Department of Mental Health

PO Box 2087
Merced, CA 95344

MENTAL HEALTH SERVICES ACT

COMMUNITY SERVICES AND SUPPORTS
2006 IMPLEMENTATION PROGRESS REPORT

1. In April of 2006 the State of California, Department of Mental Health (DMH) awarded funding to Merced County, Department of Mental Heath (MCDMH) Mental Health Services Act (MHSA) plan. The funding approved two (2) Full Service Partnerships (FSP), three (3) General Service Developments (GSD) and one (1) Outreach and Engagement (OG) programs. MCDMH began program development of these programs immediately, and actual client service implementation varied by program.

   a) **Service Category: <u>Full Service Partnerships (FSP)</u>**

   The philosophy and activities of a FSP programs are proceeding as described in the plan. The WeCan program is based on the recovery principles core to the MHSA; i.e., client/family driven, a broaden focus on self-identified strengths and needs that will lead to revitalization of the family, 24 hour availability, and a communal sense of "doing whatever it takes." The target population is Hispanic/Latino youth in foster care.

   The CARE program is modeled after the State AB2034 programs. The CARE program has targeted the seriously emotionally disturbed transitional age youth and severely mentally ill adults by providing a comprehensive community services and supports approach. MCDMH has contracted the intensive/wraparound services to Turning Point Community Program (TP) to work in collaboration with MCDMH.

   (i) ***<u>Wraparound, Empowerment, Compassion and Needs (WeCan)</u>***

   The key differences between the submitted plan and the current implementation activities are related to the projected timelines, enrollment numbers, expenditures and revenue.

   The WeCan proposed client capacity for 2006/2007 was identified as thirty (30). As of, December 31, 2006, there is a current client enrollment of six (6). Accordingly, the budgeted amount for the contracted service provider is under spent and the projected revenue generated by the provider is lower that projected.

   The WeCan submitted plan identified Multi-Dimensional Treatment Foster Care (MTFC) as the evidenced based practice to serve enrolled youth and families. The WeCan staff participated in the initial phase of training, submitted an MTFC implementation plan, recruited trained and licensed five foster parents and was planning for the last training element of an on-site training at the Oregon Social Learning Center (OSLC). The OSLC was not able to continue training MCDMH, or any other county, due to being the recipient of a large grant that would ultimately train 50 California counties, therefore, the OSCL training timeline was moved forward to summer 2007.

   <u>Community Assistance Recovery Enterprise (CARE):</u>

The CARE program continues to meet the targeted twenty (20) clients served by the end of the fiscal year (2006-07). As of, December 30, 2006, there is a current client enrollment of eleven (11). Turning Point Community Program has provided intensive/wraparound services twenty-four hours per day, seven days a week. Turning Point Community Program has Personal Service Coordinators (PSC) who are multicultural and bilingual in Spanish and Hmong, a Punjabi housing coordinator and a designated MCDMH Alcohol & Drug Counselor working together for the betterment of the client.

One difference is in service delivery, rather then in the form of classes, the format of psycho education for clients regarding what they need in order to live successful in the community has been primarily on a one to one (1:1) format, given the relatively small number of clients being served. However, referrals to appropriate community resources that provide groups and/or classes are routinely made. Agency-supported employment opportunities are in the process of being deployed and a PSC works with the clients to assess employment goals and, skill and to encourage/support participation in activities aimed at helping them achieve treatment goals.

(ii) A major implementation challenge encountered was a pending significant reduction in workforce. MCDMH proposed to eliminate sixty (60) positions. The MHSA positions were impacted by the impending changes in the surrounding administrative infrastructure, clinical personnel and management during the reported period. Positions had to be shifted throughout the agency. The WeCan team had a full turnover of the trained clinical and management staff. As a result, the clinical staff was no longer bilingual or bicultural. The previous clinicians, bilingual and bicultural, had a base of monolingual families enrolled in the program (as per the plan's target population). Non-bilingual and non-bicultural clinical staff are currently serving the families. The CARE program had minimal staffing impact since the program was contracted to Turning Point.

Wraparound, Empowerment, Compassion and Needs (WeCan):

As previously indicated, OSLC was not able to continue training MCDMH, or any other county, due to being the recipient of a large grant that would ultimately train 50 California counties. Consequently, MCDMH had to quickly define an evidenced based practice that would serve the identified target population, meet with stakeholders to review options, contract for training, train staff, develop interagency procedures and promote referrals. A Wraparound approach and service delivery was selected. An SB163 trainer trained the county.

Community Assistance Recovery Enterprise (CARE):

The CARE program has provided limited mobile outreach to those who are homeless, or at risk. In the implementation of the CARE program, MCDMH quickly identified eleven existing clients of MCDMH who were underserved and/or were at risks of institutionalization, homelessness, hospitalization, etc. To successfully serve the

eleven clients Turning Point Community Program focused attention on the needs of the clients and provided intensive/wraparound services to stabilize the clients.

