

**PLUMAS COUNTY MENTAL HEALTH**  
**MENTAL HEALTH SERVICES ACT, ANNUAL UPDATE**  
**FISCAL YEAR 2012/13**

**DRAFT                      DRAFT                      DRAFT                      DRAFT                      DRAFT 8/6/2012**

**Proposition 63, the Mental Health Services Act (MHSA)**

In 2004 voters approved (Proposition 63) to tax millionaires in California 1% of their income to increase county mental health funding. The intent of the Mental Health Services Act (MHSA) is to serve the underserved and the previously unserved (i.e. to expand to those not previously in the system of mental health services); as well as to expand mental health services through promotion of wellness, recovery, and resiliency. To meet those purposes, the state developed guidelines to increase access to mental health services by addressing stigma of mental illness; improve efforts to provide culturally relevant services; increase points of access; address system issues (such as where services are provided); and support community services (such as housing, meals, etc.). This anticipated increase in client services required a simultaneous increase in training and new recruitment into the mental health workforce. The majority of the MHSA annual funds have a 3 year “use or lose” requirement (one category of funding, WET, has a 10 year period); thus, counties are expected to expend funds or return them to the state.

In 2011, seventh year of MHSA, the California Committee on Budget utilized Assembly Bill (AB) 100 to significantly amend implementation and oversight of the Mental Health Services Act (MHSA). With the 2012 Budget Act, AB 1497 made additional changes to the implementation of a county MHSA service plan. After Assembly Bills 100 and 1497 were passed, work plans and expenditures are to be approved at the local government level, i.e. Plumas County Board of Supervisors, reduce state required approval and oversight of county service plans, and to distribute funds by the State Controller on a monthly cash-in/cash-out basis.

The State Department of Mental Health no longer provides MHSA funding estimates. Thus, Plumas County’s Fiscal Year 12/13 MHSA plan is a projection and uses FY 2011/12 estimates. Projection of new MHSA funding (FY 12/13) for Plumas County, is an estimated total \$1,400,700.

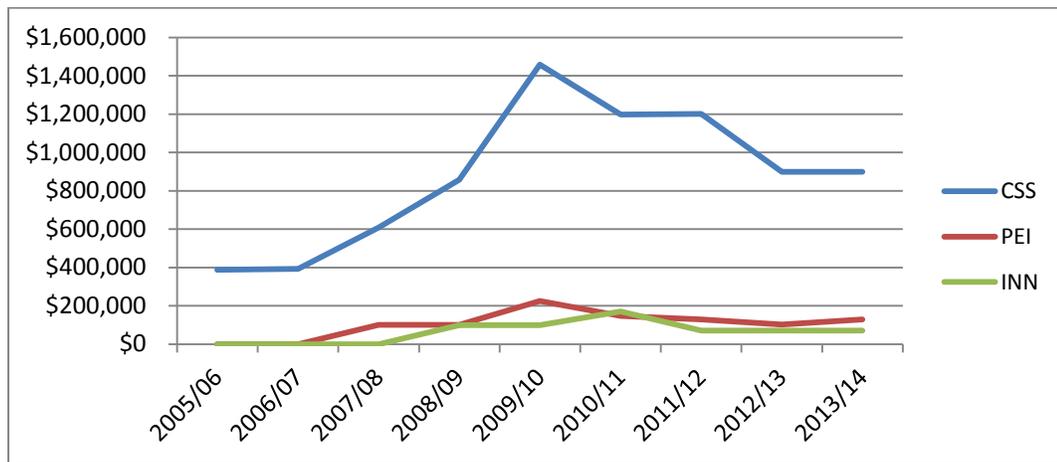
<ul style="list-style-type: none"> <li>• Community Services and Support, \$1,200,400</li> <li>• Prevention and Early Intervention,    \$128,400</li> <li>• PEI training &amp; technical assistance,    \$2,100</li> <li>• Innovation.....                                 \$69,800</li> </ul>
---

## Historical MHSA funding allocations to Plumas County

Annual funding of MHSA is determined from a formula, developed by the state, based on population and statistical enumeration of potential new eligible people for services. Historical annual MHSA funding to Plumas County has been an average of \$1,120,811.

