



**CALAVERAS COUNTY**  
**MENTAL HEALTH BOARD ANNUAL REPORT**  
**Calendar Year (CY) 2015**

**Introduction**

The Mental Health Board of Calaveras County, as a part of its state mandate, is asked to submit an annual report to the Calaveras County Board of Supervisors on the needs and performance of the county's mental health system. It is our pleasure to offer you this CY 2015 report.

The role and function of the Mental Health Board (MHB) continues to review and evaluate the community's mental health needs, services, facilities, and special problems; review county agreements entered into pursuant to the Welfare & Institution Code Section 5650 that are significant with respect to services provided to the consumer community; advise the Board of Supervisors (BOS) and the local Mental Health Director/Deputy Director of Health and Human Services Agency (HHSA) as to any aspect of the local mental health program; review and approve procedures used to ensure citizen and professional involvement at all stages of the planning process; submit an annual report to the Director of HHSA and the Calaveras County Board of Supervisors on the needs and performance of the county's mental health system; make recommendations regarding the appointment of a local Director of Mental Health Services/Deputy Director of Health and Human Services; review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council; and review and make recommendations concerning applicants for the MHB prior to approval by the Board of Supervisors.

**Membership**

As of December, 2015 the Mental Health Board consisted of ten members, nine members appointed by the Board of Supervisors, and one member who was appointed by the Chair of the Board of Supervisors to represent the Board of Supervisors consistent with Section 5604 (a) of the California Welfare and Institutions Code (WIC). Board members constitute a mix of representatives of the public interest and individuals who have experience and knowledge of the mental health system; and at least one member of the Board shall be a consumer, and at least one member shall be a parent, spouse, sibling, or adult child of a consumer, who is receiving or has received mental health services [WIC Section 5604(a)(1)(2)].



Board members represented a wide range of knowledge, expertise, and advocacy experience specific to mental health services, though some changes in the particular members and, consequently, the particular expertise and advocacy experience are expected for 2016.

Members included:

- Minister of the Murphys Community Church and active member of the local National Alliance on Mental Illness (NAMI) organization (Board Chairman)
- Retired resident of Calaveras County with years of experience in the pharmaceutical industry with an emphasis in analytical chemistry and quality assurance;
- President of the local affiliate of NAMI;
- Director of Social Services with Mark Twain Medical Center;
- Probation Officer with experience working with mental health offenders and the criminal justice system;
- Correctional Officer with the Calaveras Sheriff's Department;
- Retired Psychiatric Registered Nurse;
- Local attorney;
- Two consumers who are active volunteers with recovery and wellness mental health services;
- Retired resident with expertise in managing quality assurance services and
- Calaveras County Supervisor for District 2, which includes the communities of Mokelumne Hill, Paloma, West Point, Wilseyville, Glencoe/Rail Road Flat, Sheep Ranch, Mountain Ranch, and Calaveritas.

### **Legislative Authority**

The Calaveras County Mental Health Board was established by order of the Calaveras County Board of Supervisors in 1993, pursuant to the Welfare & Institutions Code 5604, also known as the Bronzan-McCorquodale Act, Stats. 1992, c. 1374 (A.B. 14). The primary purpose of the Board is to serve in an advisory capacity to the Board of Supervisors and to the Health and Human Services Agency Behavioral Health division. Commissioners are appointed by members of the County Board of Supervisors for a term of three years. Membership includes consumers of mental health services, family members, and an at-large representative on the Board up to twelve members plus a representative from the Board of Supervisors.

The Calaveras County Mental Health Board meets the first Tuesday of each month from 4:00pm to 5:30pm at Behavioral Health Services, 891 Mountain Ranch Road, San Andreas.



## **General State of Mental Health Services in Calaveras County**

Our report on the overall state of mental health services, as required by Section 5650 WIC has two time frames: the state before the Butte Fire and that post Butte Fire.

### **State of Services Before the Butte Fire**

In the first eight months, the HHSA division worked hard to provide needed services, though challenged with personnel shortages and on-boarding new hires. The periodic personnel shortages and number of new hires raised two concerns that the Board would like to comment on.

