



Lake County Mental Health Department
991 Parallel Drive
Lakeport, CA 95453

Mental Health Services Act
Innovation Component
Three-Year Program & Expenditure Plan
Fiscal Years 2011/12 – 2013/14

Posted
October 29 – November 27, 2011
Public Hearing
December 9, 2011
Lakeport, CA 95453

ACKNOWLEDGEMENTS

Lake County Mental Health Department wishes to thank the many participating stakeholders who gave their time and energy to this process.

In addition, the Department wishes to recognize the contributions of the members of the Mental Health Services Act (MHSA) Committee and representatives of partner agencies, community based organizations, and stakeholders that helped guide the development of the planning process and the creation of this plan.

**Prepared by the Lake County Mental Health
MHSA - Innovation Sub-Committee**

Members:

Kristy Kelly, MFT, Mental Health Director
Robert Menicocci, Deputy Director, Fiscal and Administration
Terence Rooney, PhD, Deputy Director, Clinical Services
Linda Morris, MFT, Deputy Director, Alcohol and Other Drug Services
Jim Isherwood, MHSA Coordinator
Kevin Thompson, MPA, Crisis/Operations/WET/Team Leader
Sarah Deng, MHSA Analyst
Francois Van Wyk, MFT, Team Leader II FSP
Jim Gessner, Treatment and Prevention Coordinator, AODS
Carole Ford, Peer Support Specialist
Kathy Herdman, Parent Partner
Thomas Leon Brown, Tribal Outreach and Engagement Specialist
Richard DiWald, Substance Abuse Counselor III, AODS
Scott Abbott, Managed Care Clinical Coordinator

Contributors:

Edgar Ontiveros, Latino Outreach and Engagement Specialist
June Wilson, MFT, Team Leader II FSP, Forensics
Karin Hudson, PsyD, Team Leader II
Circle of Native Minds Elders Talking Circle

EXHIBIT A

**INNOVATION WORK PLAN
COUNTY CERTIFICATION**

County Name: Lake

County Mental Health Director	Project Lead
Name: Kristy Kelly	Name: Jim Isherwood
Telephone Number: 707-263-4338	Telephone Number: 707-263-4338
E-mail: kristy.kelly@lakecountyca.gov	E-mail: jim.isherwood@lakecountyca.gov
Mailing Address: 991 Parallel Drive Lakeport, CA 95453	Mailing Address: 991 Parallel Drive Lakeport, CA 95453

I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Innovation Work Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and Title 9, California Code of Regulations (CCR), Section 3410, Non-Supplant.

This Work Plan has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310(d) and 3315(a). The draft Work Plan was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate. Any Work Plan requiring participation from individuals has been designed for voluntary participation therefore all participation by individuals in the proposed Work Plan is voluntary, pursuant to Title 9, CCR, Section 3400 (b)(2).

All documents in the attached Work Plan are true and correct.



Signature (Local Mental Health Director/Designee)

12/22/11

Date

Mental Health Director

Title

EXHIBIT B

INNOVATION WORK PLAN

Description of Community Program Planning and Local Review Processes

County Name: Lake
Work Plan Name: Peer Informed Access

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

1. Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)

The Lake County Mental Health (LCMH) Innovation planning process built upon the extensive planning efforts of previous Mental Health Services Act (MHSA), Community Services and Supports (CSS), and Prevention and Early Intervention (PEI) components of the Mental Health Services Act. Input and feedback on the development of the LCMH Innovation Plan was provided by consumers, family members, agency staff (including community partners), and stakeholders, representing a variety of unserved/underserved populations, including the Tribal, Latino, Transition Aged Youth, Older Adult, Homeless, and Veteran communities. Stakeholders provided input through a variety of meetings, including public Community Program Planning meetings, the Innovation Sub-Committee, meetings with the LCMH Management and Leadership Teams, the MHSA Committee, and the Mental Health Advisory Board. Staff also attended regional Innovation trainings and obtained technical assistance through the California Institute of Mental Health (CIMH) Innovation conference calls.