- average funding for CSS, for 7 years of funding, is \$871,826 of annual revenue.
- average funding for PEI, for 5 years of funding, is \$140,160 of annual revenue.
- average funding for INN, for 4 years of funding, is \$108,825 of annual revenue.

Table: Historical funding of three MHSA components, to Plumas County.



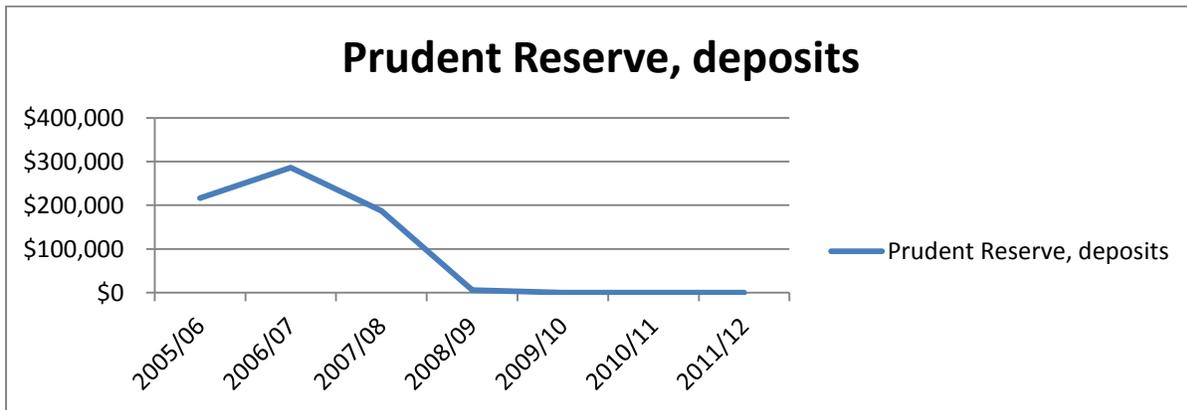
- Community Collaboration, known as “community services and supports” (CSS) is a broad category which includes: children’s system of care; wraparound services; transitional aged youth (young adult) services; technology enhancements; capital improvements; and to establish and maintain a Prudent Reserve<sup>1</sup>. CSS represents 75% of the county FY 12/13 MHSA funding.
- Prevention and Early Intervention (PEI) is a category with the goal to identify and serve individuals early to reduce the severity of mental illness. PEI represents 20% of the county FY 12/13 MHSA funding.
- Innovation funding encourages counties to think outside the box of how to reach previously unserved individuals; and/or how to expand services (typically integrating services with physical health care; or addressing holistic health services); and/or

<sup>1</sup> Counties are required in the MHSA Act to establish and maintain a Prudent Reserve to ensure the county programs will continue to be able to provide services and quantity at the levels established at the early years of the programs. This is a hedge against decreased MHSA funds below recent averages. Most counties set aside Prudent Reserve funds at 50% of their Fiscal Year 2008/09 CSS funding.

something new identified by the local community. Innovation represents 5% of the county FY 12/13 MHSAs funding.

### Development of Plumas County MHSAs Prudent Reserve

As required by statute, Plumas developed a Prudent Reserve account and made deposits, from the early years of MHSAs revenue, at nearly 50% of FY 2009/10 of CSS revenue (peak year of funding). MHSAs Prudent Reserve deposits from 2005 through 2009 total \$695,829.



The three MHSAs components noted above (CSS, PEI, INN) are currently sustained with state guidance and funding in FY 12/13. Other prior MHSAs components were short-lived funding streams and are no longer a resource of new MHSAs funding from the state. These “closed” components include: CF/TN; WET; and Housing. For FY 12/13 Plumas County has a balance of funds in local accounts for the CF/TN; WET; and Housing components of MHSAs and the county work plan describes (below) the status of services.

#### **CF/TN component and funding**

Plumas received one-time funding in 2007/08 for “capital/technology”. Plumas County Mental Health is utilizing the funding to meet the federal requirements for electronic health records. Plumas County has a balance of funds remaining that will support the project for 1.5 years (estimated balance of zero at December 2013).