1. The staffing levels and changes affected the capacity to provide adequate and steady services. This presented in sporadic lapses in meeting the timeliness intake targets. This is an understandable outcome of sporadic under-staffing levels.
2. Previously, BHS received formal training in and commitment to pursue a “recovery” model – a guiding principle and instruction in Prop 63, the Mental Health Services Act (MHSA). The high number of newly on-boarded staff may have challenged the divisional focus on this treatment model. Additionally, bureaucratic demands placed on the division by the state and general health care system further challenged the division’s focus on a “recovery” model. While training opportunities are apparently less available, the division still should address focus on the “recovery” model via training and commitment.

To be sure, regardless of the practiced model during the year, the division staff’s commitment to consumer health and well being is *definitely NOT in question*.

Another major component of the mandated reporting involves comment on the Mental Health Services Act’s centric services and programs. Susan Sells, MHSA coordinator, provided a detailed summary of the various activities that center on the main MHSA focus areas:

- Community Services and Support (CSS)
- Innovation (Component)
- Prevention and Early Intervention (PEI)
- Workforce, Education and Training (WET)
- Housing
- Capital Facilities and Technology (CFTN)

A copy of Susan’s report is attached as reference.



The report documents a number of programs that were in place prior to the current calendar year and a new program, an “Integrated Dual Diagnosis Project” for consumers that suffer both substance abuse and mental illness (Note: This program received high praise during the recent EQRO audit). While the report provides extensive quantitative participation metrics, there is only sporadic quantitative outcome data. The Board recognizes that such outcome data is generally more difficult to capture, but it is the more important metric.

During this period, the Medi-Cal Audit for FY 2014-15 was finalized and presented to the division. The detail and rigor of this state/regulatory review is insightful to the organization and operation of the division and was useful for our Board to review and comment on it. The Medi-Cal Audit’s “findings” covered a wide range of issues, including:

- Access to Contract and Division Services
- Authorization of Services/Approvals
- Beneficiary Protection
- Interface with Physical Health Care
- Provider Relations
- Program Integrity
- Quality Improvement
- Chart Review – Non-Hospital Services (multiple issues)

Behavioral Health Services provided the Board with a summary report that detailed the findings and “corrective action”/commitments to each “finding. The Board’s opinion upon reviewing this finding/corrective action report is that since the audit findings only reported procedural and written policy issues, there was no indication of substandard services.

That being said, the proposed corrective actions responded in an understandably procedural/written policy manner. For example, a response would commit to updating a policy or to “training/re-training” to an existing policy. The Board’s opinion is that the division should follow a program to verify effectiveness of the multiple “training and re-training” commitments. Supporting the Board’s opinion, the state has recently been prompting the division to report on such response effectiveness.



### **The State of Services During and After the Butte Fire.**

The challenge for the division took on a new face as a result of the Butte fire. The fire both directly and indirectly affected both the community in general and consumers specifically. The final report by Cal Fire provided a somber summary of the event:

- The fire raged from September 9th to “100 % containment” on October 1<sup>st</sup>.
- 475 residences and 343 outbuildings were destroyed. 45 other structures were damaged.
- Over 70,000 acres were affected
- There were 2 (civilian) fatalities and 1 injury

The effects of the fire were both immediate, as summarized by Cal Fire, and have ongoing physical and health concerns:

- What to do about housing of displaced people and families?
- What can be done about erosion as the winter rains begin?
- How will stress of dealing with loss present to the mental health services of the county?
- A number of both valid and scam programs have presented and/or can be expected.
- Though FEMA is moving to provide “temporary” housing for lost residences, some people are making due by living in personal RV/trailers, or even tents. The number of people still in such improvised housing apparently is a wide range of estimates.
- A “spike” in the number of suicides has been reported in rumor and media. While the stress of the fire may have been a contributory affect in isolated cases, the division’s investigations into each event indicated that the reported increase was not a *direct* outcome of reactions to the fire. For example, several cases involved people well removed from the fire area.