Mobile outreach to the homeless has not been implemented, as indicated in the plan. The mobile clinical vehicle (MCV) has not been acquired to provided rural mental health and outreach services, as indicated in the MHSA plan. MCDMH continues to pursue the purchase of the MCV.

a) **Service Category: <u>General System Development</u>**

MCDMH General Service Development identified strategies, which have been implemented according to the plan. MDCMH identified three programs (Wellness Center, Older Adult system of Care and Southeast Asian Community Advocacy Program), each targeting the needs of the clients. The Wellness Center infuses the entire system with the philosophy and principles of recovery and an open door policy to all clients. The Older Adult System of Care (OASOC) program targets services to older adults and provides coordinated treatments with primary care physicians (PCP), along with peer support and education. The Southeast Asian Community Advocacy Program (SEACAP) reaches the Southeast Asian (SEA) adults and older adults community, in hopes of breaking down the cultural barriers and stigma.

(i) ***<u>Wellness Center:</u>***

MCDMH continues to strive for four hundred clients to utilize the Wellness Center by the end of the fiscal year (2006-2007). As of December 31, 2006, one hundred eighty-nine clients have been engaged in services at the Wellness Center. The Wellness Center relocated its services to a larger temporary facility to accommodate the programs growth. Since the implementation of the Wellness Center, several diverse cultural peer and support groups continue to occur, and in some groups clients have taken over the role in facilitating the various groups.

<u>Older Adult System of Care (OASOC):</u>

OASOC activities and engagements efforts are proceeding as indicated in the plan. The second quarter reporting reflects the improved program growth of forty percent (32 clients of the targeted 80 clients) of the overall targeted clients by the end of the fiscal year (2006-07). Assigned OASOC staff have provided medication support, education and consultation services.

<u>Southeast Asian Community Advocacy Program (SEACAP)</u>

SEACAP program services have been contracted to a community cultural organization – Merced Lao Family (MLF). MLF has bridged the cultural gap between the SEA community and mental health services by breaking down the stigma and barriers. MLF provides individual treatment, outreach activities and cultural consultation by a licensed mental health clinician. MLF continues to serve twenty (20) active clients, as of December 31, 2006. The collaboration of local Shaman (cultural spiritual healer) have been engaged in two (2) active cases with MLF.

(ii) ***Wellness Center:***

The original design of the Wellness Center building was too expensive and had to be revised. The delay in construction has impacted services and possible program growth. The site currently housing the Wellness Center is still too small to simultaneously facilitate the numerous groups; therefore, some prioritization of classes/groups/meeting has had to be determined. Also, the atmosphere at the current site, due to size and building design causes the noise level to be significant. This has become a barrier for some older adults seeking services at the center. The plans for the new building have been finalized and will be going out to bid with an estimated timeline for completion, summer of 2008.

Also, the inability to hire a bilingual and bicultural Spanish speaking Consumer Assistance Worker (CAW), despite a series of recruitment and interviews, has impacted the ability of the Wellness Center to effectively engage the Hispanic/Latino population.

The original Wellness Center plan narrative describes having a Merced Adult School at the Wellness Center. A presentation was provided by a representative from Merced Adult School illustrating educational opportunities to the clients but there has been no further progress in establishing an on-site Adult Education Program.

Older Adult System of Care (OASOC):

The inability to hire a Nurse Practitioner (NP) for the OASOC Program resulted in having to substitute a part-time psychiatric certified Registered Nurse (RN). While the RN provides numerous services those duties are limited; for example a RN cannot provide physical exams or prescribe medication.

The appointment of an older adult bilingual Spanish CAW has not been successful despite on-going recruitment efforts. The pending plan for the third quarter would be to reassign on a part-time basis a Hispanic/Latino bicultural and bilingual Mental Health Worker.

The delay in purchasing the MCV has also limited services to the OASOC program in Merced County. The MCV would provide community engagement to older adult within their neighborhood/communities.

Southeast Asian Community Advocacy Program (SEACAP)

Though the MLF has made great strides bridging the cultural gap, there is still reluctance within the Southeast Asian (SEA) community to utilize the program. The Hmong translation of Mental Health is “Crazy House” and the stigma is still significant. Initially, the SEA community assumed services were located at the SEA community center; this was corrected by educating the SEA community that services are being held off-site in its own confidential location.

Due to the fact that this was the first contract of this kind with MLF and MCDMH, several administrative and logistical aspects had to be worked out prior to interlocking

the program with county services. Meetings and trainings were provided to MLF staff to clarify the administrative details. Additionally, technical assistance has been provided.

a) **Service Category: <u>Outreach and Engagement</u>**

<u>Community Outreach, Engagement and Education program (COPE):</u>
COPE staff have participated in numerous community outreach activities. Many of the outreach activities have been targeted to the diverse cultural populations of Merced County.

(i) The COPE program has established a multifaceted clinical team who are bicultural and bilingual in order to serve the targeted population. Co-location with primary care providers has been implemented after a delayed start due to contract issues. Continued collaboration with faith based and community-based agencies to promote outreach, engagement and community education, as well as outreach to racial and ethnic communities has been successful. As of December 31, 2006, MCDMH participated in ten (10) community outreach events and had a total of 212 contacts.

(ii) There were several meetings and contacts with local law enforcement in 2006. The focus of these meeting was to determine the needs and commitment level of implementing the partnership of services. Implementation of the First Response training has yet to begin, but plans are proceeding to provide Countywide training in First Response to the Serious Mentally Ill (SMI).

The interface between MCDMH and the correctional data system has not been implemented due to the incompatibility of the two data systems. The ideal data system would identify the newly released inmates with a mental health illness in order to facilitate timely follow-up by MCDMH staff. Currently, mental health services at the jail have been contracted to a private sector health care provider. The contract has negatively impacted our ability to determine who is in need of mental health follow-up services once released from the jail. Continuing efforts are being made to address an efficient protocol for follow-up of mental health services.