The LCMH Innovation Sub-Committee to the MHSA Committee was convened in June 2011 and was provided background information on the Mental Health Services Act and the guidelines for the Innovation Component of the MHSA. The Innovation Sub-Committee was charged with moving forward the planning efforts, and every effort was made to bring key stakeholders to the table at the public Community Program Planning meetings. Participating staff and agencies included the mental health director, clinical and fiscal deputy directors, members of the Leadership Team, a cross section of department staff from both the Mental Health and Alcohol and Other Drug Services divisions, consumer and family member representatives, Tribal and Latino outreach specialists, and community service providers. Information was conveyed to the Innovation Sub-Committee members through written handouts and email messages.

2. Identify the stakeholder entities involved in the Community Program Planning Process.

1. Lake County Mental Health and Alcohol and Other Drug Services Staff
2. Circle of Native Minds Elders Talking Circle
3. Lake County Tribal Health Consortium
4. First 5 Lake County
5. Redwood Children's Services
6. Sunrise Special Services
7. Consumer and Family Member representatives
8. Lake County Mental Health Advisory Board
9. California Tribal TANF Partnership

3. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

Public Posting Period - October 29 - November 27, 2011

Public Hearing Date - December 9, 2011

No substantive comments were received.

EXHIBIT C
(Page 1 of 6)

Innovation Work Plan Narrative

Date: 12/12/11

County: Lake

Work Plan #: 1

Work Plan Name: Peer Informed Access

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

This project was selected through the ongoing Community Program Planning (CPP) process. Stakeholders provided input, leading to the development of the project. The CPP in Lake County, starting in 2005 with the development of the County's 3-Year Plan for Community Services and Supports, continued to build on itself as stakeholders contributed to the development of the Prevention and Early Intervention Plan starting in 2008, Capital Facilities and Technology Needs in 2009, Workforce Education and Training in 2010, and now, this plan for Innovation in 2011. A common theme throughout the planning process has been the need to address the barriers to accessing needed services and to increase access to those individuals and families in the community whose needs are not adequately met or attended to at all.

Those populations have been identified in Lake County through the ongoing planning process as follows:

1. Consumers
2. Family Members/Caregivers
3. The Tribal Community
4. The Latino Community
5. Transition Age Youth including those aging out of Foster Care/Juvenile Justice
6. Older Adults
7. Homeless Individuals and Families
8. Veterans
9. Lesbian/Gay/Bisexual/Transgender/Queer/Questioning/Intersex/Ally (LGBTQQIA)
10. Other Cultural/Ethnic populations in the County

This project will bring together representative "Peers" from each identified group to provide direction as to how to reduce barriers and increase access to Mental Health Services to those who need it most.

EXHIBIT C
(Page 2 of 6)

Innovation Work Plan Narrative

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

Lake County is a very small county with a population of less than 65,000. Diversity is limited in that Spanish is the only identified threshold language with the Hispanic/Latino community representing the largest ethnic/cultural population at 17.1%. The Tribal/Native American presence in Lake County is significant in that this group represents 3.2% of the population with seven federally recognized tribal affiliations and six tribes located on established Rancherias. Other unserved or underserved cultural populations include the African American, Asian, and Hawaiian/Pacific Islander populations as well as Transition Age Youth, Older Adults, the Homeless, Military Veterans, and those who identify as LGBTQQIA. As a very small county with limited resources, the Community Program Planning process for Innovation evolved to focus on involving these diverse community populations in order to problem solve around increasing access to services for all who need them. It is seen as a prudent use of the available Innovation funding to focus on enhancing and improving existing MHSA programming to address this issue.