The division reported a wide range of reactions and services provided to the victims of the fire. A summary report, as provided to the MHB by Stacey Miley, Administrative Assistant, Behavioral Health Services, follows:



### ***MH Response During the Butte Fire***

- *BHS staff provided 24/7 coverage at 3 campgrounds and shelters during the first week.*
- *BHS staff provided 8am- 8pm coverage the following weeks until the shelters closed.*
- *BHS staff made phone calls to clients to check in with them.*
- *Updated information regarding resources and butte fire updates provided to after hour BHS call line Central Valley Suicide prevention.*
- *BHS convened from 4-5 to meet with BHS Director and Diane Vickerman for daily updates. Daily meeting to discuss and manage shelter coverage and coordination*
- *Staff assisted with the Calaveras Local Assistance Center.*
- *HHSA booth at Calaveras Local Assistance Center with onsite clinician.*
- *BHS staff rolled out to specific sites if requested*
- *BHS staff are located at the HHSA out stations at least 1x per week.*
- *Butte Fire Facebook page created for updates from the County including press releases and evacuation information.*
- *Utilized resources from SAMHSA toolkit to distribute to community specific to coping with disasters.*
- *New BHS emergency brochure created and printed*
- *Working with OES and DHCS to bring in additional resources for communities.*
- *Expanded short term services to members of community that would not normally qualify for services.*
- *In Addition:*
  - *Our staff are training to implement a CCP Grant this Thursday and Friday.*
  - *We continue to have a weekly presence in Mountain Ranch, West Point and Railroad Flat.*
  - *We are trying to find a location in Mokelumne Hill so we will also have a mental health presence in this community.*

Our Board's consensus opinion of this report and anecdotal observations of the BHS's response to the emergency is that the division reacted swiftly, often with extensions of core services, but also in what could be characterized as an "all of the above" approach. The Board's opinion is that the division's effort was competent, extensive, innovative, and demonstrated admirable commitment to the health and welfare of county residents.

Measuring an overall effectiveness of this array of actions would surely be a difficult task. Reporting isolated successes (or disappointments), while each a likely valid datum, would not be a fair evaluation of this effort. So, the Board's opinion is that a



more structured review of the effort would provide a more accurate evaluation of best practices. That being said, the Board recognizes that it may a long time; e.g. 18 months to 5 years, to come to a full understanding of the county's recovery.

**Overall Recommendations:**

- 1) The Board recommends that division restate its commitment to the Prop 63 guidelines of the recovery treatment model and train newly on-boarded personnel and provide re-training to staff, as appropriate
- 2) The MHB recommends that the division conduct a formal review of the effectiveness of the various MHS services and initiatives provided during and post Butte Fire, applying outcome assessments when ever possible, to identify best practices.
- 3) The Board recommends that the division commit to (increasingly) develop and use quantitative outcome data for existing and proposed programs. This echo's state direction to favor outcome data.
- 4) And finally, the MHB recognizes that the three persistent needs listed in our 2014 Annual Report:
  - a. Transportation,
  - b. Jobs for consumers
  - c. Housing for consumers in needcontinue to exist. The Board recognizes that each of these items could represent significant outlays of resources (money), however addressing these needs will go a long way to help the county's consumers' recovery.

Report approved by Mental Health Board, March 1, 2016

A handwritten signature in cursive script that reads "Donald Chavison".



Attachment 1: May 1 2015 Report on MHSA Activities; by Susan Sells

<p><b>May 1, 2015</b></p> <p><b>CALAVERAS HEALTH AND HUMAN SERVICES</b></p> <p><b>BEHAVIORAL HEALTH</b></p> <p><b>DESCRIPTION OF MHSA PROGRAMS</b></p>	<p><b>ACCOMPLISHMENTS</b></p>
<p><b><u>COMMUNITY SERVICES AND SUPPORT (CSS)</u></b></p> <p><b><u>Full Service Partnerships (FSP):</u></b></p> <p>Full Service Partnership (FSP) program helps improve the lives of county residents living with severe mental illness and their families. FSP case management brings together a mix of services that are tailored to each individual’s needs – from housing and employment support to 24-hour, 7-day a week service access during crisis periods.</p> <p>FSP Support Services include:</p> <ul style="list-style-type: none"> <li>• Assignment of a single point of responsibility case manager</li> <li>• Access team that provides 24/7 availability</li> <li>• Linkages to, or provision of, supportive services defined by the client</li> <li>• “Whatever-it-takes” commitment to progress on concrete recovery goals</li> </ul>	<p><b><u>Since November 2008:</u></b></p> <p>72 individuals have received FSP services, and a total of 38 received a minimum of one year of FSP support.</p> <p>Outcomes for these individuals include:</p> <p>65% decrease in psychiatric hospitalization            94% decrease in number of days spent in a psychiatric hospital            21% decrease in the number of individuals experiencing incarceration            57% decrease in the number of days spent incarcerated            43% decrease in the number of individuals experiencing arrest</p> <p>Since January of 2012, a total of 62 consumers have received FSP services.</p> <p><b><u>Breakdown by age:</u></b></p> <p>Child/Youth (ages 0 to 15) – 7%            Transitional Age Youth (ages 16 to 25) – 19%            Adult –(ages 26 to 59) - 64%            Older Adult (age 60+) – 10%</p> <p><i>Source: Data Collection and Reporting (DCR) System</i></p>