Because the homeless shelter has not been completed, the allocation of staff to be on-site at the homeless shelter has not been implemented. The expected completion date for the homeless shelter is November 2007.

Again, the delay in purchasing the MCV has impeded some of the outreach and engagement services in Merced County.

b) Five Essential Elements

- **<u>Community Collaboration</u>**
  (1) ***<u>Wraparound, Empowerment, Compassion and Needs (WeCan):</u>***
  Community partners, staunch participants of the MHSA-WeCan stakeholder process, readily came to the aid of the MCDMH to quickly address the need for a

new evidence based practice and the multi-layered efforts required in developing and implementing a program in a short span of time. This served as an impetus for partner agencies to develop and submit the county's SB163 Implementation Plan. At a macro level, a key transformational occurrence was the "collective ownership" of the problem and the solution.

On the client level, a key transformational activity is the family team meetings. The family team defies the medical/pathological model of identifying the mental health problem, providing agency driven options and tracking the family for "compliance." The WeCan family team meetings are in contrast, comfortable, engaging, broad in scope, and driven by the family's strengths. The professional's role has changed from one of educator to student of the family. The client's role has transformed into a respected expert with the knowledge and voice in directing their journey to recovery.

(2) ***Community Assistance Recovery Enterprise (CARE):***

The CARE team has been assertive in its efforts to establish itself as an active member of the county's social services network, as well as a valuable resource to other members of the community. This has been accomplished by conducting face-to-face meetings with key departments and service providers within MCDMH, Merced County Human Services Agency, the Housing Authority of the County of Merced, the Merced County Continuum of Care Collaborative, city and county law enforcement agencies, non-profit mental health service and housing providers, healthcare providers, and private landlords in the community. In these meetings, CARE staff have conveyed our whatever-it-takes philosophy, and demonstrated enthusiasm for collaborative effort in fostering members' recovery.

(3) ***Wellness Center:***

The Wellness Center is a client run program. Clients meet on a monthly basis to make decisions about which community based activities or sites they would like to access. Since implementation of the Wellness Center, clients have been active in the community, have participated in community events such as the Heart Walk, traveled to numerous conferences in the state including the Partnership Conference, and have accessed many community recreational activities such as bowling, field trips to Starbucks, and the Christmas Tree Lane in Fresno, CA, etc. These activities are opportunities clients would previously not have been willing or able to do. They have established a collaborative with the local National Alliance on Mental Illness (NAMI) organization. Clients were determined to hold fund raisers so that they could have a separate discretionary fund unrelated to county funding restrictions or the MHSA requirements. With the assistance of NAMI a separate bank account has been opened for these funds.

The Wellness Center clients have invited numerous community members/ organizations to present and demonstrate various group activities such as an artist

who does watercolors, a local gardener, local Veterans of Foreign Wars, a representative from the Independent Living Program presenting on the subject of SSI benefits, a Pet Care clinic, etc.

(4) ***Older Adult System of Care (OASOC):***
The OASOC program has been in collaboration with family member and other care providers including medical, dental, specialty practitioners and pharmacies. Linkage and referral services to home health services and the housing authority have been established. When necessary, referrals and encouragement have been made to attend routine Alcohol Anonymous meetings.

(5) ***Southeast Asian Community Advocacy Program (SEACAP)***
The SEACAP program provided a new level of community collaboration for the Merced SEA community. The SEA community was highly responsive. They were able to articulate their needs. The SEA community assisted in the design and development of programs. The SEA community leaders' approval of the implementation of the SEACAP program has aided in the success of this program. This is truly a collaborative endeavor.

(6) ***Community Outreach, Engagement and Education program (COPE):***
Utilizing the COPE staff, MCDMH has been consistently and actively involved in community events designed to educate the public about mental health services, and in outreach to those that are reluctant to engage in services directly.

Stationing a clinician at the local rural health care clinics has been transformational. Clients are now seen initially (and for the subsequent 2-3 visits) at the clinic, and then transitioned to a mental health site. Routine interaction between treating professionals has been beneficial to all concerned.

- **Cultural Competence**

(1) ***Wraparound, Empowerment, Compassion and Needs (WeCan):***
The WeCan's bilingual and bicultural clinicians supported MCDMH Cultural Competency transformation in terms of client culture. This transformation has improved family and staff interaction. The bicultural clinician understood the implications of a daughter being beholden to her mother for caring of her daughter's children. The grandmother's anger and biting remarks toward her daughter did not become an area of clinical intervention until the daughter and mother were ready to address the issue. Had the clinician not been bicultural and bilingual, the incendiary remarks could have likely led the clinician to believe that the rift had to be addressed before healing occurred. The bicultural and bilingual clinician understood that the distressing dynamic *was* the healing.

(2) ***Community Assistance Recovery Enterprise (CARE):***
The CARE team is comprised of ethnically diverse and culturally competent staff, including one bilingual Hmong and two bilingual Spanish service providers

who consistently assess for cultural issues, and provide services within a framework that is respectful of and draws on the strengths of cultural differences. Staff has made use of trainings and clinical consultation to assure continuing growth in the area of cultural competence.

