training entitled, *Recovery Oriented Leadership*, presented by Bruce Anderson of Community Activators and Dave Pilon from MHALA was presented twice this year. The first presentation was in February and included all executive staff representatives of the Butte County Behavioral Health Board and consumers. A second, *Recovery Oriented Leadership*, training was held in October 2007 and included program managers and supervisors, as well as contract providers, and consumers and family members. Of the 31 that attended, 19 were BCDBH staff, 7 were consumers and family members, and 4 were contract providers.
- A Recovery Training series presented by Bruce Anderson was started in September. The response to this training was truly overwhelming. We expected 100 people and ended up with 253 registering for the training and 219 people in attendance. In order to provide a learning environment that is free for discussion, the number for the additional workshops was changed to 75. The first day immediately filled up and the second training was also full, with a waiting list. In order to accommodate the numbers who want to attend we have changed the format and are offering two topics, twice. The topics are: *Creating a Warm and Welcoming Environment*, and *Skills, Talents, and Gifts: Using Powerful New Capacity Assessment Tools*.
- As a part of the Recovery Training series, 13 ‘Recovery Pilot Teams’ have been created. These teams include BCDBH clinical and support staff, consumers, and contract providers. The purpose of these teams is to go back to their program site and identify ways they can begin to implement the “warm and welcoming environment” aspect of the recovery model. The teams will field test their ideas. In February Bruce Anderson will conduct a customized training with the intent of identifying what worked and what didn’t work as the pilot team tested out their ideas. They will also share information with each other and plan next steps. In order to show their support of both staff and the Recovery Model, the BCDBH Director and assistant directors will attend the follow-up customized training.
- A group of eleven including BCDBH staff members, a consumer, and a staff member from The Department of Rehabilitation attended a day and a half *Employment Immersion Program* at the MHALA Village to further their understanding of the recovery model. This visit provided the opportunity to immerse the visiting team in the Recovery Model, identify ideas they could bring back to BCDBH for immediate implementation, and ideas to implement over time. An idea that was immediately implemented was the “community meeting”. The community meeting has been implemented in adult sites in Paradise, Oroville, and Chico.
- In order to assess the overall staff knowledge of the wellness and recovery model we have administered the Recovery Knowledge Index to staff. Dr. Luis Bedregal of Yale University developed this index. By administering the index, we will be able to get a clear idea of what the overall staff knowledge of recovery is, as well as being able to pinpoint areas that may need more education and training. The plan is to administer the index in 6 months and yearly after that.

b) Percent of Anticipated FSP Consumers Enrolled

Butte County has submitted their current Exhibit 6, Three Year Plan-Quarterly Progress Goals and Report for each of the MHSA CS&S Work Plans.

c) Percent of Anticipated System Development Consumer's Enrolled

Butte County has submitted their current Exhibit 6, Three Year Plan-Quarterly Progress Goals and Report for each of the MHSA CS&S Work Plans.

d) Implementation Challenges

Implementation challenges included how to implement consumers and family members into the workforce. It was hard to employ consumers and family members in a program that had not yet taken shape and where goals and job roles were not clearly defined. The decision to start with a few consumers and family members who could help negotiate the changing landscape was a good one. It allowed BCDBH to have consistent ongoing input from consumers and family members as implementation continued. It also pushed BCDBH to move quickly as other consumer and family members wanted to be involved at a deeper level.

Another implementation challenge was the overwhelming amount of energy involved in overall MHSA implementation. The program manager was fulfilling the role of MHSA coordinator and that of program manager for the Consumer Education and Support Office. As more MHSA components began to roll out it became clear that managing the Consumer Education and Support Office and fulfilling the duties of MHSA Coordinator for BCDBH was more than a fulltime job.

2) For each of the six general standards in California Code of Regulations, Title 9 Section 33200, 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.

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

Community collaboration has been the cornerstone of MHSA implementation. Below are several examples of how this collaboration is working to provide better services for BCDBH consumers and family members.

Work Plan One: The 23-Hour Crisis Stabilization Program

The CSU staff has successfully coordinated with community agencies to establish safety plans for consumers receiving services from them. CSU successfully coordinates with community agencies when establishing safety plans for clients who receive services from those agencies.