**MHSA Triage Service:**

January 2014, Behavioral Health was awarded a grant to provide a crisis support *Sheriff Liaison* position at the Sheriff Department that can provide immediate crisis stabilization help to individuals in a mental health crisis and their families. Once hired, the Sheriff Liaison will be able to quickly respond to dispatchers' calls from officers throughout Calaveras County that are in need of immediate support, and provide the crisis stabilization services that may prevent the need for a psychiatric evaluation at the emergency room. Follow-up case management will reduce the incidence of ongoing crises, and will reduce the number of 911 repeat calls from individuals who need assistance.

**Peer Support Services:**

The Living Room Wellness Recovery Center; a range of Peer Recovery Support Groups, home visits by Peer Support Specialists to isolated adults with mental illnesses, and NAMI Socialization Program are all services available as part of Calaveras County's peer driven continuum of care.

**Living Room Drop-In Peer Center**

Since July, 2014 Behavioral Health Services has operated the Living Room Recovery and Wellness Center. The center is opened four days a week, Monday through Thursday, from 9am to 4pm, 564 Mountain Ranch Road, San Andreas – and is the current site for socialization, providing education, resources, outreach and help to people in achieving recovery in a safe and caring place.

**New Program-** no data available at this time as selected applicant is currently in process of an extensive background check to work in Sheriff Department.

**Since July 2014:**

An average of 140 participants (unduplicated) have attended the Living Room Recovery and Wellness Center, (an increase from 85 participants unduplicated last year)

*Source: Attendance rosters*



Living Room Weekly Peer Run Support Groups/Activities

include: Women’s Group, Men’s Processing Group, Expressive Art, Dual Recovery Anonymous, Creative Hearts Art, Self-Exploration, Hip Hop Dance, Guitar, Wellness & Recovery, Walking 4 Your Health, NAMI Connections, Karaoke, and Crafts.

NAMI Socialization Program

The Socialization Program is a weekly peer run program sponsored by NAMI Gold Country that provides activities for consumers that include shopping, bowling, movies, plays, picnics and pizza days. Behavioral Health provides NAMI a contract to cover cost of activities, and also provides transportation.

Outreach and Engagement Services

Older Adult Outreach:

Two Community Services Liaisons (CSL) staff continue to provide outreach and engagement services targeting the older adult population (55+). The purpose of these services is to reach out to those unserved or underserved older adults needing mental health services by focusing on identified needs, assisting with linkages to services, and reducing barriers to services.

**Since July 2014:**

13 Peer Recovery Support Groups/Activities have been held weekly with an average of 4 to 8 participants in each group.

*Source: Attendance roster*

**In 2014:**

48 activities were provided and 34 (unduplicated) consumers in the last 12 months – with an average of 15 participants at each activity.

*Source: Attendance roster*

**For the last year:**

An estimated 50 older adults (unduplicated) have been served with support service, Senior Peer Counseling Program services, outreach, information and referral and case management support services.

*Sources: CSL case management documentation*



Latino/Hispanic Outreach:

A Community Services Liaison (CSL) provides peer support, case management, outreach and engagement to Latino/Hispanic families in Calaveras County. Services including 2 support groups in Valley Springs and Murphys each month, information and referrals specific to education, job/house seeking, and community resources such as Cal-Works, Food Bank, health clinics and mental health services. Outreach is provided to residents by focusing on identified needs, assisting with linkages to services, and reducing stigma and barriers to services.