(3) ***Wellness Center:***

The Wellness Center staff includes a multi-faceted team comprised of licensed clinical staff, dual diagnosis counselor, mental health workers (MHW), consumer assistance workers, a vocational rehabilitation counselor, housing coordinator, and part time psychiatric staff nurse.

The Wellness Center has become a "hub" for SEA activities; SEA clients are active in the Wellness Center on a daily basis, participate in client driven decisions in committees and are engaged in teaching others about their language, culture and beliefs. One full-time SEA MHW is dedicated to this program.

The various age groups, cultural groups, religious groups and language groups have contributed in an atmosphere best described as a cultural learning center. Cultural and holiday celebrations are regularly celebrated at the Wellness Center with cultural representation of food, customs, dress and activities. Sharing and learning of traditions and cultures is common.

Additionally, the Wellness Center has embraced the concept of "client culture". Clients are empowered, to make their own decisions, elect their own council members and formulate their own code of conduct. The clients from various cultures are communicating directly with each other without a cultural broker in the decision making of the Wellness Center.

(4) ***Older Adult System of Care (OASOC):***

The OASOC staff have attended numerous cultural competence trainings. MCDMH has strived to close the generational gap between clients and OASOC staff. Due to the difficulty of hiring bicultural and bilingual staff, bi-cultural interpreters have been utilized on an as needed basis to afford the participants the chance to communicate thoughts, feelings, and concerns within their frame of reference. In addition to treatment, cultural awareness of nutritional education and activities has been incorporated into the education and treatment of each participant.

(5) ***Southeast Asian Community Advocacy Program (SEACAP)***

SEACAP services are provided by the community cultural organization. Merced Lao Family (MLF) has on staff a SEA bilingual and bicultural licensed clinician. Upon request by the client, Shaman (cultural spiritual healer) consultations are available to provide a holistic approach to their individualize treatment plan.

(6)

Community Outreach, Engagement and Education program (COPE):
The COPE program has targeted its focus on the unserved and underserved population in Merced County. COPE's bilingual and bicultural staff abilities enable them to outreach and engage the Hispanic/Latino populations at various Hispanic/Latino events. Predominately Spanish speaking clients seek medical treatment at the rural health clinic; MCDMH has begun engagement efforts to bring mental health services to this targeted population. Efforts have also been made to engaged the SEA community at the annual Hmong New Year celebration. The COPE team is at the forefront of the Departments county wide efforts to reduce stigma and promote integration

- **Client/Family Driven Mental Health System**

(1) ***Wraparound, Empowerment, Compassion and Needs (WeCan):***
A key transformational activity as related to family driven services is the active recruitment of Parent Partners who have had their children placed in the foster care system. Parent Partners act as mentors in changing the family's negative perception of those who are faced with challenges and those who are in the role to assist. Parent Partners have walked a similar path and do encourage and inspire others on their journey to recovery.

The WeCan team currently consists of a Parent Partner who offers a parent perspective. One of the key objectives of the Parent Partner is the recruitment of parents from the child welfare system.

(2) ***Community Assistance Recovery Enterprise (CARE):***
Beginning with the intake and assessment process, the CARE team encourages members and their families to be actively involved in guiding their course of treatment and choosing services that are provided. Families are provided psycho education, support, and appropriate referrals to community resources to assist them in better understanding and supporting members. Personal Service Coordinator (PSC) facilitates communication between family members that fosters strengthening of the family support system. Care plans are developed in a collaborative manner, members are encouraged to develop their own goals and review or revise any suggested goals to assure that they are appropriate and adequately addressing individual needs.

(3) ***Wellness Center:***
Clients are in charge of the program and activities at the Wellness Center. They have created Consumer Advisory Council, which meets weekly to discuss policy decisions. These decisions are then brought before all members of the Wellness Center at the weekly community meetings, chaired by clients. In addition, there is a monthly Quality Improvement (QI) Consumer subcommittee which reports to the MCDMH QI Committee on issues impacting quality of care and client concerns departmentally.

(4) ***Older Adult System of Care (OASOC):***
The OASOC program has worked to facilitate the development of a peer support component. Each participant is updated monthly or more frequently of events at the Wellness Center, local Senior Citizen Center and on information received from the Area Agency on Aging (AAA) committee meetings. Clients have been introduced and accompanied by the OASOC staff to the Wellness Center where peer support activities are easily available.

OASOC clients have requested and received transportation services to appointments as well as events and activities in the community.

(5) ***Southeast Asian Community Advocacy Program (SEACAP)***
The SEACAP program is client and family driven. From the perspective of the SEA culture the program has been structured to promote culture acceptance by the "Family", ("the clan, the elders, the Shaman and family). Clients initiated their own requests for non-traditional healing methods, as well as traditional healing methods and plans are individually tailored to their request.

- **Wellness / Recovery / Resilience Focus**

(1) ***Wraparound, Empowerment, Compassion and Needs (WeCan):***
WeCan family team meetings are structured to focus on wellness, recovery and resiliency. Transformation can only occur when there is a belief that things can improve and that the family's vision is achievable. Transformation is not limited to the family; it is a change that is also integrated into the staff's belief system and the organization's culture.