Work Plan Two: SEARCH South

Homeless people have described to us an often-antagonistic relationship with law enforcement in Oroville. SEARCH South had heard reports of harassment and ticketing by law enforcement that appeared to be sending the message to the homeless "we don't want you in our community." A member of the SEARCH South team had a previous working relationship with an Oroville Police Lieutenant and met with the Lieutenant and educated him on the mission and services of SEARCH South. This had a profound impact that went well beyond the one police officer. SEARCH South now has a collaborative working relationship with the Oroville Police Department. As a result, they

call us when they have a potential consumer in the field. We have met and had a positive influence on 3-4 well known hard to reach, unserved chronically homeless and mentally ill consumers. It is doubtful that we would have connected with them in such a successful manner had law enforcement not been involved.

Our collaboration with the Greater Oroville Homeless Coalition introduced us to a Butte County Public Health nurse who had a rental property. She allows several Hmong families to use her property to plant vegetables and had used another plot for Head Start. SEARCH South asked her if they could have a garden on the property for their consumers as well. She agreed, and now the SEARCH South consumers have a garden project alongside the Hmong gardeners that not only provides vocational services, but also a cultural experience. SEARCH South staff hopes they will be able to conduct outreach to the Hmong through this garden project and reach potential consumers in that community.

Regular morning team meetings and an open office space ensure team interaction and seamless service coordination among team members. Established contacts with outside agencies such as Social Security Administration, Department of Employment and Social Services, Oroville Rescue Mission and Caminar. This makes it possible for team members to navigate and overcome traditional barriers to social services to better serve SEARCH South consumers.

Work Plan Three: LINK (Living, Insight, New Knowledge)

The LINK program which makes use of both BCDBH staff and contract staff, as a combined team. This has allowed LINK to provide flexible, creative service options even before the program opened its' doors. The staff train together, attend staff meetings together, and work together. The creativity of the combined staff has allowed us to make better use of other BCDBH staff by asking them for help. Additionally, it has been helpful to utilize the lower level of bureaucracy available through the contracted non-profit agency to obtain items and services for homeless youth in order to enhance their ability to move towards a healthier life.

Work Plan Four: Consumer Education & Training Office

The Consumer Education and Training Office has entered into collaboration with California Department of Rehabilitation (DOR). The first benefit of this collaboration has been to make a contract with the DOR Co-Op statewide training services. This allowed BCDBH to implement an extensive wellness and recovery training series. The second goal of the collaboration with DOR is to create a MOU as a precursor to becoming a DOR Co-Op County. The benefit of becoming a Co-Op County is it will provide us with 3-1 matching funds for consumer employment services, while simultaneously deepening our relationship with the local DOR Office. We are hoping to apply for Co-Op status in the fiscal year 2008 - 2009.

Cultural Competence

It is an ever-present challenge to hire an appropriate number of bilingual and bicultural staff. We are delighted to have a Hmong intern from the MHSA stipend program offered through California State University, Chico Department of Social Work. It is our hope that we will be able to employ her at BCDBH after she graduates.

The department cultural competency committee meets on a regular basis. Members of this committee have been essential in assisting to set up focus groups of key cultural groups

for the PEI Community Planning Process. Though the goal of these groups was to give input for PEI services, the feedback we received went beyond PEI to feedback for departmental services as a whole. The feedback will be integrated into overall CS&S program planning and implementation.

BCDBH has been increased the ability to offer translation services for the Community Planning Process. Additionally, forms are translated into our threshold languages on a regular basis.

BCDBH Youth Services has a SAMSHA grant program, Connecting Circles of Care (CCOC). CCOC has their treatment groups split into culturally appropriate groups for the families they serve. The entire program population meets together on a regular basis thus having all cultural groups meeting and working together. This program has also published a newsletter in three languages. Much of what CCOC does is a model for the entire department in terms of cultural competence.