**INNOVATION COMPONENT**

**Integrated Dual Diagnosis Project:** HSA/BHS is currently in process of implementing a new Innovation program titled Integrated Dual Diagnosis Project. The plan is to develop and support up to six peer-run weekly support groups that provide strong peer support to dual diagnosis consumers suffering with substance abuse and mental illness and live in isolated communities of Calaveras County such as West Point, Railroad Flat, Arnold, Mountain Ranch, Vallecito, Copperopolis and Valley Springs. Once training of selected peer support facilitators is completed this summer, and new groups have been implemented, these volunteers will meet twice a month with the Integrated Dual Diagnosis Case Manager for ongoing peer support and professional consultation.

Another important component to this project that will support our self-help model will be to integrate mental health and substance abuse services through the development and implementation of integrated clinical treatment processes. An

**For the last year:**

61(unduplicated) Latino/Hispanic families of Calaveras County have been provided outreach, information and referral, support groups and case management support services in FY 2014/2015.

*Sources: CSL case management documentation*

**New Program-** no outcome data available at this time specific to the peer support component as selected volunteers are currently in process of background checks.



Integrated Dual Diagnosis Treatment (IDDT) Team will be formed to provide assessment, treatment, case management services and peer-support for consumers with co-occurring serious mental illness and substance abuse/dependence. This multidisciplinary team will consist of a mental health clinician, the lead case manager, a substance abuse counselor, and peer specialist staff - working closely and consulting with the psychiatrist and psychiatric nurse.

**PREVENTION AND EARLY INTERVENTION (PEI)**

**Artistic Rural Therapy (ART) Program:**

The Art Therapy Program was implemented in 2014 with two contractors - providing art therapy workshops titled *Teen Art and Self Discovery* and *Healing Through Expressive Arts* for at-risk youth and adults with mental illness. These workshops utilize a variety of artistic expression that results in new coping skills, management of emotions, and self-confidence skill building for at-risk youth and adults.

**Youth Mentor Program:**

With a three year contract from Behavioral Health Services, the Calaveras County Office of Education is matching foster children or children living with grandparents, between the ages of six and sixteen, with caring adult mentors.

5 BHS clients with substance abuse and mental illness have just started receiving integrated dual diagnosis clinical treatment.

**For the last year:**

20 youth and adult workshops have been held with an average of 6 to 8 participants

Participants report high levels of satisfaction with the groups' subject matter and facilitators, and positive outcomes on their wellbeing as well.

***Source: Behavioral Health MHSA Data Report documentation***

**Since September 2014:**

7 foster students have been matched with a mentor in the Calaveras Youth Mentoring, and 4 more such mentees are on the waiting list.



**Foster TIP Program:**

With a contract from Behavioral Health Services, First 5 Calaveras is targeting and supporting foster/kinship/adopt parents by providing training that specifically meets the identified needs of adults raising at-risk foster children, and providing stipends for participation.

**Get That You Matter Project**

With a contract from Behavioral Health, Bret Harte High School provided “Get That You Matter” prevention event in February, 2015. This event is a comprehensive bullying prevention program designed to engage every student to create a positive and supportive campus climate – promoting mental wellness, acceptance and cohesiveness among students and the community.

**Strengthening Families Program:**

With a contract from Behavioral Health Services, First 5 Calaveras’ Strengthening Families Program continues to provide community-based educational services and training for parents struggling with children or youth who may be at-risk for mental health problems in San Andreas, Murphys, Valley Springs, Arnold and Angels Camp. Services include local educators and child care providers training, parenting seminars, workshops, coaching, counseling and counseling scholarships.

**In the last 12 months:**

33 participants have registered for the Foster TIP Program, with 17 active participants, a total of 60 classes attended, and 7 participants who have completed 12 hours (maximum for stipend).

**February, 2015:**

Over 300 students and 25 adult volunteers participated in the one day event.

**In the last 12 months:**

29 Parent Education Seminars and Workshops were provided with 261 (unduplicated) parents/caregivers attending at least one parenting class session, 522 children (unduplicated) of participants attending events, and 23% attending more than one parenting workshop.