#### **Workforce Education and Training:**

Workforce Education and Training (WET) component funding was received from 2006 through 2009 totaled \$519,000. WET funding is for increasing skills of staff on wellness, recovery, and resilience; and enlarging the workforce. The WET component is no longer a separate fund for counties. Counties were expected to sustain local efforts of WET through use of CSS component funds. Plumas County has a balance of WET funds, from FY 10/11 year carried

forward, for use with FY 12/13 services, and estimates it will spend down the balance of funds in FY 12/13.

### **Permanent Supportive Housing**

Plumas received the one-time allocation of FY 07/08 MHSA funds for permanent supportive housing. The intent of the state was to require Plumas to assign these funds to the California Housing Finance Agency (Cal HFA) to administer to a developer. Plumas declined to assign funds to Cal HFA, then pursued and attained approval to keep the minimal (\$250,000) MHSA housing support funds local and within the CSS component for collaborative efforts with community partners. These funds remain in Plumas for potential project support.

### **Community member participation in development of Plumas County MHSA FY 12/13 service plan:**

Title 9 of the California Code of Regulations Section 3300 requires an annual services plan be developed with the participation of the community members (“stakeholders”). For Fiscal Year 2012/13 the MHSA planning process for community input is conducted as follows:

- Continuation of ongoing services and newly identified service needs described in this document.
- Public announcement to occur in four editions (geographically throughout Plumas County) of the weekly newspaper by the Feather River Bulletin on Wednesday August 8, 2012. The announcement states the availability of this service plan document for public review and comment.
- Direct Email distribution announcement from Plumas County Mental Health, to ongoing partners (stakeholders) regarding the availability of the document for review. Historically agency partners that shall receive the direct distribution email include: Alcohol and Drug Administrator; Child Abuse Prevention Council; District Attorney; Eastern Plumas Hospital; Human Services Cabinet; Mental Health staff; NAMI, local chapter; Plumas County Mental Health Commission members; Plumas Crisis Intervention and Resource Center; Plumas District Hospital; Plumas Rural Services; Public Health; Probation Chief; Rancheria; Round House Council; School District Special Education; Seneca Hospital; Social Services and Veteran’s Services.
- The service plan (this document) is posted, for public review, to the county website and available as hardcopy at four mental health service sites, and upon request at the Plumas County Mental Health Department. New postings to the county website are announced with email distributed to over 200 registered individuals.
- The public comment period is open from August 8, 2012 through September 9, 2012.

- The Public Hearing is scheduled for September 12, 2012 at noon, at the regularly scheduled Plumas County Mental Health Commission meeting.
- The MHSAs service plan is to be submitted to the Plumas County Board of Supervisors for review and approval, scheduled for between September 13, 2012 and October 2, 2012 (at the next available Board of Supervisors meeting).

### **MHSA Revenue components and Plumas’ service plan for FY 2012/13**

Welfare and Institutions Code 5847 outlines the required elements of a service plan. This service plan, for Plumas County, builds on previous and ongoing services, and describes newly identified service needs.

### **What does Plumas do with current MHSA funds?**

Plumas County’s MHSA work plan for FY 12/13 addresses the funds to be received from the state for this year, as well as the roll-forward balance for the components no longer funded by the state.

### **Community Services and Supports (CSS)**

The purpose of community service and support is to provide services to those whose needs were not met with other funding sources. Specifically, MHSA is to support people without MediCal, private insurance, or those eligible for federal dual diagnosis funding. MHSA funding enables expansion of mental health services to unserved and underserved individuals. State guidelines required the majority of MHSA funding to be spent on Children/youth, full service partnerships, and the historically underserved groups. Thus, Plumas County Mental Health Department’s service population was expanded beyond the previously mandated MediCal population. The intent of MHSA is to focus services on those with serious emotional disturbances or mental illness for the following:

- Address geographic, cultural and linguistic access to mental health service;
- Children’s System of Care (high level mental health services including counseling, case management, and medication assistance and a multiagency team approach);
- Wraparound (“whatever it takes” across multiple domains of life, for youth and family);
- “Full service partnerships” (all ages), which include: youth wilderness therapy, youth girls group, supported employment for youth and adult clients, peer support, consumer support (computers and furniture in service centers for adult independent living skills), community engagement, informal social skills, peer activities, etc.;

- System development (capital projects, such as Greenville mental health office; information technology project, community capacity development, such as agreements with partners for services and supports, etc.); and
- Homeless support (hygiene, meals, respite, beds, psychotropic medication vouchers).