Client/family driven mental health system

CSU – The inclusion of spaces for children and teens in the CSU has been driven by consumer, family, and community input. Though Butte County has a Psychiatric Health Facility, which can house children, it is mainly set up for adults and feels intimidating for most youth. This CSU has specifically set up an area, which will feel comfortable to youth. The CSU has an entrance and waiting room specifically for youth. This was designed and implemented by a parent of a past consumer. It is named after the consumer and is called Drew's Corner.

LINK – Services at LINK are driven by the youth that attend the Drop In Center. Staff takes lead to provide what is needed using a strength based and recovery approach. Consumers that use this service traditionally have low trust for agencies and take a great deal of outreach and engagement before feeling safe in accepting services. A key services that helps youth to feel that their needs are listened to and responded to is the pet kennel at the Drop In Center. It is well known that many homeless youth will forgo services for themselves if they have to give up a cherished pet to participate. Additionally, they have an amount of money set aside for veterinary services which helps not only the youth and pet, but helps to keep the society at large safer by having pets that are immunized and spayed or neutered.

SEARCH South – This program embodies the philosophy of the AB2034 program and is client driven in all aspects. This is proven by providing outreach in a large geographical area; by collaborating with other agencies so the consumers find less barriers to obtaining shelter and by taking the initiative to start new programs such as the community garden in Oroville.

Consumer Education and Training Office – This office has hired three consumers with the goal of having them intimately involved in a variety of planning processes and department meetings. The purpose for this is to ensure that a consumer and family viewpoint helps drive all levels of planning and implementation of MHSA programs and services.

The purpose of the wellness and recovery training series was to further embed the wellness/recovery/resiliency philosophy in the department. Group design has promoted

attendance at trainings to include consumers, family members, contract agency staff, community members, and staff at all levels – clinical, support staff, administration.

Wellness/recovery/resiliency focus

The **CSU** has expanded crisis services in Butte County to allow for consumers to identify when they may need somewhere to go for under 24 hours, to alleviate the need for more long term and intensive inpatient services. This is a great tool for all programs and consumers to use. It provides the opportunity for consumers to empower themselves by stopping the downwards cycle before in-patient services are needed.

SEARCH South has discussed starting a community meeting to allow for greater input from our consumers in the growth of this program, but have not implemented that as of yet. Establishment of an FSP with consumers is predicated on a relationship with consumers and the development of an individualized recovery plan is driven by consumer need. The recovery plan promotes the partnership between consumer and staff members while focusing on recovery-oriented services.

The **LINK** program promotes the wellness/recovery/resiliency focus by addressing a variety of life domains. These include housing, food, hygiene, employment, education, and safety. CSU – is there to allow individuals to identify when they need help and have help available at a crisis stabilization level instead of in-patient treatment.

The **Consumer Education and Support Office** sponsored a wellness and recovery training series and established Recovery Pilot Teams. The series and the teams have put an increased emphasis on the wellness /recovery/resiliency focus throughout BCDBH. Consumers are both embedded in several teams and have their own team representing the Chico Drop In Center.

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.

The addition of the CSU to BCDBH's services has provided a integrated service experience for families by decreasing the need for more intense in-patient services. This is especially true for youth, who have no in-patient facilities available in Butte County. Youth and their families routinely travel a minimum of 2 hours or more, away from Butte County for in-patient services. Thus when a youth is able to resolve a psychiatric crisis with the CSU the youth and his/her family does not need to experience the logistical challenge of out-of-county care.

SEARCH South has provided an easy door for homeless individuals with mental illness to access services. Once they are connected the staff guide them through an effective and complete FSP program. Addressing housing, employment, recovery, treatment for mental illness and more.

LINK provides a seamless system for homeless youth. Providing for youth many of the same services the SEARCH South program provides for adults. The collaboration with various county departments and private non-profits allows for the full range of a consumer's needs to be met.

3) For the Full Service Partnership category only:

- a. N/A
- b. N/A

B. Efforts to Address Disparities

1 & 2 - Successful Efforts/Strategies and Challenges.

Youth and adults have historically not had the option of a crisis stabilization unit when needed. Many times psychiatric crisis, which could be resolved given such a unit, were left to fester and escalate until in-patient services were needed. The CSU has provided a much-needed alternative for both youth and adult.