MHSA funds have supported Parent Child Interaction Therapy (PCIT). The core principal of PCIT is relationship enhancement. This is congruent with the wellness/recovery/resiliency focus. WeCan clinicians have been trained and are now prepared to offer PCIT as a treatment option

(2) ***Community Assistance Recovery Enterprise (CARE):***
Beginning with the assessment and intake process, CARE members are encouraged to focus on constructive goals, as well as identify and build upon personal strengths instrumental to their fulfillment. Personal Service Coordinators (PSC) consistently strive to instill hope and help members develop interpersonal and practical skills that serve to inoculate members against the stressors that may complicate their recovery. PSC strive to be proactive. The focus on establishing and maintaining wellness, assisting members in anticipating and planning effective strategies for addressing obstacles has resulted in six (6) clients being diverted from life in an IMD to living in supportive housing opportunities

(3) ***Wellness Center:***

The Wellness Center is immersed in wellness/recovery principles. All staff have attended training in the Mental Health for the Greater Los Angeles Area, Village Program. The 4 core principles of hope, healing, community engagement and authority are demonstrated daily. Clinical staff have started working with clients on Wellness Recovery Action Plans. Expanded medication support services are available on a walk-in basis for clients to access at will and as needed. Nursing staff are focused on clients physical health needs as well as mental health medication issues.

MCDMH created a new job class of Vocational Rehabilitation Specialist. This has led to a focus on skill building, and client employment. Clients are now actively engaged in pre-employment and employment activities for the first time.

(4) ***Older Adult System of Care (OASOC):***

The OASOC program services are driven by each individual client and their care plans on their quality of life outcomes. The initial visit of a prospective OASOC participant is with a RN in a home base setting and each participant is evaluated for all issues that could interfere with their quality of life. As issues are identified, participants are linked to Primary Care Physician, home health support, specialist physicians, housing authorities and Area Agency on Aging as deemed necessary. Transportation is provided when needed.

Families/caregivers have also been educated in providing proper client care. This has enhanced the therapeutic environment and encouraged families/caregivers to assist a client in specific areas related to recovery.

(5) ***Southeast Asian Community Advocacy Program (SEACAP)***

The SEACAP program services focus on recovery and wellness. Clients are linked to the Wellness Center that has an active SEA component. Recovery in the SEA community has been linked to the provision of socialization activities. The Wellness Center has provided a welcoming environment for groups of the SEA women's community to gather, thereby reducing isolation and providing a mutual source of hope and healing through peer support.

(6) ***Community Outreach, Engagement and Education program (COPE):***

The COPE program key transformational activities include the delivery of services within the individual's community a principle of the recovery movement.

- **Integrated Services For Clients And Families**

(1) ***Wraparound, Empowerment, Compassion and Needs (WeCan):***

The WeCan program's transformation related to integrated services for clients and families is the paradigm shift of deficit-based services (needy family) to the normalizing of services (a family in need of services) that are no different from

the general population in term of wanting to sustain their families. The *child* is not "at risk." Rather, the child is in an *environment* that is "at risk." This paradigm shift erodes the stigma of families who receive multiple congruent services.

(2) ***Community Assistance Recovery Enterprise (CARE):***
The CARE team provides clients and their families with access to an array of services for meeting their individual needs. There is a full time alcohol & Drug Counselor on-site. PSC provide appropriate referrals and coordinate access to other community services integral to members' recovery including psychiatric services, medication services, alcohol and drug counseling, and other clinical services as needed.

(3) ***Wellness Center:***
The Wellness Center has a full-time Dual Diagnosis Specialist available for those with co-occurring disorders. Services are available individually or thru group support. There is a weekly AA/NA support group facilitated by a dually diagnosed consumer.

(4) ***Older Adult System of Care (OASOC):***
The OASOC program has merged the physical and mental health needs of the clients. An OASOC nurse actively engages the client's primary care provider in the provision of services. The nurse accompanies the clients to medical visits, works with pharmacist on medication interation issues and accordingly, educates the family/care giver. As a part of the treatment of services appropriate referrals and coordination of care with PCP, AAA, and Wellness Center, etc.

(5) ***Southeast Asian Community Advocacy Program (SEACAP)***
The SEACAP program has integrated the non-traditional healing methods with traditional western medicine and practices for the first time. A SEACAP clinician has been attending the Mentally Ill and Chemical Abuse (MICA) training to increase awareness and identification of those with co-occurring disorders to provide an integrated approach to treatment. Clients continue to receive ongoing referral and integrated services with MCDMH and other organizations to meet the needs of the clients and their recovery.

(6) ***Community Outreach, Engagement and Education program (COPE):***
The COPE program integrates mental health services into rural health clinics. In this environment mental health staff are able to participate in treatment planning, and engagement strategies directly with PCP staff. COPE staff are being thoroughly trained in identification and treatment of co-occurring disorders through MICA training. Staff are currently incorporating treatment approach from the MICA trainings to clients and their families, as appropriate.

c) Full Services Partnership Category:

(i) ***Wraparound, Empowerment, Compassion and Needs (WeCan):***

Merced County used the Children's System of Care infrastructure of the county's interagency policy and planning committee to develop plans and submit a SB163 Wraparound Plan. The planning committee submitted the implementation plan to the California Department of Social Services (CDSS) in December 2006. On March 13, 2007, the Merced County SB163 Wraparound Plan was approved by CDSS.

The subsequent and concurrent steps are to: 1) request additional Full Service Partnership expansion funds, 2) perform a 100% case review of all youth placed in group homes, 3) train community and stakeholders on the Wraparound principles and approach, 4) evaluate and select a wraparound service program via the County's Request for Proposals process, 5) submit the final contract to the Board of Supervisors for approval, and 6) implementation which is scheduled to begin July 1, 2007.