An annual independent evaluation of the Strengthening Families program found that First 5 Calaveras continues to meet and exceed the service expectations for parent support and education:

- Multiple-session strategies had excellent retention levels
- Many participants attended more than one workshop - reporting learning new skills and putting them into practice
- The service provision was geographically and culturally inclusive, and parent-friendly
- Outcomes continue to be positive and measurable, with strong participant confidence in the skill of the facilitators and in the participants' own learning outcomes
- The program offerings did not remain static, but changed to meet identified community needs

**Grandparent Project:**

The Calaveras County Office of Education's Grandparent Project provides four monthly educational support groups in the county as well as individual consultation to grandparents and other caregivers raising relative children. Groups are held in Angels Camp/Copperopolis, Murphys/Arnold, Valley Springs and West Point, and provide information and education on recognizing signs of emotional/behavioral disorders, feelings of isolation, grief and depression due to loss, parenting education, family reunification, special education, advocacy and legal issues, county resources, school system access, scholarships, mental health referrals and conflict resolution.

Children's workshop sessions were available for children ages 2 to 12 years (85 participated), in association with 14 of the parenting workshops and seminars provided - curriculum mirrored the topics that parents were learning.

6 sessions each of Parent Coaching/Counseling were provided with a licensed therapist for 25 at-risk parents - these parents had 69 children of all ages.

185 professionals (82 educators and 103 service providers) received training in trauma and Strengthening Families techniques.

***Source: First 5 Calaveras Behavioral Health Services MHS Parenting Support Program Evaluation Summaries for FY 2010-2011, FY 2011-2012, FY 2012-2013, and FY 2013-2014.***

**For the last year:**

68 grandparents (unduplicated) have participated in the 36 support groups and individual consultations;

45 children are being raised by the program participants;

108 individual consultations were provided;

80 referrals were made to mental health and community resources



**Suicide Prevention**

Public awareness campaigns: Educating the public about the risk signs of suicide and the resources available to those in crisis through a quarterly newsletter, Know the Signs suicide prevention education campaigns, fairs, training and seminars, as well as special events.

Training gatekeepers: Gatekeeper training targets a broad range of individuals, such as school staff, students and parents, employers, faith-based and spiritual leaders, community-based service staff, individuals with mental illness and/or substance abuse problems and natural community helpers. Behavioral Health staff is training gatekeepers using Question, Persuade, Refer (QPR) and SafeTALK. Targeted individuals and groups have received training to help recognize and review risk, and intervene to prevent the immediate risk of suicide.

**Day of Hope:**

The 5th Annual Day of Hope event was held on the Calaveras River Academy campus on May 2014. Behavioral Health health education staff and a school counselor plan the annual events on campus with students and staff each year. Speakers share histories of mental health recovery and substance abuse recovery, and a QPR Training is conducted each year for the entire student body, as well as staff. There is lunch,

***Source: Behavioral Health MHSA Data Report documentation***

**For the last 4 years:**

910 persons have been trained in the Question, Persuade, Refer (QPR) and SafeTALK, and groups receiving training this year (total 185) included the Calaveras High School ROP Medical and Peer Mentor classes; Calaveras River Academy staff and students; Mark Twain Convalescent Hospital staff; a range of Substance Abuse Program groups and Perinatal support groups; Day Reporting Center participants, Spanish speaking support group in Murphys; Behavioral Health Bipolar support group; and the Living Room Health and Wellness Recovery Center participants.

*Source: CSL documentation (attendance documentation and Behavioral Health MHSA Data Report documentation)*

**In last five years:**

An average of 50 students, staff and community members attend this event each year.

*Source: Calaveras River Academy school counselor records*



live music, sporting activities, as well as different booths and workshops available, including a resource booth for Behavioral Health

**Crisis De-escalation Training:**

A contractor from Yolo County provided four Crisis De-Escalation trainings in the last year - providing participants with an understanding of individuals in crisis that suffer from a mental illness, and how to de-escalate a potentially volatile situation that results in positive outcomes. At the same training, an instructor from San Francisco's Combat to Community organization provided insight and training on how to work with local veterans in crisis.

**Stigma Reduction:**

**In Our Own Voice Training:**

With a contract from Behavioral Health, NAMI Gold Country has implemented the stigma reduction program for Calaveras County titled "In Our Own Voice" by people living with mental illness. Presentations are provided by consumers to a range of community service organizations, public agencies, churches, and service clubs, with personal testimonies shared about living with and overcoming the challenges posed by mental illness. Behavioral Health provides mileage, outreach supplies, stipends and scheduling support for the three trained presenters.