Homeless individuals with mental illness by definition are traditionally underserved. SEARCH South has employed a variety of methods to attract consumers and educate other service providers about the program so that we can provide services to this underserved population. The key strategy that we have employed has been to build relationships. The trust that comes from relationships has increased the number of consumers that interact with us. Relationships have also been key in enabling other agencies and service providers to send consumers our way.

With the LINK program service, it became evident early on that street outreach was going to be difficult because of a lack of concentration of homeless on the streets. We began a campaign to get the word out about our program to different agencies and businesses in hopes of finding our target population. That appeared to help as we began to get more referrals and walk-ins after.

One strategy utilized during this time period until the youth drop-in center opened in downtown Chico was to provide mobile services. Staff working with homeless youth took their services to where the youth were – homes, streets, schools, hospitals, etc. Additionally, services provided included assisting youth to learn new skills in the community. An example of this would be accompanying youth to the employment development department or social services department.

Assisting homeless youth to obtain work permits was initially a problem. Through advocacy, utilizing the McKinney Vento Program & Liaison, and building working relationships with school administration has resulted in youth being able to obtain work permits when they need them.

3. No Native American organizations or tribal communities have been funded in Butte County to provide services under the MHSA.

4. All RFP's developed by BCDBH for MHSA services include requirements to identify how the contract provider will deliver culturally and linguistically competent services.

C. Stakeholder Involvement

As counties have moved from planning to implementation many have found a need to alter their Community Program Planning Process 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.

BCDBH has used the results of the original planning process as a foundation to build on as Augmentation and One Time money has become available. The first goal has been to ensure the quality implementation, needed expansion of existing programs, and look at new services that may be needed.

When decisions regarding MHSA CS&S funding have been made a committee consisting of BHB members, consumers, and staff have come together to develop a plan, which then would go through the standard approval process. Whenever possible members of the committee were members of the original group of stakeholders, which provided the direction that developed the original plan. The priorities from the original plan have been used as a foundation in making decisions.

Stakeholders are kept informed of MHSA implementation and ongoing activities through email communications, postings on the BCDBH website, and U.S. Postal Service.

A future goal is to develop a standing MHSA Advisory Committee that will be an official committee of the Butte County Behavioral Health Board (BCBHB). The BHB MHSA Advisory Committee is made up of a diverse set of stakeholders, including consumers and family members, community members, key partner agencies, and a Butte County Administrative Office representative. The Committee performs in an advisory capacity over MHSA funded programs and services, and completes the following tasks:

1. Reviews MHSA community input processes and reports the effectiveness of these plans to the BHB and BCDBH.
2. Provide global program and budget recommendations that will increase the efficacy of MHSA programs, and their influence on system transformation.
3. Fulfills the function of an ongoing active committee that could be easily assembled to make recommendations to the BCBHB and BCDBH on a variety of issues related to MHSA funding and services.

The committee's deliberations will be based on MHSA program reports and presentations from MHSA planning staff, providers, consumers, family members, and the community-at-large. The Committee may convene as sub-committees that will meet separately to work more in depth on specific issues and report findings to the full committee.

D. Public Review and Hearing

This Implementation progress report will be posted on the BCDBH website for a minimum of 30 days during which public comment will be requested. The public can make comment through a direct link on our website, through phone call, or written response. Requests for an email or hard copy of this report will be honored.

The BCBHB will call a public hearing after the plan has been posted for 30 days. The public will be made aware of the public hearing by newspaper announcements in the following newspapers:

- The Chico Enterprise Record
- The Paradise Post
- The Oroville Mercury
- The Gridley

Public Service Announcements (PSA) will be sent to the following local radio stations that announce the public hearing as a part of their public service:

- KZFR – Community Radio
- KCHO – Public Radio
- KHSL – Radio
- Mix 95
- Thunder 101

The announcement of the public hearing and a link to the progress report will be sent by email to the BCDBH MHSA community stakeholder list, which consists of over 700 email addresses.

When the public hearing convenes, BHB members and audience members alike will be invited to make public comments regarding the plan. Once the public hearing has taken place any substantive comments will be analyzed and added to the text of this report.