(ii) ***Community Assistance Recovery Enterprise (CARE):***

The CARE's program emphasis on "housing first" has had difficultly in assuming adequate client housing at all levels, from temporary to permanent, would be available. It continues to be an ongoing process to build a positive reputation with and gain the trust of housing providers that are willing to work with the clients. A paucity of resources in general, and housing resources in particular, has necessitated a proactive approach to encouraging and fostering the development of resources amongst the potential providers. Also, creating community awareness of the services provided by CARE was a challenge. MCDMH contracted with TP for the provision of a Housing Consultant to engage community landlords and property managers in discussions related to client housing.

For the CARE program MCDMH has contracted with Turning Point Community Program (TP), whose headquarter has been based out of Sacramento County. In order to quickly serve MCDMH, CARE clients, TP had to immediately acquire a facility locally to facilitate wraparound and intensive services. As a temporary solution MCDMH provided program space within its Adult Outpatient Services location. This provided the advantages of expediting the implementation of the program and allowing rapid communication between MCDMH and TP. Disadvantages are the loss of office space MDCMH could have utilized for other mental health programs and the additional cost to TP to relocate the program once the lease ends in June of 2007. TP is actively seeking an alternate site for the CARE program.

d) General System Development

(i) ***Wellness Center:***

The Wellness Center program has given the mental health system the ability to deliver services to clients at the time of the clients' request, without waiting for an appointment

or schedule. Also, it allows the county to deliver services to those who are uninsured and/or indigent.

Additionally, the Wellness Center has been instrumental in reducing stigma and fostering community collaboration, which benefits the system. The Wellness Center has operationalized MCDMH commitment to recovery-based services.

(ii) ***Older Adult System of Care (OASOC):***

The OASOC program has provided a consistent, ongoing "presence" in the community for seniors and senior services. The OSOC collaborative relationships have been formed that otherwise would not have occurred with Public Health, the Human Services Agency, and senior centers. This has raised the level of awareness of many in the community about available services and lowered the stigma of receiving mental health services.

(iii)***Southeast Asian Community Advocacy Program (SEACAP)***

The SEACAP has engaged the Southeast Asian (SEA) community/clan in such a manner that MCDMH has gained the trust and ability to work collaboratively with the SEA community. Therefore, SEA residents are more likely to "explore" the idea of entering into services. Many times clients will walk into the SEACAP office to talk about services and ask questions before agreeing to an intake/assessment process. This has "opened the door" to the unserved. In addition, activities which include outreach, groups activities, and cultural consultations have allowed more clients to utilize mental health services. Since this was the first SEA "organizational provider" in the county, the opportunities for expanding this method of service delivery have increased.

e) Conditions specified in the DMH Approval Letter.

- Eye Movement Desensitization and Reprocessing (EMDR) training was not implemented prior to December 31, 2006. Discussion and contract reviews with the trainer and the EMDR Institute were in the final phase of approval. Training has been scheduled to begin in January of 2007.

- ***Wraparound, Empowerment, Compassion and Needs (WeCan):***
  The WeCan program has focused on SB163 Wraparound services as an adjunct to its Full Service Partnership program. As previously mentioned, the SB163 plan has been developed, written, submitted and approved. Additionally, Wraparound services have been adopted as the primary evidenced-based treatment modality for the WeCan Program

- ***Wellness Center***
  MCDMH has repeatedly recruited for Spanish-speaking CAW's. Outpatient clinical and medical staff have been reminded to refer any Spanish-speaking client, who is seeking employment to the MCDMH to complete an application. The MCDMH, Hispanic/Latino Cultural Competency Sub-committee also has provided suggestions

for the recruitment of Spanish speaking workers necessary to engage the Hispanic/Latino unserved and underserved population. Efforts have been unsuccessful thru December of 2006.

MCDMH hired a permanent bilingual Hmong CAW in the Wellness Center, who is able to engage the SEA community successfully. SEA clients attend regularly and are consistently engaged in the activities at the Wellness Center.

The Wellness Center provided multi-cultural events and activities.

The Wellness Center instituted a Wellness Center Membership Card system in an effort to track and monitor the demographics of those utilizing the Wellness Center services. Clients are issued a personal laminated card, which is "swiped" when they come into the Wellness Center. The membership card records the demographics (including age group, ethnicity, race, etc.) each day the client participates at the Center.

2. Efforts to address Disparities

a) <u>Current Efforts and Strategies</u>

(i) ***<u>Wraparound, Empowerment, Compassion and Needs (WeCan):</u>***
The WeCan team attempted to address disparities in access by targeting bilingual and bicultural Hispanic/Latino Social Workers from Human Services Agencies as a referral base. Accordingly, a majority of the referrals were Hispanics/Latinos. Another effort to reach the underserved population was a presentation by the WeCan team at a full staff Child Welfare meeting. At this presentation the program was described, referral forms were reviewed and were made available. The program description and referral forms were also made available on the County's Website. As mentioned earlier, the reduction in workforce left minimal options in terms of available bilingual and bicultural clinical staff. The Department made it a priority to shift staff among units so that a bilingual and bicultural clinician could be assigned to the WeCan team.