Plumas plans to maintain the prior year level of staff service for CSS and continue contracts with Plumas Crisis Intervention and Resource Center for medication vouchers & housing assistance, and with NAMI for advocacy, activities, and education/training.

Additional needs have been identified and Plumas plans to add services for Fiscal Year 2012/13 for the following target populations.

- Memorandum of Understanding (MOU) with Plumas County Public Health’s Senior Nutrition Program, for outreach to senior population. Plumas County Mental Health will sponsor a monthly congregate meal and will provide a case manager for engagement, assessment, brokerage and linkage to services.
- MOUs with the Departments of Alcohol and Drug Administrator and Probation for AB 109 population (county jail services). Plumas County Mental Health will provide a therapist to conduct assessment of service need, provision of clinical service, brokerage and linkage to integrated care (modeling services of the Mentally Ill Offender Crime Reduction Program, MIOCR).

CSS service plan:

In FY 12/13, Plumas’ CSS funded services are anticipated to assist the following community members with “Full Service Partnership” (FSP) activities of direct staff services to: 10 youth, 100 adults (including TAY), 3 older adults and 25 AB 109 adults. Outreach and education (OE) services are anticipated to reach: 5 youth, 25 adults (including TAY, and Hispanic) and 100 older adults.

### **Prevention and Early Intervention (PEI)**

The focus of early identification services for PEI is to provide education to community partners to help them identify and outreach to individuals with onset of serious emotional/behavioral disorder or mental illness; and provision of family support services to build capacity for improving interventions.

Plumas County Mental Health provides services to meet PEI requirements, which include:

- Provision of family therapy services, to youth involved in the justice system program. The service model is for voluntary participation of families, with open ended commitment.

PEI service plan: Plumas’ PEI funded services is anticipated to assist 4 families.

### **Prevention and Early Intervention Training and Technical Assistance (PEI TTA)**

Prior years funding have supported staff and community members to participate in a regional training by Dr. Perry on traumatized children. Current needs have been identified and Plumas plans to add services, through a MOU with Plumas Crisis Intervention and Resource Center, for Fiscal Year 2012/13 for community education for suicide prevention.

PEI TTA service plan: To provide training and increase awareness of early symptoms of suicide behaviors for an estimated 21 community members.

### **Statewide PEI projects**

Although each county is to define local needs and services, there are three goals that are to be addressed statewide, they are: suicide prevention; stigma and discrimination reduction; and student mental health initiative. To address these global services the State Department of Mental Health expected that prior year funding to the county would be voluntarily (re)assigned to the Department of Mental Health (DMH) and CalMHSA for planned statewide efforts. Plumas County did not assign these prior year funds (\$25,000 per year) to DMH and CalMHSA. During fiscal year 2012/13, the new permanent Director of Plumas County Mental Health (not yet identified as of the development of this document) will need to ascertain the value of such assignment of funds to the state and determine route to proceed.

### **Innovation (INN)**

Projects that are primarily learning-based that are intended to affect mental health service/practice is the focus of Innovation funds. Innovation projects must address one of the following: increase access to underserved groups; increase the quality of services including measurable outcomes; promote interagency and community collaboration; and increase access to services. Due to the rigorous oversight and bureaucracy of the state regarding the Innovation component, Plumas has not (to-date) successfully attained approval for services/program/project to implement and expend these funds. Plumas County Mental Health is hopeful that the changes enacted by AB 100 & AB 1497 will enable any future county designed plan to be approved by the state.

### **Workforce Education and Training (WET)**

Limited MHSA funds were provided, from 2006 through 2009, to the counties for promoting employability of individuals within the county mental health workforce. Plumas' ongoing plan has been to utilize the WET funding, across 10 years (allowed by statute), for skill development of professionals; paraprofessionals; peers; and career ladder efforts. Additionally, it has been important to Plumas County Mental Health to develop individuals that have capacity for career ladders from paraprofessional to clinical license; and for development of management skills among existing staff.

WET service plan: Plumas' WET funds continue to support training for 38 full-time equivalent staff across topics of wellness, recovery, resiliency and cultural and linguistic skills.