The plan is to assemble a diverse group of community member stakeholders representing the aforementioned cultural populations and provide education and training in order to create a well-informed Peer committee that will assist in steering the development of a more welcoming, engaging, and culturally relevant experience for those seeking services. The committee will receive intensive training, including but not limited to, team building, recovery model, peer support, cultural competence, public speaking, continuous quality improvement, outcomes assessment, and community capacity building. The group will be tasked with assessing the current status of the consumer experience including facility design, reception, and intake and referral processes at the mental health clinics and making recommendations about how the quality of the experience and intended outcomes can be improved. The committee will also inform the process of addressing how the community based clinics and wellness centers can be networked to better support and learn from each other. This approach is intended to problem solve, from a Peer perspective, the challenges of geography, transportation, communication, resource availability, and community outreach and education.

The goal will be to create a "no wrong door" approach throughout a networked system of clinics and wellness centers where an individual or family from any background would be able to access needed services in a warm, welcoming, and engaging manner. This project will be consumer and caregiver driven, wellness and recovery oriented, culturally relevant, and lead to a reduction in stigma and discrimination and a more integrated experience.

EXHIBIT C
(Page 3 of 6)

Innovation Work Plan Narrative

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

The plan is to implement a series of intentional systemic changes, driven by a well prepared and culturally diverse committee of Peers tasked with identifying barriers to accessing needed services. The committee will consider areas of concern identified in the planning process, problem solve in a collaborative fashion, make recommendations regarding changes, and inform the community at large. These changes may include the introduction of new practices or approaches in mental health, changing existing ones, or adapting practices or approaches that have been successful in non-mental health contexts or settings based on recommendations of the committee.

This project will contribute to learning around cultural acceptance, influence, and reciprocity in relation to the diversity of the participating individuals and the populations served in a networked system of community based clinics and wellness centers. The learning will happen in stages, as changes are implemented, and will be related to consumer perception from a broad cultural perspective as directed by the committee.

EXHIBIT C
(Page 4 of 6)

Innovation Work Plan Narrative

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates: 01/01/2012 - 06/30/2014
MM/YY - MM/YY

- January 2012 - Issue RFP for a project manager to facilitate plan
- February 2012 - Select project manager
- March 2012 - Recruit participants to serve on PEER committee
- April - June 2012 - Basic training period
- July 2012 - June 2014 - Implementation, ongoing training, evaluation, reporting

This proposed timeframe will allow for the identification of a qualified project manager to facilitate the process of implementing the plan. Once identified and under contract, the project manager will work with the Mental Health Department to create a recruitment and training plan to engage participants from each identified ethnic/cultural group. It is estimated that it will take a minimum of six months, January-June 2012, to prepare for implementation of the project. Implementation will take place for two years, July 2012-June 2014. This period will include ongoing training identified in the committee process to support each phase. Phases will include overall assessments of the reception and intake process, challenges to access, community resources, and communication issues, as well as outreach and engagement activities. The order and duration of each phase will be determined by the committee in conjunction with the project manager and the Mental Health Department.

The committee will be charged with collecting information and data during each phase in order to determine the effects of each change. Findings, including the feasibility of replication, will be assessed after each phase in order to provide direction for the group and will be reported to the Mental Health Department and stakeholders in a public forum.

EXHIBIT C
(Page 5 of 6)

Innovation Work Plan Narrative

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The committee will use a measure designed to monitor and assess the project over time. Baseline data will be collected during the basic training phase using a consumer perception survey that solicits information pertaining to the project. This data will inform the committee around barriers to access, including cultural competency, resistance to multiculturalism, knowledge of both minority and majority, addressing stereotypes, etc., and should reflect a well-rounded perspective. The survey will be used after each phase of implementation to see how people from all cultural backgrounds have moved or not moved in relation to the baseline.

EXHIBIT C
(Page 6 of 6)

Innovation Work Plan Narrative

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

MHSA funded programs are expected to be enhanced and improved by this Innovation project. The committee's recommendations are expected to have an impact on how the the MHSA funded Community Services and Supports, Prevention and Early Intervention, Workforce Education and Training, and Capital Facilities/Technological Needs components are being implemented. This impact is reflected in the Innovation project budget.