In terms of the quality of care that is culturally sensitive the Wraparound philosophy and approach is inherently sensitive to the family's unique life experience and desires. The structure of the family team meetings is to infuse the family's culture such that the evidenced based planning processes are supported; i.e., defining a long term goal, defining intermediate goals with observable performance indicators, assignment of responsibility for performing tasks and monitoring progress.

The strategy to address disparities has been successful as evidenced by the fact that all of the WeCan enrollees are Hispanic/Latino. This is in contrast to other specialty programs throughout the county wherein participants are not reflective of the county's ethnic population.

The challenges addressing disparities have been related to direct service staff (Clinician and Social Workers) not engaging in ways that are culturally sensitive. Within the WeCan Program, it has been demonstrated that lengthening personal niceties and going to the family's home is more effective in terms of enrolling families and maintaining on-going services. Correspondingly, there has been a significant increase of refusal and drop out rate for the customary medical model of delivery of services. The challenge has been to re-train staff in recovery oriented engagement approaches; train Department staff in documentation of progress notes that meet audit protocols, and at the same time reflects the recovery model process. Partnering and educating local Child Welfare and Probation in strength based assessments and a service value continues to be a challenge.

(ii) ***Community Assistance Recovery Enterprise (CARE):***

The CARE program is a team of ethnically diverse, culturally competent service coordinators that includes bilingual Spanish and Hmong staff members, who are able to directly provide services to clients and their families, who either require or prefer services in their native/primary language. PSC also provide psycho education to clients and their families in an effort to increase understanding, reduce stigma, and foster greater utilization of community resources to assist in their recovery. Services are provided to clients wherever they chose, be it at school, home, a shelter, or community drop-in center. PSC are proactive in making contact with and assisting clients with any potential obstacles to progress.

For those populations underserved within the context of conventional county services, creating awareness of services and attracting new partnerships among clients of these populations has proven to be more of a challenge than expected. However, the clients enrolled in this program are diverse, consisting of two (2) Hispanic/Latino, one (1) Asian, two (2) Black/African American, three (3) females, and two (2) Transitional Age Youth enrolled to date.

(iii) ***Wellness Center:***

The Wellness Center is open for services to anyone who wishes to access it. Any person whether "open" to the MCDMH system or not can use the Center for help. The atmosphere is warm and accepting and encourages those who may otherwise be reluctant to enter into a traditional mental health system. With multi-cultural staff present and accessible daily, the underserved Hispanic/Latino and SEA populations are more willing to engage in this type of environment.

Clients being discharged from the MCDMH Marie Green Psychiatric Center are linked into the Wellness Center to foster engagement, and all clients in the CARE program are encouraged to become active members.

Blending numerous cultures into one facility with an open acceptance of their differing customs has been a clear success.

Several clients have come "out of their shell" in this environment, and taken a leadership role which has been encouraging to both staff and consumers.

Fostering an environment in which consumer employment is viewed as highly desirable and attainable has been a real paradigm shift. Clients work daily to demonstrate their employability and reliability. MCDMH and Department of Rehabilitation are engaged in the process of creating a Cooperative Agreement by July 2007.

Unable to locate Hispanic/Latino staff for the first 8 months of 2006 has created a barrier in fostering even greater Hispanic/Latino membership in the Wellness Center.

(iv) ***Older Adult System of Care (OASOC):***

All of MCDMH older adult clients (ages 60 and above) records were reviewed and assessed for the criteria of being underserved. The criteria used were isolation from social supports, lack of coordination with primary care, problems in maintaining their current or preferred living arrangement or unmet mental health needs. Candidates for the OASOC were individually contacted to explain the program, its goals and potential to improve their quality of life.

Additionally, staff have made presentations at community senior functions, centers and day out programs to improve access for those unserved.

The ability to engage the Hispanic/Latino Older Adult population has been difficult due to the inability of hiring Hispanic/Latino staff. As MCDMH staff was reorganized, we have been able to designate an older adult Spanish-speaking staff member to partner with the nurse in engaging this population.

(v) ***Southeast Asian Community Advocacy Program (SEACAP)***

The SEACAP program has been able to outreach to numerous Southeast Asian (SEA) communities in Merced County. Currently, the program has recruited Hmong, Mien and Lao to the program. In addition, newly arrived Hmong and young adults are utilizing SEACAP for treatment and the majority of the clients are engaging in services on an on-going basis.

SEACAP's outreach plan includes: Community network, family to family, presentations to community leaders, collaborative effort with community based organizations, Hmong New Year and other county events and collaborative efforts with clinics and Shamans. Several areas are being implemented to the SEA population for accessing services. However, several barriers in the SEA community have been identified: Acculturation issues, language and system are some of the barriers for the community. SEACAP's plan includes on-going cultural consultation from psychologist Leng Mouanoutoua, PhD. Another problem identified is cultural; SEACAP is collaborating with community leaders and cultural specialist such as Shaman to increase efforts for client recovery.

b) **Outreach Efforts**

Community Outreach, Engagement and Education program (COPE):
The COPE program has provided the outreach and engagement throughout Merced County to include rural areas. COPE program staff engages the underserved population by providing services at the rural health clinic, attending community health fairs, being accessible at the schools where the unserved population resides, and various communities outreach activities and/or celebrations.

c) **Equal Opportunities for Employment**

MCDMH is a Department of Merced County. Therefore, the Department abides by the Merced County Human Resources Recruitment and Selection Regulations. These regulations allow for language specific recruitments in job duties. All recruitments are advertised via the local newspaper the Merced Sun Star and the County website also provides another resource to the community.