It is important to note that larger efforts have been undertaken by the state to utilize state allocated WET funds to address the shortage of qualified individuals to work in county mental

health services; through development of distance education programs and scholarships and loan forgiveness programs. Plumas has one clinical staff member (therapist) currently receiving student loan repayment; and one staff member (case manager) that will initiate the distance education Masters of Social Work degree in the fall semester 2012.

### **Capital Facilities and Technological needs (CF/TN)**

The one time funding of CF/TN allowed the county to identify the most pressing system (infrastructure) improvement. Plumas is in the last year of this funding for the support of moving from paper charts to electronic health records (E.H.R.) and billing feature. This effort prepares Plumas County Mental Health to be in compliance with numerous Federal Regulations for health care providers. Plumas County Mental Health has contracted with Kings View Corporation for the management information system support, and the “Anasazi” electronic health record software. For the past 18 months, implementation and conversion to Anasazi has occurred. Plumas County Mental Health anticipates that full implementation should be attained within this fiscal year (2012/13). Within the first 10 months of the E.H.R. nearly 800 individual records have been created and utilized in the database.

### **Highlights and key accomplishments, prior performance and outcomes:**

The goals of MHSA are to improve access to services and promote recovery and resilience through comprehensive, integrated, consumer-driven, strength-based care. For individuals with serious mental health needs, individualized services are intensive and focused on stabilizing disease symptoms and self-reliance.

Although the California Department of Mental Health established a database for recording demographic and changes in life status (indicators of stability) for full service partnership clients, it is difficult (due to small total numbers, and missing data for fidelity) for Plumas County to perform statistical analysis and conclude “cause and effect” from program services upon client functioning. Plumas County’s MHSA client numbers is statistically negligible; thus, Plumas is unable to formulate evaluation analysis or consider trends for plan modifications. Evidence of from data of large counties (i.e. San Diego County, etc.) show client recovery outcomes (changes in clients) resulting from intensive, highly individualized, helping services.

Plumas does collect anecdotal (subjective) data is accumulated twice yearly from client self-report survey that indicate satisfaction. Additionally, annual program audits (from external reviewers) indicate Plumas County is accessing the Hispanic population at one of the highest rates in the state. Plumas is small enough to be responsive to new needs and is able to initiate new service supports, even in the 8<sup>th</sup> year of MHSA while in an economic downturn.



**FY 12/13 MHSA Budget, for Plumas County**

<b>Component &amp; Services</b>	<b>FY 12/13 Budget</b>
<i>CSS: FSP &amp; OE</i>	-
Personnel salary & benefits	\$593,570
Professional services, PCIRC	\$10,000
Professional services, NAMI	\$10,000
Professional services, Public Health	\$12,000
Transfers: CSOC, Wraparound, etc.	\$143,545
Service supplies	\$128,603
Indirect Administration costs (15% max). i.e. overhead (A-87)	\$42,746
Operating reserve (10% max)	\$259,936
Prudent Reserve	-
Housing	-
Contingencies	-
<b>CSS FY 12/13</b>	<b>\$1,200,400</b>
	-
<i>PEI Family Therapy</i>	-
Personnel salary & benefits	\$85,754
Service supplies	\$38,546
Indirect Administration costs (15% max). i.e. overhead (A-87)	\$8,825
Operating reserve (10% max)	-
Prudent Reserve	-
<b>PEI FY 12/13</b>	<b>\$128,400</b>
	-
<i>PEI Training &amp; Technical Assistance</i>	-
Professional services, PCIRC	<b>\$2,100</b>
<b>Subtotal, new FY 12/13 MHSA funds</b>	<b>\$1,330,900</b>
WET	-
Personnel salary & benefits	\$25,937
supplies	\$38,022
Clinical competence, training	25,500
Indirect Administration costs	\$6,315
<b>WET FY 12/13 (prior year funds rolled forward)</b>	<b>\$95,774</b>
	-
CF/TN	-
Personnel salary & benefits	\$95,893
Professional services, Kings View	\$108,050
Service supplies	\$8,592
Contingencies	\$36,800
Indirect Administration costs	\$4,911
<b>CF/TN FY 12/13 (prior year funds rolled forward)</b>	<b>\$254,246</b>
<b>Grand total</b>	<b>\$1,680,920</b>