EXHIBIT D

Innovation Work Plan Description (For Posting on DMH Website)

County Name

Lake

Work Plan Name

Peer Informed Access

Annual Number of Clients to Be Served (If Applicable)

____ Total

Population to Be Served (if applicable):

This project is intended to increase access to services to underserved groups in Lake County across multiple programs. Current service levels for each program will be taken into account in order to measure the expected increase. Demographic information will be used to assess influence on populations considered underserved.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

This project will bring together representative "Peers" from diverse constituencies to provide direction as to how to reduce barriers and increase access to Mental Health Services to those who need it most. The idea is to create a well-informed Peer committee that will assist in steering the development of a more welcoming, engaging, and culturally relevant experience for those seeking services.

The group will be tasked with assessing the current status of the consumer experience, including facility design, reception, and intake and referral processes at the mental health clinics, and making recommendations about how the quality of the experience and intended outcomes can be improved. The committee will also inform the process of addressing how the community based clinics and wellness centers can be networked to better support and learn from each other.

The goal will be to create a "no wrong door" approach throughout a networked system of clinics and wellness centers where an individual or family from any background would be able to access needed services in a warm, welcoming, and engaging manner. This project will contribute to learning around cultural acceptance, influence, and reciprocity in relation to the diversity of the participating individuals and the populations served in a networked system of community based clinics and wellness centers.

The committee will use a measure designed to monitor and assess the project over time. This data will inform the committee around barriers to access, including cultural

competency, resistance to multiculturalism, knowledge of both minority and majority, addressing stereotypes, etc., and should reflect a well-rounded perspective. The survey will be used after each phase of implementation to see how people from all cultural backgrounds have moved or not moved in relation to the baseline.

EXHIBIT E

**Mental Health Services Act
Innovation Funding Request**

County: Lake

Date: 12/12/2011

Innovation Work Plans			Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
No.	Name			Children, Youth,	Transition Age Youth	Adult	Older Adult
1	1	Peer Informed Access	\$500,000				
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26	Subtotal: Work Plans		\$500,000	\$0	\$0	\$0	\$0
27	Plus County Administration		\$75,000				
28	Plus Optional 10% Operating Reserve						
29	Total MHSA Funds Required for Innovation		\$575,000				

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Lake

Fiscal Year: 11/12-13/14

Work Plan #: 1

Work Plan Name: Peer Informed Access

New Work Plan

Expansion

Months of Operation: 01/12 - 06/14 2.5 Years
MM/YY - MM/YY

	Existing Program Budget	Existing Funding	Innovation Funding	Total Project Budget
A. Expenditures				
1. Personnel Expenditures	\$1,049,125		\$60,000	\$1,109,125
2. Operating Expenditures	\$191,500		\$30,000	\$221,500
3. Non-recurring expenditures	\$430,000		\$280,000	\$710,000
4. Contracts	\$155,000		\$65,000	\$220,000
5. Project Management			\$65,000	\$65,000
6. Total Proposed Work Plan Expenditures	\$1,825,625	\$0	\$500,000	\$2,325,625
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. MHSA - Capital Facilities/Tech Needs		\$400,000		\$400,000
b. MHSA - WET		\$30,000		\$30,000
c. MHSA - CSS		\$1,036,250		\$1,036,250
d. MHSA - PEI		\$359,375		\$359,375
3. Total New Revenue	\$0	\$1,825,625	\$0	\$1,825,625
4. Total Revenues	\$0	\$1,825,625	\$0	\$1,825,625
C. Total Funding Requirements	\$1,825,625	(\$1,825,625)	\$500,000	\$500,000

Prepared by: Jim Isherwood

Date: 12/12/2011

Telephone Number: 707-263-4338