Accesses to employment opportunities are available to the general public at the County's Information booth in the County Administration building. In addition, MCDMH ensures that direct service providers have employment information to provide to clients upon request or as the opportunity presents.

Upon approval of the CSSP plan, MCDMH screened job applicants for bi-lingual and/or bicultural background. MCDMH hired a total of four (4) bilingual and bicultural Mental Health Clinicians to work in the COPE and the WeCan Program. In addition, the SEACAP Program provide services at a location that allows for the confidentiality requested by the SEA community. Its operations include a Shaman and Hmong speaking clinician.

Wellness Center:
The Wellness Center had targeted recruitment and is currently staffed by:

- Two (2) Bilingual/bicultural Southeast Asian Consumer Assistance Worker
- One African American Mental Health Worker
- One African American Vocation Rehabilitation Worker
- One Caucasian Dual Diagnosis Specialist
- One Mental Health Clinician with extensive knowledge in client culture
- One Bilingual Bicultural Office Assistant
- 1 female and one male Caucasian Consumer Assistance Worker with background in dual diagnosis and "client culture".
- One Bicultural Hispanic/Latino Mental Health Worker
- One LCSW Program Manager

The Merced County Mental Health Department provides a vast array of employment services to serve clients. Entry level employment services to the targeted population include notification to clients and family member of employment opportunities, assisting with completion of applications, and mentoring through the recruitment process. The CAWs

come from different racial/ethic and cultural communities and some speak Hmong, Mien or Spanish. The CAW's are provided an opportunity for competitive employment and hone their skills in the application and interview process. MCDMH staffing patterns are comprised of employees from different culture and ethnic backgrounds.

The CAW staff assist the Vocational Rehabilitation Counselor in breaking down the language and cultural barriers to assist clients in job preparation and job placement. The Wellness Center also has a job club in which different members of age, race, disability and language participate to gain knowledge and get preparation on how to find employment within the community. This group allows clients of different backgrounds a chance to express their views and opinions on employment and associated stereotypes, stigmas and fears.

Outside of the mental health setting, the vocational rehabilitation counselor assists in employment outreach in several of the underrepresented communities such as Hmong, African American and Hispanic/Latino. Some of the outreach strategies are done with local, state and federal agencies such as the Department of Rehabilitation, Central Valley Regional Center, the Center for Independent Living, and Social Security Administration. By working together with some of theses agencies the vocational rehabilitation counselor has a chance to help the clients with employment as well provide them services to help keep them employed.

d) **Funding for Native American Organizations and Tribal Communities**

Not applicable

e) **Policy or System Improvement**

Prior to CSSP, in addressing the Cultural Competency Plan, contracts and documents already included cultural competency criteria.

3. Stakeholder Involvement

MCDMH staff have actively involved clients, family members, other stakeholders and the local community of various age, ethnicity, cultural, and linguistic diversity. MHSA updates have been discussed at the Consumer Advisory Committee, MCDMH Consumer Sub-committee, MCDMH Quality Improvement Meetings and the Mental Health Board. MCDMH Staff have reported ongoing MHSA progress and implementations such as to the Merced County Board of Supervisors, local NAMI, Challenged Family Resource (Parent Partners), First 5, Children System of Care Committee, and Police Chief's meetings. MCDMH has also met with local health care providers, (i.e.: Golden Valley Health Clinic and Livingston Medical Group) providers who serve the poor and/or indigent living rural areas of Merced.

MCDMH staff have conducted meetings in Los Banos and Merced to provide an update on outcomes or planning of MHSA and giving an opportunity for the community to provide MCDMH with their input. These meetings were scheduled during the month of November 2006. The meeting notices were posted at various locations and were also translated into Spanish and Hmong. Additional informational meetings were conducted in the Spanish and Hmong were also provided.

Southeast Asian Community Advocacy Program (SEACAP)
SEACAP is a program of Merced Lao Family Community, Inc.; this program serves new Southeast Asian (SEA) immigrants and/or refugees. MLF staff participated in MHSA, are involved in planning committee meeting and ensures appropriate services are provided for the SEA population.

4. Public Review and Hearing

a) MCDMH has scheduled the stakeholder review process to begin on Sunday, April 1, 2007 thru Monday, April 30, 2007. The public hearing will be conducted by the Merced County Mental Health Board on Tuesday, May 1, 2007 at the City of Merced, 678 West 18th Street, Samuel Pipes Conference room, in the city of Merced from 3:00 pm to 6:00 pm.

b) MCDMH plans to post the Progress Report electronically via the MCDMH webpage. Electronic mail, with the Progress Report as an attachment, will be sent to stakeholder, partners and other individuals in the community. Hard copies will be made available at all MHSA locations, MCDMH outpatient clinic site location, and upon request. Translated versions will be available for individual requesting the Progress Report in Spanish or in Hmong by contacting the designated MCDMH staff. A public notice posting in the local newspaper informing the community that the Progress Report is available for review and Public Hearing details for community input and comments.

c) Recommendations and Review

5. Technical Assistance and Other Support:

a) None

b) ***Wraparound, Empowerment, Compassion and Needs (WeCan):***
WeCan Program requests further clarification on incomparable mandates/language related to case management activities for juvenile dependents as described in the Katie A. court injunction and the Federal Budget Reduction Act.