**In the last 12 months:**

83 Sheriff officers, Probation staff, Highway Patrol officers, Angels Camp Police Department officers and social workers from Health and Human Services Agency have been trained.

June training is planned for Behavioral Health support services staff, and Peer Support facilitators and Peer Specialists

*Source: Attendance roster*

**Since 2013:**

93 individuals from 10 agencies and groups have received an In Our Own Voice presentation. Future trainings planned for this summer and fall include: Probation Department, Calaveras County Office of Education, Calaveras Library, Calaveras High Peer Mentor class, the Public Health staff, as well as members of the Murphys Community Church

*Behavioral Health MHSA Data Report documentation*



**EBL Training:**

With a contract from Behavioral Health and CalMHSAs funds, the Calaveras County Office of Education continues to provide EBL training (Eliminating Barriers to Learning) over the next year to classified and non-classified school personnel in Calaveras County.

This training provides teachers and school staff with tools to identify, recognize, refer, and support students with mental health needs.

**Mental Health First Aid (MHFA) Training:**

A local contractor for Behavioral Health, and a Behavioral Health Services health education staff continue to provide Mental Health First Aid trainings to Calaveras residents county department staff, community agencies, churches, and schools in Calaveras County. Participants receive an 8 hour education course, and learn a five 4-step plan encompassing the skills, resources and knowledge to help an individual in mental health related crisis connect with appropriate professional, peer, social and self-help care.

**Since November, 2013:**

70 classified staff from three school districts and the Calaveras County Office of Education received EBL training.

Future trainings planned for this fall include up to 70 staff from a range of public school districts in Calaveras County.

*Behavioral Health MHSAs Data Report documentation*

**Since July 2013:**

116 individuals have been trained from the Murphys Senior Center, Calaveras Baptist Church, Foothill Community Church, Calaveras High School Peer Mentor students and social workers from health and Human Services Agency.

Future trainings for 2015 include Probation, Public Health, Angels Police Department and the Calaveras County Office of Education staff.



**WORKFORCE, EDUCATION AND TRAINING (WET)**

**Supportive Employment Program:**

With a contract from Behavioral Health, The ARC of Amador and Calaveras has provided job placement and job coaching to eligible mental health consumers.

**Psychosocial Rehabilitation Certificate Program**

Since 2009, Behavioral Health has sponsored a Psychosocial Rehabilitation Certificate Program at Columbia College for consumers, family members, providers, and residents of both Calaveras and Tuolumne counties, with transportation services for consumers provided. This year, technical assistance and support continues to be provided to twelve consumers currently enrolled in Psychosocial Rehabilitation Services certificated classes at Columbia.

**HOUSING**

Calaveras Health and Human Services Agency/Behavioral Health Services will be receiving MHSA housing funds in 2015 for persons with severe mental illness– and allowable uses of these funds include rental assistance – including house payment subsidies, security deposits, utility deposits, or other move-in cost assistance, utility payments, moving cost assistance; and funding to build or rehabilitate permanent housing in Calaveras.

**Since March, 2014:**

Twelve consumers have received job coaching, and currently four have been placed in local jobs with job coaching provided ongoing.

*Source: CSL case management documentation*

**Since 2010:**

70 consumer and family members have enrolled in the peer support classes to date, and have received tuition assistance.

*Source: CSL case management documentation*



**CAPITAL FACILITIES AND TECHNOLOGY (CTFN)**

One-time Capital Facilities and Technological Needs component funding has been used for Behavioral Health services and supports as follows:

*Electronic Billing and Records System*

Anasazi, an electronic medical record and mental health service billing system, was purchased in 2012. Staff training continues with the electronic records system, with a focus this next year on assessments, use of electronic signature pads, document imaging, performance outcome tools for both adults and children, and setting up a portal for client's access of medical records.

Technological services planned for the Living Room Wellness and Recovery Center in 2015 include:

Four computers, a printer, Comcast WiFi, two DVD players, three televisions, a security system that includes video cameras, phones for both staff and consumers, and technology training in word/excel/PowerPoint.